



1987

## Cognitive Appraisals and Motive Patterns in Depressed and Nondepressed College Students

Denise B. Lensky  
*Loyola University Chicago*

Follow this and additional works at: [https://ecommons.luc.edu/luc\\_theses](https://ecommons.luc.edu/luc_theses)



Part of the [Psychology Commons](#)

---

### Recommended Citation

Lensky, Denise B., "Cognitive Appraisals and Motive Patterns in Depressed and Nondepressed College Students" (1987). *Master's Theses*. 3858.

[https://ecommons.luc.edu/luc\\_theses/3858](https://ecommons.luc.edu/luc_theses/3858)

This Thesis is brought to you for free and open access by the Theses and Dissertations at Loyola eCommons. It has been accepted for inclusion in Master's Theses by an authorized administrator of Loyola eCommons. For more information, please contact [ecommons@luc.edu](mailto:ecommons@luc.edu).



This work is licensed under a [Creative Commons Attribution-NonCommercial-No Derivative Works 3.0 License](#).  
Copyright © 1987 Denise B. Lensky

COGNITIVE APPRAISALS AND MOTIVE PATTERNS  
IN DEPRESSED AND NONDEPRESSED COLLEGE STUDENTS

by

Denise B. Lensky

A Thesis Submitted to the Faculty of the Graduate School  
of Loyola University of Chicago in Partial Fulfillment  
of the Degree of  
Master of Arts  
April  
1987

## ACKNOWLEDGMENTS

Most of all, I wish to thank Dan P. McAdams, Ph.D., my thesis director, faculty advisor, and friend. His scholarly and supportive guidance, as well as his steady interest in my academic progress, have had a major impact on my development as a psychologist.

I am also very indebted to Jim Johnson, Ph.D., for sharing his expertise in the area of depression, and for his encouragement of my efforts on this project. Thanks are also extended to Fred Bryant, Ph.D., and Bernard Dugoni, Ph.D., for helping to demystify the workings of multivariate statistics. Special thanks are due to Gabby Norkis for her enthusiastic and highly competent help in many phases of this endeavor. I would also like to acknowledge the help of Sylvia Daple, who served as one of the experimenters in the study, and Maggie Melville, who provided valuable technical assistance in the preparation of the final manuscript.

Finally, this project would have seemed immeasurably more difficult had it not been for the humor and thoughtfulness of my friend and colleague, Carla Leone.

## VITA

The author, Denise B. Lensky, is the daughter of Elaine and Irwin Lensky. She was born September, 4, 1960 in Brooklyn, New York.

Her elementary education was obtained in the public schools of Queens and Long Island in New York. Her secondary education was completed in 1978 at the John F. Kennedy High School in Bellmore, New York.

Ms. Lensky received her undergraduate education at the University of Pennsylvania, where she earned the degree of Bachelor of Arts in psychology in May of 1982.

From September, 1982 until July, 1984, Ms. Lensky was employed as a psychology research assistant at the Learning Research and Development Center in Pittsburgh, Pennsylvania.

In August of 1984, Ms. Lensky entered the doctoral program in clinical psychology at Loyola University of Chicago, and she is currently completing her third year of study.

TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS . . . . .	ii
VITA . . . . .	iii
LIST OF TABLES . . . . .	vi
CONTENTS OF APPENDICES . . . . .	vii
 Chapter	
I. INTRODUCTION . . . . .	1
II. REVIEW OF THE RELATED LITERATURE AND HYPOTHESES OF THE PRESENT STUDY . . . . .	6
The Assessment of Cognitions in Depression	16
Hypothetical Versus Real-life Events . . . . .	16
Achievement-oriented Versus Interpersonally-oriented Events . . . . .	27
Positive Versus Negative Events . . . . .	32
Summary of the Hypotheses of the Present Study . . . . .	35
II. METHOD . . . . .	37
Subjects . . . . .	37
Testing Materials . . . . .	40
Depression Adjective Checklist . . . . .	40
Beck Depression Inventory . . . . .	41
Thematic Apperception Test . . . . .	43
Personal Experiences Attribution Questionnaire . . . . .	44
Attributional Style Questionnaire . . . . .	45
Procedure . . . . .	47
IV. RESULTS . . . . .	51
Attributions for the Causes and Consequences of Negative Events . . . . .	53

The Role of Cognitions for Positive Events	61
The Role of Cognitions for Achievement- oriented Versus Interpersonally-oriented Events . . . . .	67
Hypothetical Versus Real-life Events . . .	82

V. DISCUSSION . . . . .	89
REFERENCES . . . . .	108
APPENDIX A . . . . .	115
APPENDIX B . . . . .	142
APPENDIX C . . . . .	144
APPENDIX D . . . . .	148

## LIST OF TABLES

Table	Page
1. Means and Standard Deviations for Attributional Cognitions Based on ASQ Scores for Negative Events . . . . .	54
2. Means and Standard Deviations for Attributional Cognitions Based on PEAQ Scores for Negative Events . . . . .	56
3. Means and Standard Deviations for Nonattributional Cognitions Based on PEAQ Scores for Negative Events . . . . .	60
4. Means and Standard Deviations for Attributional Cognitions Based on ASQ Scores for Positive Events . . . . .	62
5. Means and Standard Deviations for Attributional Cognitions Based on PEAQ Scores for Positive Events . . . . .	63
6. Means and Standard Deviations for Nonattributional Cognitions Based on PEAQ Scores for Positive Events . . . . .	66
7. Means and Standard Deviations for Attributional Cognitions Based on ASQ Scores Within Negative Achievement and Interpersonal Events	69
8. Means and Standard Deviations for Attributional Cognitions Based on PEAQ Scores Within Negative Achievement and Interpersonal Events	70
9. Means and Standard Deviations for Nonattributional Cognitions Based on PEAQ Scores Within Negative Achievement And Interpersonal Events	71
10. Means and Standard Deviations for Attributional Cognitions Based on ASQ Scores Within Positive Achievement and Interpersonal Events	72

11.	Means and Standard Deviations for Attributional Cognitions Based on PEAQ Scores Within Positive Achievement and Interpersonal Events	73
12.	Means and Standard Deviations for Nonattributional Cognitions Based on PEAQ Scores Within Positive Achievement and Interpersonal Events . . . . .	74
13.	Hypothetical Mean Stability Ratings for Subjects with High Versus Low Achievement Motivation . . . . .	77
14.	Mean Stability Ratings on the PEAQ for Subjects with High Versus Low Achievement Motivation . . . . .	80
15.	Mean Globality Ratings on the PEAQ for Subjects with High Versus Low Intimacy Motivation . . . . .	83
16.	Correlations Between Attributional ASQ and PEAQ Scores for All Subjects . . . . .	85



CONTENTS FOR APPENDICES

	Page
APPENDIX A . . . . .	115
Personal Experiences Attributional Questionnaire . . . . .	116
APPENDIX B . . . . .	142
Depression Adjective Checklist . . . . .	143
APPENDIX C . . . . .	144
Beck Depression Inventory . . . . .	145
APPENDIX D . . . . .	148
Attributional Style Questionnaire . . . . .	149

## CHAPTER I

### INTRODUCTION

Depression is one of the most prevalent psychological disturbances. Virtually everyone has had the experience of feeling particularly sad or dejected in response to a personal disappointment, failure or loss. For most people, these feelings are not usually of the depth or duration to warrant the diagnosis of clinical depression. Nevertheless, it is estimated that 10 percent of the population is likely to experience a relatively severe depressive episode at some time in the course of their lifespan (Brown, 1974).

In its clinical manifestations, depression is a disorder which can have a highly destructive impact on the quality of human lives. In severe cases it may result in overwhelming despair, as well as withdrawal from interpersonal contact and productive activities. In such cases, suicide poses an imminent threat.

Given the prevalence and potential seriousness of depression, it is crucial that psychologists develop a better understanding of its potential causes and clinical manifestations. As is the case with all psychopathological disorders, a variety of theoretical perspectives have been espoused in the therapeutic

treatment of depression. In the past couple of decades, with the ascendance of cognitive theories in the field of psychology as a whole, cognitive theories have become particularly prominent in the study of depression. One of the strong points of cognitive theories is that they are especially well-suited to the formulation and examination of empirical questions. Consequently, in recent years, there has also been a tremendous increase in the amount of research devoted to the study of clinical depression.

One particular paradigm, the reformulated learned helplessness model of depression (Abramson, Seligman, & Teasdale, 1978), has fueled much of the recent interest in the cognitive correlates of depression. The basic thrust of this model is that individuals who characteristically possess a particular constellation of thought patterns are at risk for becoming depressed in response to negative life events. These thought patterns concern the causes that individuals attribute to negative experiences. Specifically, the model asserts that depressed individuals have a tendency to invoke internal (self-blaming), stable (persistent over time) and global (generalizable to many situations) explanations for the causes of negative events. While this theory has generated a plethora of research, it has not gone

uncriticized (e.g., Depue & Monroe, 1978; Wortman & Dintzer, 1978), nor has it garnered consistent empirical support (e.g., Coyne & Gotlib, 1983; Peterson, Villanova, & Raps, 1985).

The general aim of the present investigation is to contribute to the existing theoretical and empirical work on the reformulated learned helplessness model of depression. Specifically, this research addresses four problems which have been largely overlooked in the previous research, and which have important ramifications in terms of understanding the strengths, limitations, and applications of the model.

One potential problem with the reformulated learned helplessness model (Hammen & Cochran, 1981) concerns the fact that the model is limited to attributions regarding the causes of negative events. Hammen suggests that the model be expanded to include attributions regarding the consequences of negative events, as well, since these cognitions may have an important bearing on the extent to which individuals believe that they will be able to cope with their negative experiences. Therefore, the present study examines cognitions related to both the causes, as well as the consequences of events, and their relation to depression.

A second problem in much of the research on the reformulated learned helplessness model is that it has relied on a measure of hypothetical events, the Attributional Style Questionnaire (ASQ; Seligman, Abramson, Semmel, & von Baeyer, 1979) to assess attributions. Hammen and her colleagues have urged that depression researchers begin to examine attributions for personally meaningful experiences. It is argued that if the spontaneous thought processes of depressed individuals are, in fact, qualitatively different from those of nondepressed individuals, then the best way to assess these thought processes is through the use of an ecologically valid, personally meaningful instrument. Accordingly, the present study examines attributions for real-life events, as well as attributions for hypothetical events.

A third problem is that the model has most often been investigated in the context of achievement-oriented scenarios. As Hammen and Cochran (1981) note, this limitation is particularly significant in that attributions for the kinds of losses, major disagreements, and separations frequently associated with clinical depression have been virtually ignored in the empirical literature. Therefore, the present study makes an explicit distinction between achievement-oriented versus interpersonally-oriented events in

examining the link between cognitive responses to life events and depression.

Finally, a fourth problem is that the role of attributions for positive events is not well defined in the reformulated learned helplessness model, despite the fact that the instrument most frequently used to test the model, the ASQ, contains both positive and negative events. Although a number of studies have examined the relation between attributions for hypothetical positive events and depression (e.g., Blaney, Behar, & Head, 1980; Raps, Peterson, Reinhard, & Abramson, 1982; Seligman, Abramson, et al., 1979), relatively few studies have examined the relation between attributions for real-life positive events and depression (e.g., Zautra, Guenther, & Chartier, 1985). Therefore, the present study examines the relation between attributions and depression using measures of positive and negative hypothetical and real-life events.

## CHAPTER II

### REVIEW OF THE RELATED LITERATURE AND HYPOTHESES OF THE PRESENT STUDY

#### The Role of Cognitions in Depression: Theoretical Background

Many of the contemporary theoretical and empirical approaches to depression hinge on the proposition that certain cognitive patterns play an integral role in the etiology, symptomatology, and time course of clinical depression. Historically, these cognitive patterns have centered around two disparate themes: (1) self-blame, self-deprecation, and guilt, and (2) helplessness, hopelessness, and personal futility (Abramson & Sackheim, 1977).

As early as the 2nd century A.D., Plutarch characterized depressives as individuals who desire self-punishment. In the 20th century, Freud (1917) accented themes of self-blame and self-punishment in his description of persons suffering from "melancholia". Freud wrote,

The distinguishing mental features of melancholia are a profoundly painful dejection, cessation of interest in the outside world, loss of capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment (p.244).

In his landmark book, Depression: Clinical, experimental and theoretical aspects, Beck (1967) delineated a model of depression in which cognitions related to self-blame and self-criticism play a focal role in the onset and maintenance of depressive symptoms. Based on extensive clinical experience, Beck identified three self-defeating aspects of the depressive's orientation to reality, which he referred to as the "primary triad in depression."

The first component of the triad is the depressive's tendency to view him- or herself in negative terms. Writes Beck (1967), the depressed person "regards himself as deficient, inadequate, or unworthy, and tends to ~~attribute~~ his unpleasant experiences to a physical, mental, or moral defect in himself. Furthermore he regards himself as undesirable and worthless because of his presumed defect, and tends to reject himself because of it." (p.255). The second component of the triad is the depressive's tendency to construe experiences in a negative manner. The depressed individual habitually views his or her interactions with the world as leading to defeat or deprivation. The third component is a pessimistic view of the future; the depressed individual envisions a future which entails continued defeat and deprivation. According to Beck (1967, 1976), these faulty cognitions



result in the affective, motivational, and somatic symptoms associated with depression.

Beck (1967) asserts further that these three negative idiosyncratic attitudes represent consistent cognitive patterns or schemas. Schemas are enduring mental representations of early developmental experiences that determine the manner in which incoming environmental stimuli are attended to, encoded, and interpreted. Thus, faulty schemas are mechanisms which cause individuals to distort their experiences in negative terms, thereby causing dysphoric feelings such as sadness, guilt, loneliness, and pessimism. These "depressogenic" schemas prevent the matching of more appropriate and benign schemas to objectively positive or neutral situations. As depressogenic schemas become more active, they can be evoked by an increasingly wide range of environmental inputs. Beck speculated that changes in one's social environment or other stressful life events might provide the kinds of environmental inputs that would lead to the activation of a depressogenic schema.

Although not entirely incompatible with the theme of self-blame as a central tendency of depressives, the theme of helplessness is conceptually distinct and has led to a divergent branch of theory and research. Aretaeus (cited in Abramson & Sackheim,

1977; Beck; 1967), in the 2nd century A.D., characterized depressives as individuals who suffer from a sense of helplessness, powerlessness, and personal futility.

More recently, Bibring (1953) cast the notion of helplessness in psychoanalytic terms. Like many other psychoanalytic thinkers, Bibring (1953) believed that depression results from early childhood traumas, and that it is characterized by a loss of self-esteem. However, Bibring departed from the traditional psychoanalytic tenets by proposing that in depressives, these early traumas result in a conflict within the ego itself, rather than between the ego and the superego. According to Bibring (1953), this intra-ego conflict in depressive gives rise to profound feelings of helplessness in the ego. These feelings might manifest themselves in a variety of contexts. In particular, Bibring asserted that depressed individuals would be likely to envision themselves as being "helplessly exposed to superior powers, fatal organic disease, or recurrent neurosis, or to the seemingly inescapable fate of being lonely, isolated, or unloved, or unavoidably confronted with the apparent evidence of being weak, inferior, or a failure" (1953, p.23).

Emerging from this general tradition, the preeminent theory to integrate themes of helplessness

into a coherent portrayal of depression is the learned helplessness model of depression advanced by Seligman (1975). The original inspiration for this model came from laboratory studies (Seligman & Maier, 1967; Overmier & Seligman, 1967) in which it was found that dogs that had been given inescapable shock developed impairments in their escape-avoidance behavior: they failed to escape or avoid shock in a subsequent phase of the experiment in which the shock could have been avoided by performing a simple response. These impairments were interpreted as a consequence of the dogs' learning in the initial treatment phase (uncontrollable shock) that reinforcement (cessation of shock) was independent of voluntary behaviors. This effect has been replicated with a variety of animals, from fish to rats and cats (see Maier & Seligman, 1976 for a review of the infrahuman literature).

Seligman (1975) proposed that depressed humans suffer from an analogous form of learned helplessness. Depressed individuals, argues Seligman, are people who have developed an expectation that they have no control over the outcomes of events. This expectation results in the cognitive, affective, motivational, and self-esteem deficits associated with depression. In one of the earliest attempts to extend the learned helplessness phenomenon to humans, Hiroto (1974) conducted a study in

which he exposed college students to uncontrollable noise and then subjected them to an aversive noise which could be turned off by moving a lever. In support of the learned helplessness hypothesis, the subjects who had been exposed to uncontrollable noise failed to initiate a simple response in order to avoid subsequent aversive, but controllable noise. Similarly, a number of other laboratory studies (e.g., Hiroto & Seligman, 1975; Klein, Fencil-Morse, & Seligman, 1976) have examined the relationship between uncontrollable events and subsequent "helpless" behaviors in humans (see Miller and Norman, 1979 for a review).

Some of the early empirical work on learned helplessness demonstrated that the model had three major inadequacies in its application to humans (Abramson, Seligman, & Teasdale, 1978). First, the model made no distinction between situations in which outcomes would be uncontrollable for all people (universal helplessness) versus those in which they would be uncontrollable only for some people (personal helplessness). Second, it did not differentiate between situations in which helplessness deficits would have general versus specific implications. Third, it did not make a distinction between chronic versus acute helplessness. In an attempt to remedy these inadequacies, Abramson, et al. (1978) restated the

learned helplessness model along attributional lines. Additionally, they suggested that events which are perceived as negative and uncontrollable are associated with the affective component of depression, whereas events which are perceived as positive and uncontrollable are not.

According to the reformulated learned helplessness model, there are three attributional dimensions which characterize the cognitive patterns of depressed individuals relative to nondepressed individuals. The first is the internal-external dimension, which refers to whether the individual regards a negative event as being self-caused (internal) or caused by the situation or other people (external). The second is the global-specific dimension, which refers to whether the individual views negative events as having generalized implications (global) or as having limited implications (specific). The third is the stable-unstable dimension, which refers to whether the individual views negative events as being long-lived or recurrent (stable) versus short-lived or intermittent (unstable). The central tenet of the model is that depressed individuals have a tendency to evoke internal, global, and stable attributions for the causes of negative events. Thus, for example, when depressed students fail a math test they might tell themselves

that the failure was their own fault (internal), that they are generally stupid and likely to fail in many subjects (global), and that this kind of failure occurs in their lives quite regularly (stable). It is postulated that a depressive attributional style is a risk factor which predisposes an individual to become depressed in response to negative experiences. Thus, attributions are believed to play a causal role in depression.

Another facet of the attributional reformulation of the learned helplessness model is that it provides a preliminary empirical framework for exploring the ways in which the disparate themes of helplessness and self-blame may be integrated. Abramson and Sackheim (1977) have convincingly illustrated the conceptual paradox that arises from attempts to view Beck's model and the original learned helplessness model as complementary; in essence, a synthesis of the two theories would suggest that depressives blame themselves for bad events which they did not cause and cannot control. According to Abramson, et al. (1978), although the reformulation does not address explicitly the relation between blame and helplessness, it eliminates any theoretical contradictions. In terms of the revised theory, individuals who believe they are personally helpless make internal (self-blaming) attributions for failure,

whereas individuals who believe they are universally helpless make external attributions for failure.

Expanding on the relation between internality and blame, Janoff-Bulman (1979) argued that characterological self-blame (i.e., it happened to me because of the kind of person I am) produces helplessness and depression, whereas behavioral self-blame (i.e., it happened to me because of my actions) does not. In an attempt to examine Janoff-Bulman's theory empirically, Peterson, Schwartz, and Seligman (1981) conducted a study in which they asked college students to make causal attributions for a number of hypothetical events involving themselves, and then had raters code the attributions as external, behavioral, or characterological. In support of Janoff-Bulman's theory, they found that internal attributions for bad events were associated with depression only when the attributions were characterological, rather than behavioral. Externally attributed bad events were negatively related to depression.

In a further refinement of the role of cognitions in depression, Hammen and Cochran (1981) have proposed that cognitive models of depression should be expanded to include nonattributional cognitions about the consequences of negative experiences. This idea is derived from the theoretical formulations of Bandura

(1977) on self-efficacy, as well as Wortman and Dintzer's (1978) critique of the reformulated learned helplessness model, both of which highlight the importance of a person's beliefs regarding his or her ability to cope with negative outcomes. In light of these viewpoints, Hammen and Cochran (1981) suggest that the manner in which an individual regards the implications of negative events may have a significant impact on the development of depression. Thus, they predict that cognitions about causes, and cognitions about consequences, will be significantly associated with depression. The "nonattributional" cognitions about consequences include: prior expectation of a negative event's occurrence, perceived likelihood of the recurrence of negative events, a high degree of uncertainty in other areas of one's life in response to negative events, and a high degree of upset in response to negative events.

Moreover, in terms of causal attributions, Hammen and Cochran (1981) add two dimensions to their model: controllability and intentionality. Both of these dimensions are believed to play a role in the tendency of depressed individuals to blame themselves and to criticize themselves. Although proponents of the learned helplessness model recognize the importance of attributional dimensions beyond the three dimensions



emphasized in their model (Abramson, et al., 1980), they do not explicitly incorporate additional variables into the model.

One of the primary goals of the present study was to examine the cognitions of depressed and nondepressed individuals in light of the two different models. Thus, in keeping with the predictions of the learned helplessness model, the first hypothesis of the study is that depressed individuals, relative to nondepressed individuals, show a stronger tendency to make internal, global, and stable attributions for negative events. Following the predictions of the expanded model employed by Hammen and her colleagues (e.g., Hammen & Cochran, 1981), the second hypothesis of the present study is that depressed individuals, relative to nondepressed individuals are not only more internal, global and stable in their attributions for negative events, but also characterize these events as more intended, uncontrollable, expected, likely to recur, and as creating a greater degree of upset and uncertainty in their lives.

## The Assessment of Cognitions in Depression

### Hypothetical Versus Real-life Events

Much of the research conducted on the learned helplessness paradigm has relied on a self-report

measure, the Attributional Style Questionnaire (ASQ; Peterson, Semmel, von Baeyer, Abramson, Metalsky, & Seligman, 1982) to assess depressive attributions. The ASQ consists of 12 hypothetical positive and negative scenarios. Within the positive and negative categories, the scenarios are equally divided between achievement-oriented and interpersonally-oriented situations.

In completing the ASQ, subjects are instructed to imagine that they are experiencing the events described and to rate each event on seven-point scales corresponding to the three attributional dimensions. In addition, they are asked to rate how important they would consider the event if it were to happen to them. The importance rating was included in light of the suggestion by Miller and Norman (1979, cited in Abramson, Garber, & Seligman, 1980) that the magnitude of depressive deficits may depend on the relative importance an individual assigns to an event.

One major criticism of the ASQ, concerns the extent to which the thought patterns that individuals manifest in response to hypothetical events are an accurate reflection of the kinds of thought patterns they might exhibit in response to important personal events. Hammen and her colleagues (e.g., Barthe & Hammen, 1981; Gong-Guy & Hammen, 1980; Hammen & Cochran, 1981) have argued cogently that it is crucial that

depression researchers examine cognitions in response to personally meaningful real-life events, as opposed to hypothetical events. Much of the existing research is limited in that the attributions that individuals make in response to the kinds of personal losses, disruptions, and upsets frequently associated with clinical depression have been virtually overlooked.

Within the past few years a number of researchers have begun to examine the relation between cognitions, significant life events, and depression. It is very important to note, however, that the majority of the studies which have examined the attributional patterns of individuals who are experiencing some type of personal life stress have done so by assessing attributions for hypothetical events, and not for the actual life events being experienced (e.g., Manly, McMahon, Bradley, & Davidson, 1982; O'Hara, Rehm, & Campbell, 1982; Persons & Rao, 1985). Recently, however, there have been a few researchers who have assessed attributions for the actual stressful events themselves.

One approach has been to examine the attributions that individuals make for both hypothetical and real-life events. Miller, Klee, and Norman (1982) examined the attributions of depressed and nondepressed inpatients for three types of situations: their single

most stressful life event, six hypothetical events selected from the Attributional Style Questionnaire, and an experimental task involving noise-escape. They found that depressed patients exhibited a depressive attributional style in describing their most stressful life event. Depressed and nondepressed patients did not differ, however, in their attributional ratings of hypothetical events or experimental tasks. Only composite scores which average the internal, global, and stable dimensions of the learned helplessness model were reported. Therefore, one criticism of this study is that it does not provide any information about the individual attributional dimensions. A second criticism of this study (Peterson & Seligman, 1984) is that it assessed attributions for only one event, which may not provide a reliable estimate of an individual's attributional style.

In another study which examined attributions for real-life as well as hypothetical events (Zautra, Guenther, & Chartier, 1985), college students were asked to make attributional ratings of their most pleasant and most unpleasant daily events for 14 days, and were also administered the ASQ twice, two weeks apart. Level of depression was assessed using the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) and the Brief Symptom Inventory (BSI; Derogatis,

1977). They found that attribution scores from the daily logs were correlated significantly with ASQ scores. They also found that the attributional ratings of real-life negative outcomes were related to higher depression scores only when the attributions were both stable and internal. Therefore, unstable and internal attributions were not related to depression scores, which is inconsistent with the learned helplessness theory.

One methodological weakness of the Zautra et al. (1985) study was that the authors did not pre-screen subjects in order to select both depressed and nondepressed students. As a result, they based their conclusions regarding the relation between hypothetical versus real-life events and depression on a predominately nondepressed sample.

In a third study, Cutrona (1983) examined the attributions of pregnant women whom she followed up from the third trimester of their pregnancies through the second month after childbirth. Because the learned helplessness model is a diathesis-stress model, administering attributional measures to individuals who have a high probability of encountering some type of stressful experience during the course of an actual study is perhaps the best way to test the model. Since pregnancy is a period of tremendous biological changes,

as well as changes in role expectations, significant relationships, and so forth, childbearing women are likely to experience a significant degree of stress during and immediately following their pregnancies. At least partially as a result of these stressors, many women experience what has become known as "postpartum depression". Thus, the study of the attributions of pregnant women is well-suited to the task of examining the link between cognitions, stressful life events, and depression.

Cutrona assessed the women's depressive attributions via the ASQ during the third trimester. She also assessed depressive attributions for their three most stressful childcare-related events via interviews conducted at two weeks after delivery, and at eight weeks after delivery. She found that ASQ-based assessments of attributional style were significant predictors of subsequent postpartum depression. However, the ASQ-assessed attributional style was not predictive of the causal attributions that individuals gave for their actual stressful life events. Additionally, she found that attributional ratings for recent real-life stressors were not significantly related to depression. Thus, attributions for hypothetical events provided some degree of evidence for the phenomenon of a depressive

attributional style, while attributions for real-life events did not.

It is difficult to draw conclusions regarding the merits of hypothetical versus real-life attributional measures on the basis of these three studies in view of their markedly different samples, methodological problems, and inconsistent findings. The Cutrona study, which provided the weakest evidence for a link between attributions for real-life events and depression, is the most methodologically sophisticated of the three studies, but it remains to be seen whether the findings of the study are generalizable to other populations of depressives.

There have also been a few cross-sectional studies which have examined only the attributions that individuals make in response to retrospective accounts of their own personal experiences. In one study, Gong-Guy and Hammen (1980) assessed the cognitions of depressed and nondepressed outpatients for the five most stressful events that had occurred within a six month period prior to the study. They assessed attributions via a questionnaire which reflects all of the variables in their expanded model (attributions of consequences, as well as causes). In addition, they performed a content analysis of audiotaped intake interviews in order to assess spontaneous attributions. When the

results were collapsed across all of the five stressful events for each individual, no differences in cognitions were found between depressed and nondepressed groups. In an analysis of the single event rated as the most stressful, however, they found that depressed individuals rated this event as significantly more intended, global, expected, and stable than did the nondepressed individuals. Moreover, they found that the questionnaire assessment of attributions had acceptable concurrent validity with the attributions which were gleaned from the spontaneous intake interviews.

In a related study, Hammen and Cochran (1981) assessed attributions about the causes and consequences of five recent stressful events in samples of depressed, nondepressed, and nondepressed and highly stressed, college students. Contrary to the predictions of the reformulated learned helplessness model, the groups did not differ in their causal attributions. The groups did differ, however, in the cognitions about the consequences of stressful events. Specifically, depressed students indicated that they experienced more upset and more uncertainty in response to negative events than did either of the nondepressed groups.

In a third study, Barthe and Hammen (1981) examined the attributions of depressed and nondepressed college students in response to an actual course



examination. In this study there were two findings which were consistent with the predictions of the reformulated learned helplessness model. First, they found that the depressed students perceived less control over their performance than did the nondepressed students. Second, the depressed students blamed themselves for their failures, but did not credit themselves for achievements. Contrary to the predictions of the reformulated model, however, there was no evidence of an association between internal or stable attributions and depression.

In a fourth study, Hammen and deMayo (1982) assessed the attributions of teachers in an urban high school. This environment afforded the investigators an opportunity to study individuals sharing a common stressor, thereby eliminating some of the uncontrolled variation of the previous studies which have examined cognitions in response to idiographic stressors. They found that depression was significantly associated with attributions regarding the consequences of the stressful teaching situation, but not those regarding the causes of the situation.

In a similar vein, Harvey (1981), studied attributions for positive and negative real-life events in a sample of depressed and nondepressed female college students. In support of the predictions of the

reformulated learned helplessness model, he found that depressed students viewed the causes of their negative experiences as more internal relative to the nondepressed students. Contrary to the predictions of this model, however, he found that the depressed individuals viewed these experiences as more controllable than did the nondepressed students. Finally, he found no support for the proposition that depressed individuals are more stable and global in their explanations of negative events.

There has also been one longitudinal study that investigated depressive attributions for real-life events. Pagel, Becker, and Coppel (1985) examined loss of control, self-blame and depression among the spouse caregivers of Alzheimer's Disease patients. Using a questionnaire modeled after the ASQ, they assessed cognitions related to the caregivers' perceived control and internal-external causal attributions. They found that perceived loss of control combined with a tendency to make internal attributions predicted higher depression than did either one alone. They also found, however, that internal attributions were associated with hostility as well as depression. This argues against the reformulated learned helplessness model contention that depression is the specific emotional reaction associated with self-blaming attributions. Global and

stable attributions were not investigated in this particular study.

As noted by Coyne and Gotlib (1983), and by Peterson, Villanova and Raps (1985), the existing research on the relation between real-life events, cognitions, and depression provide weak and inconsistent support for the contentions of the learned helplessness model. The studies conducted by Hammen and her colleagues provide some preliminary support for the proposition that the explanatory power of the model would be increased if it were expanded to include a broader range of cognitions, particularly in its application to personally meaningful events.

In light of the controversy surrounding the role of attributions for real-life events, a second major goal of the present study was to examine the relation between attributions for hypothetical versus real-life events and depression. Considering the differences in populations, procedures, and sampling techniques in the aforementioned studies, it would be difficult, if not impossible to devise a study which addressed all of the possible sources of error in the previous work. Instead this study attempted to bring together some of the more compelling aspects of the previous studies, while avoiding many of the conceptual and methodical problems inherent in some of these studies.

The present study examined both hypothetical and real life events in a large sample of depressed and nondepressed college students. Students were prescreened to assess their level of depression in order to insure that there would be a substantial number of depressed individuals in our sample. Attributions for both hypothetical and real-life events were assessed across a large number of events (six positive and six negative) to get an indication of differences in attributional style. Finally, the study examined all of the theoretically important attributional dimensions (concerning both causes and consequences) in order to identify the specific types of cognitions that are associated with depression.

Contrary to the contentions of Coyne and Gotlib (1983), but consistent with those of Hammen and Cochran it is predicted that there is more evidence of a depressive cognitive style for real-life, as opposed to hypothetical events.

#### Achievement-oriented versus Interpersonally-oriented Events

There is a tradition in psychology for positing two conceptually distinct, primary goals in mature human existence: to love and to work. Popular lore has it that Freud was the originator of this notion, but it is

likely that this basic dichotomy has even earlier roots. In any case, the conceptual importance of this distinction is evident in contemporary descriptions of virtually every form of psychopathology ( a quick perusal of the DSM-III will attest to this). Consequently, any theory which purports to explain a deficit or disorder in psychological functioning should address the issue of the ways in which the disorder affects both interpersonal, as well as work functioning. One of the major limitations of the current research on the reformulated learned helplessness model is that most of it has examined attributions only in achievement-oriented contexts (e.g., Barthe & Hammen, 1981; Kuiper, 1978; Metalsky, Abramson, Seligman, Semmel, & Peterson, 1982).

This is especially problematic in light of some recent theories of depression which suggest that there may be important individual differences in the ways in which people respond to interpersonally-oriented as opposed to achievement-oriented events (Arieti & Bemporad, 1980; Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982). For example, Hammen, Marks, deMayo, and Mayol (1985) propose that there are "dependent" depressives who are especially sensitive to negative interpersonally-oriented events, as well as "self-critical" depressives who are more vulnerable to

difficulties in the context of negative achievement-oriented events.

An additional problem with much of the existing research concerns the use of the ASQ. The ASQ is, in theory, divided into achievement-oriented and interpersonally-oriented situations; for all practical purposes, however, the distinction between the two themes is rather vague. For example, one item from the questionnaire reads, "you do a project which is highly praised". This item is classified as a positive "interpersonal " event, although it clearly has an achievement-oriented dimension as well.

In light of these difficulties, the current investigation employed a new measure of attributions for personally meaningful events, the Personal Experiences Attribution Questionnaire (PEAQ; McAdams & Lensky, 1985) which makes an explicit distinction between interpersonally-oriented and achievement-oriented events. This questionnaire is described fully in the section on Methods, and is included in Appendix A.

In addition, this study explored whether or not there are differences in attributional style for events in interpersonal, as opposed to achievement domains. It might be that part of the reason that there have not been very robust findings in previous attributional research is that most studies have ignored the type of

situation for which the attributions were made. If there is stronger evidence for a depressive attributional style for one particular type of event, then collapsing results across the two types of events might result in an overall attenuated finding.

An ancillary goal of the study was to examine individual differences in depression by integrating two heretofore independent lines of research: studies of the cognitive correlates of depression, and studies of motive patterns. A motive (McClelland, 1985) is a recurrent concern or preference for a goal state which energizes, directs, and selects behavior. Three of the most well-defined motivational constructs are those of achievement, power, and intimacy. According to McClelland (1985), these motives can be defined as follows: achievement motivation is a recurrent concern about the goal state of performing better on a task; power motivation is a recurrent preference for the goal state of exerting an influence over other people or situations; and intimacy motivation is a recurrent preference for the goal state of engaging in warm, close interpersonal relationships. Typically, motives are assessed via the Thematic Apperception Test (TAT; Murray, 1943). Discrete, highly reliable scoring systems have been developed for each of these three motives. There have been a large number of studies,

particularly with regard to the motives of achievement and power, which attest to the construct validity of these scoring systems. For reviews, see McClelland (1985) for achievement, Winter and Stewart (1978) for power, and McAdams (1982) for intimacy.

This study attempted an exploratory analysis of the role of motive patterns as possible mediators of depression. First, it examined the relation between intimacy motivation and depression. Given that there is some evidence in previous research (McAdams & Bryant, in press; McAdams & Vaillant, 1982) which suggests that intimacy motivation is associated with enhanced adaptation in terms of happiness and success in adult life, it is expected that there is an inverse relation between intimacy motivation and depression. That is, it is predicted that individuals who are high in intimacy motivation are less depressed than individuals who are low in intimacy motivation.

Secondly, this study examined the interaction between motives (intimacy and achievement), and negative life events (interpersonally-oriented and achievement-oriented) on the one hand, and their association with depressive attributional style on the other. It is predicted that depressed individuals who are high in intimacy motivation show a more pronounced depressive attributional style for negative events in the



interpersonal realm. Conversely, it is predicted that depressed individuals who are high in achievement motivation show a more pronounced depressive attributional style for negative events in the achievement realm. To elucidate this point, it seems reasonable to predict that if a depressed individual manifests a recurrent preference for warm, close interpersonal experiences, then this individual would be more likely to show a depressive cognitive style for negative interpersonally-oriented, as opposed to achievement-oriented experiences. If, on the other hand, a depressed individual manifests a recurrent preference for doing better on instrumental tasks, then this individual would be more likely to show a depressive cognitive style for negative achievement-oriented, as opposed to interpersonally-oriented experiences.

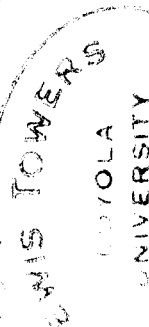
#### Positive Versus Negative Events

Although the cornerstone of the reformulated learned helplessness model is that depressives tend to invoke internal, global, and stable attributions for the causes of negative events, it is interesting to speculate about attributional patterns for positive events. Abramson et al. (1978) propose the converse prediction for the relation between depressive

attributions and positive events. That is, they predict that depressives tend to invoke external, specific, and unstable attributions for the causes of positive events. As Zautra et al. (1985) note, however, the role of positive events is not well-defined in the learned helplessness model. Nonetheless, a number of researchers have examined the relation between causal attributions for positive events, and depression.

Seligman, Abramson, Semmel, and von Baeyer (1979) examined the attributions of depressed and nondepressed college students using the ASQ in terms of both positive and negative events. For the attributions of negative events, they found that the depressed students were significantly more internal, stable, and global than the nondepressed students. For the attributions of positive events, they found that depressed students were more external, and unstable, but not more specific than nondepressed students. Additionally, the findings for the positive events were markedly less robust than those for the negative events.

In a similar study of college undergraduates, Blaney, Behar, and Head (1980) also found evidence that depressed individuals are more internal, global, and stable than nondepressed students in their evaluations of negative events as assessed by the ASQ. These findings were, however, weaker than those reported in



the Seligman et al. (1979) study. In further concordance with the Seligman et al. (1979) study, they found that the depressed students were more external and unstable in their attributions for positive events, but not more specific.

In a study of depressed unipolar male patients, Raps, Peterson, Reinhard, and Abramson (1982) found evidence for an internal, stable and global depressive attributional style for negative events using the ASQ. In addition, consistent with the findings of Seligman et al. (1979) and Blaney et al. (1980), they found that depressives were more external and unstable in their attributions for positive events. Additionally, the findings for positive events were less robust than those for the negative events. In the aforementioned study by Harvey (1981), depressed and nondepressed college students did not differ in their ratings of causes for positive events.

Munic (1982), examined the attributions of depressed psychiatric patients using the ASQ, and found support for a depressive attributional style in response to negative events. In terms of positive events, however, there were significant correlations with depression only for external attributions and for the composite scores (averaged across the three types of attributions) of the attributional dimensions.

Although examinations of attributions for positive events have generally yielded weak support for a depressive attributional style, in the present study it is predicted that depressives show an attributional pattern for positive events that is the opposite of the pattern shown for negative events. Thus, in terms of the learned helplessness model, it is hypothesized that depressives make external, unstable, and specific attributions for the causes of positive events. In terms of Hammen and her colleagues' expanded model, it is also hypothesized that depressives view the causes of positive events as being more unintentional and less controllable, and that they view the consequences of these events as being less pleasant, less likely to recur, more unexpected, and as creating more uncertainty in their lives.

#### Summary of the Hypotheses of the Present Study:

1. That depressed individuals, relative to nondepressed individuals, show a greater tendency to make internal, global, and stable attributions for negative events.
2. That depressed individuals also characterize these negative events as being more intended, uncontrollable, expected, likely to recur, and as creating a greater degree of upset and uncertainty in their lives.

3. That there is more evidence of a depressive cognitive style for real-life, as opposed to hypothetical events.

4. That there is an inverse relation between intimacy motivation and depression.

5. That depressed individuals who are high in intimacy motivation show a more pronounced depressive attributional style for negative events in the interpersonal realm.

6. That depressed individuals who are high in achievement motivation show a more pronounced depressive attributional style for negative events in the achievement realm.

7. That depressed individuals make external, unstable, and specific attributions for the causes of positive events.

8. That depressed individuals view the causes of positive events as more unintended and less controllable, and view the consequences of these events as being less pleasant, less likely to recur, more unexpected, and as creating more uncertainty in their lives.

## CHAPTER III

### METHOD

#### Subjects

Subjects for the present study were undergraduates in introductory psychology classes at Loyola University of Chicago. The study was conducted over the course of three semesters, between November, 1984 and December, 1985. Data collection and subject involvement occurred in two separate phases. In both phases, students were informed that their participation in the study was completely voluntary. In addition, students were instructed to use code numbers instead of names on all of the measures in order to insure their anonymity and confidentiality.

In the first phase, approximately 450 students were screened for depression using the Beck Depression Inventory (BDI; Beck, et al., 1961), a brief questionnaire that is suitable for group administration. This screening was conducted in several large lecture classes, typically in the last 10 minutes of a class meeting. Each group of students was told that some students would be contacted by phone and asked to participate in the second part of the study. Students were tentatively classified as depressed or nondepressed based on the cutoff recommended by Beck et

al. (1961). Students scoring 10 or above were classified as depressed, and students scoring below 5 were classified as nondepressed. The aim of this procedure was to attain samples of approximately 75 depressed and 75 nondepressed students, with roughly equal numbers of males and females in each group.

In the second phase, both depressed and nondepressed students were contacted by phone and asked if they would like to participate in the second part of the project. The project was described as "a study of the life events of college students." Potential subjects were told that this part of the study would be conducted in small group sessions, that it would involve writing about their personal experiences, and that it would require approximately three hours of their time. Subjects were also informed that they would receive course credit for their participation.

Approximately 200 students were called and asked to participate in the second phase of the study. Approximately 25 students did not agree to participate, either because of scheduling difficulties, or because they had already received all of the course credits that they needed to fulfill the introductory psychology requirement. An additional 15 students initially agreed to participate, but then failed to attend their scheduled sessions. Ultimately, 87 students who were

tentatively classified as nondepressed, and 73 students who were tentatively classified as depressed participated in the second phase of the study. Since depression in college students may be a very transitory phenomenon (Hammen, 1980; Johnson, Petzel & Sperduto, 1983), all of the subjects participated in the second phase of the study within two to three weeks of the initial screening.

During the second phase of the study, the Depression Adjective Checklist (DACL; Lubin, 1965) was used in conjunction with a re-administration of the BDI in order to refine our criteria for classifying students as depressed or nondepressed. As with the BDI, high scores on the DACL are associated with depression. To select our final depressed sample, we eliminated from the analyses any subjects who fell below one standard deviation from the mean of the depressed group on the DACL. This resulted in a sample of 18 males and 40 females who scored above 9 on the second administration of the BDI (mean 17.7) and who scored above 6 on the DACL (mean 14.5). To select our final nondepressed sample, we eliminated from the analyses any subjects who scored above one standard deviation from the mean of the nondepressed group on the DACL. This resulted in a sample of 16 males and 28 females who scored below 5 on



the second administration of the BDI (mean 2.0) and who scored below 8 on the DACL (mean 3.1).

All of the analyses discussed in the results section were conducted using the final sample of 58 depressed and 44 nondepressed subjects.

### Testing Materials

#### Depression Adjective Checklist

The DACL (Lubin, 1965) is a self-report measure that consists of a list of 22 positive adjectives and ten negative adjectives. (This instrument is included in Appendix B.) Subjects are instructed to check all of the words that describe how they are feeling that day. It was designed as a measure of transient depressive mood. The DACL is suitable for group administration, and requires approximately three minutes to complete.

There are 14 different versions of the DACL. The adjectives contained on these checklists were all empirically, rather than theoretically, derived in a two-step process. First, a pool of 171 adjectives suggesting various degrees of depression and euphoria were selected from dictionaries and books of synonyms. Second, all of the adjectives were then administered to male and female psychiatric groups with diagnoses of depression, as well as to male and female normal groups. Items for the various checklists were chosen from the

subset of adjectives which significantly differentiated the normal and depressed criterion groups.

The present study employed checklist B which has split-half reliability coefficients (Lubin, 1965) of .92 for nondepressed individuals, and .91 for depressed individuals. Lubin (1966) has also examined the concurrent validity of the DACL by correlating it with two other well-known measures of depression, the Minnesota Multiphasic Personality Inventory-Depression Scale (MMPI-D; Hathaway & McKinley, 1951) and the Beck Depression Inventory (Beck, 1961). He found that the DACL was significantly correlated with both measures, for normal as well as depressed subjects, thereby attesting to its concurrent validity.

The DACL is scored by summing all of the negative items that were endorsed, and then adding to that total all of the positive items that were not endorsed.

#### Beck Depression Inventory

The BDI is a self-report questionnaire that is suitable for group administration. It contains 21 multiple-choice statements covering a variety of affective, cognitive, motivational, and vegetative symptoms that are associated with clinical depression. For each of the 21 items, there are four statements that

vary according to the intensity of the symptom. For example, the first item contains the following statements: "(a) I do not feel sad, (b) I feel sad or blue, (c) I am blue or sad all the time and I can't snap out of it, (d) I am so sad or unhappy that I can't stand it." For each item subjects are instructed to circle the statement or statements that correspond to the way they are feeling that day. (A copy of this measure is included in Appendix C.)

Employing a sample of 200 patients, Beck (1967) reported that the split-half reliability of the BDI is .86. It has also been shown that BDI scores correlate significantly with psychiatric ratings of depression, from .61 to .67 (Beck, 1967; Metcalfe & Goldman, 1965; Nussbaum, Witting & Hanlon, 1963). Bumberry, Oliver, and McClure (1978) extended the generalizability of these findings by examining the reliability of the BDI as a measure of the severity of depression in college students. They found that the students' BDI scores were correlated significantly with psychiatric interview ratings. Similarly, Hammen (1980) found that BDI scores were correlated .80 with clinical interview ratings, based on the Hamilton Rating Scale for Depression, in a sample of college students.

### Thematic Apperception Test

Murray (1943) designed the TAT to measure narrative fantasy. The original version of the TAT required that subjects devise stories in response to 20 ambiguous pictures. Murray's set of TAT cards have become a standard component of the assessment measures used by clinical psychologists in performing psychological evaluations.

McClelland and his colleagues (e.g., McClelland & Atkinson, 1948; McClelland, Atkinson, Clark, & Lowell, 1953) introduced a number of modifications to the TAT which greatly enhanced its use as a research instrument, particularly with regard to the assessment of motive patterns. The present investigation employed this modified version of the TAT. Six pictures that have been found to be particularly useful in eliciting stories with themes of intimacy, achievement, and power (McAdams, 1980) were used in the present study.

All of the TAT stories were scored for intimacy motivation using the scoring system developed by McAdams (1982). Scoring was done by a highly reliable ( $r > .85$ ) coder who had mastered the practice stories in the scoring manual for the intimacy motive (1984). Similarly, all the of the stories were scored for achievement motivation by a trained, highly reliable ( $r$

> .85) coder using the scoring system developed by McClelland, et al. (1953).

### Personal Experiences Attribution Questionnaire (PEAQ)

The PEAQ is adapted from two sources: the questionnaire used by Hammen and her colleagues (e.g., Gong-Guy and Hammen, 1980), and the abbreviated version of the life story interview developed by McAdams (1985). The PEAQ requires that subjects write brief descriptions of six positive and six negative experiences which have occurred in their lives. Further, they are asked to divide these experiences into two different types: achievement-oriented and interpersonally-oriented. Thus, subjects are asked to write 12 descriptions of the following four types: three positive interpersonal experiences, three negative interpersonal experiences, three positive achievement experiences, and three negative achievement experiences. Following their description of each event, subjects are asked to rate each event on seven-point scales corresponding to the attributional (internality, stability, globality, intentionality, and controllability), as well as nonattributional (upset, uncertainty, expectation, and recurrence) dimensions of Hammen's expanded model. The instructions for the PEAQ, as well as the questionnaire itself, are included in Appendix A.

In scoring the PEAQ, high scores for the negative events correspond to a depressive cognitive style. Thus, all high scores on the seven-point scales for the negative items indicate a high degree of the variable (e.g., highly internal, stable, global), with the exception of control; a high score on control indicates a lesser perception of control. For the positive events, on the other hand, all high scores on the seven-point scales correspond to a nondepressive cognitive style, with the exception of control; a high score on control indicates a lesser perception of control, which is indicative of a depressive cognitive style. Scores are obtained for positive achievement-oriented, positive interpersonally-oriented, negative achievement-oriented, and negative interpersonally-oriented events by summing the ratings of the three appropriate items for each category, and then dividing the sum by 3.

#### Attributional Style Questionnaire

As mentioned earlier, the ASQ (Peterson et al., 1982) is a self-administered questionnaire that consists of 12 hypothetical positive and negative scenarios. Within the positive and negative categories, the scenarios are equally divided between achievement-oriented and interpersonally-oriented events. In

completing the ASQ, subjects are instructed to imagine that they are experiencing the events described and to rate each event on seven-point scales corresponding to the three attributional dimensions (internality, stability, globality). In addition, they are asked to rate how important they would consider the event if it were to happen to them. (A copy of this instrument is included in Appendix D.)

Internality is assessed by asking the subject to rate the extent to which each imagined event is "totally due to the other person or circumstances" versus "totally due to me." Stability is assessed by asking the subject to rate the extent to which each imagined event "will never again be present" versus "will always be present." Globality is assessed by asking the subject to rate the extent to which each event "influences just this particular situation" versus "influences all situations in my life."

The three ratings of each cause are scored such that high scores are associated with increasing internality, stability, and globality. In the present study, scores were formed separately for the positive achievement, positive interpersonal, negative achievement, and negative interpersonal events by summing the appropriate items and dividing the sum by 3. Previous studies have generally collapsed the

achievement-oriented and interpersonally-oriented items together, and therefore examined attributions in response to positive and negative events without regard to the achievement or interpersonal context of the events.

Peterson, Semmel, et al. (1982) have reported that the individual scales of the ASQ have the following modest reliabilities using Cronbach's alpha: For good outcomes, internality = .50, stability = .58, globality = .44, and the composite (averaged across all three) = .75; for bad outcomes, internality = .46, stability = .59, globality = .69, and the composite = .72. Additionally, they reported that test-retest correlations over a five week period were significant for each attributional dimension, ranging from .57 to .69.

### Procedure

All subjects were administered the measures in small groups of approximately five students. The sessions were conducted by three different female experimenters who were knowledgeable about all aspects of the study, but blind to the BDI scores of the individual participants. Subjects were not informed about the basis for their selection as participants in this study.



The experimenter began each session by introducing herself to the group, and then providing a brief rationale for the study. The study was again described as "an investigation of the life events of college students." Subjects were then asked to complete an informed consent form which reiterated the fact that the study was anonymous, confidential, and voluntary. After all of the consent forms were collected, the experimenter distributed the DACL and the BDI to each subject. The experimenter briefly explained each measure, and then asked that the subjects read the instructions printed at the top of the measures.

As soon as all of the subjects had completed both of the questionnaires, the experimenter provided verbal instructions for the TAT. Subjects were asked to write imaginative stories for each picture. They were informed that each picture would be shown for one minute, and that they would have an additional four minutes to write each story. Thus, they had a total of five minutes to write each story. Subjects were told that the purpose of this procedure was to encourage them to be as imaginative as possible. In order to provide some guidelines for their story-writing, subjects were asked to include the following information in their stories: (1) what lead up to the event in the picture, (2) what is happening at the moment, (3) what the

characters are thinking and feeling, and (4) how the story turns out in the end. Finally, subjects were assured that this is a very subjective task, and that there are no right or wrong stories. At this point, the experimenter handed out booklets containing written instructions for the TAT, followed by six blank pages. Subjects were asked to write each story on a separate page in the booklet. In addition, the cover sheet of each booklet requested a few items of demographic information, which all subjects were asked to complete. At this point, the experimenter asked if there were any questions, and then proceeded to show the six TAT slides. The administration of the TAT required approximately 40 minutes.

Following the TAT, subjects were given the questionnaires for the PEAQ and for the ASQ. Subjects were provided with both verbal and written instructions for the two measures, and then asked to complete them at their own pace. In view of the fact that the PEAQ is a lengthy, somewhat complex questionnaire, the experimenter provided very detailed instructions, and then attempted to verify whether each subject had understood the instructions. This was accomplished primarily by questioning students who had puzzled looks on their faces, and also by walking around the room after the subjects had been working on the questionnaire

for about 15 minutes, and asking each student if he or she was having any problems with it. Most subjects required approximately 1 1/2 to 2 hours to complete the PEAQ, and 20 to 30 minutes to complete the ASQ.

As each subject finished the ASQ, he or she was thanked for participating, and then informed about the number of credits that had been earned in the experiment. The entire procedure lasted approximately 2 1/2 to 3 hours.

## CHAPTER IV

### RESULTS

The results will be discussed in four sections corresponding to the four major problems discussed in Chapter II. In the first section, the following two major questions are addressed: Is there evidence of a depressive attributional style according to the predictions of the learned helplessness model? Is there evidence of a depressive attributional style according to the predictions of Hammen's expanded model? Both of these models hinge on the relation between cognitions for negative events and depression. In the second section, the question- Is there a depressive attributional style for positive events?- is examined. In the third section, the major question of interest is: Are there differences in depressive cognitive style for achievement-oriented versus interpersonally-oriented events? In the fourth section, the question of the relative merits of measures for hypothetical versus real-life events is addressed.

Each section will begin with a summary of relevant descriptive statistics, which will be followed by a description of the specific analyses that were employed to test the hypotheses and the results of these

analyses.

In describing the results of the study, two introductory statements are necessary. First, although the examination of gender differences was not a major focus of the current investigation, potential differences between males and females were examined in each of the analyses. There were no significant differences between males and females on any of the dimensions of depressive cognitive style. Consequently, gender differences are not discussed in the analyses.

The second introductory remark refers to a problem in the PEAQ that became apparent following a summary investigation of the data. The items designed to assess self-intentionality and other-intentionality on the PEAQ were worded such that subjects were asked to choose between the two-- that is, they were asked to decide whether they intended for the event to occur, or whether other people intended for the event to occur. Some subjects described some of their events as being both self-intended and other-intended. Thus, for the negative events, 63 subjects rated these events as being primarily intended by others, and 68 subjects rated the event as being primarily self-intended. Twenty-nine subjects described these events as both primarily self-intended and primarily other-intended. For the positive events, 78 subjects described the events as primarily

self-intended, and 49 subjects rated these events as primarily other-intended. Twenty-five subjects described these events as both primarily self-intended and primarily other-intended. Clearly, these findings suggest that many of the subjects were confused about these items on the questionnaire. Consequently, these items were excluded from all of the multivariate analyses. They were, however, included in univariate analyses, but these should be interpreted with caution.

#### The Learned Helplessness Model and Hammen's Expanded Model: Attributions for the Causes and Consequences of Negative Events

First, the mean attribution ratings (internality, stability, globality) across the six negative events on the ASQ were examined to determine whether there was any evidence to support the learned helplessness model's contention that depressed individuals are more internal, stable, and global in their attributions for the causes of negative events. The means and standard deviations are reported in Table 1. All of the means were in the predicted direction, with depressed individuals evidencing a higher degree of the depressive causal attributions than the nondepressed individuals.

Table 1

Means and Standard Deviations for Attributional Cognitions Based on ASQ Scores for Negative Events

<u>Cognition</u>		<u>M</u>	<u>SD</u>	<u>F</u>
<u>Internal</u>				
All	(101)	4.27	.79	
Nondepressed	(44)	4.19	.82	
Depressed	(57)	4.32	.77	.69
<u>Stable</u>				
All	(101)	4.12	.81	
Nondepressed	(44)	3.91	.72	
Depressed	(57)	4.28	.85	5.37*
<u>Global</u>				
All	(101)	4.03	.93	
Nondepressed	(44)	3.69	1.00	
Depressed	(57)	4.29	.88	10.40**

-----  
 a Direction of high scores always corresponds to a depressive cognitive style. Thus, all high scores on the 7-point scales indicate a high degree of the variable, with the exception of control; a high score on control indicates a lesser perception of control.

b All F-values are for comparisons between depressed and nondepressed groups.

\*  $p < .05$       \*\*  $p < .01$       \*\*\*  $p < .001$

A second summary analysis of the learned helplessness model was conducted by examining the mean attribution ratings for internality, stability, and globality across the six negative events on the PEAQ. Additionally, the mean attribution ratings on the dimensions of self-intentionality, other-intentionality, and, control were examined to test the predictions of Hammen's expanded model. The means and standard deviations for the attributional ratings on the PEAQ are reported in Table 2. For the most part, the means were in the predicted direction, with depressed individuals exhibiting a higher degree of the depressive causal attributions, and also perceiving less control over negative outcomes. Attributions regarding the intentionality of others were not in the predicted direction; depressed individuals rated the actions of others as being less intentional for negative events than did the nondepressed individuals. However, this difference was nonsignificant  $F(1,61) = 1.29, p > .05$ .

In order to test whether there was support for the overarching construct of a depressive attributional style for negative events, an overall multivariate analysis of variance (MANOVA) was conducted using the attributional dimensions of both the ASQ (internal, stable, global) and the PEAQ (internal, stable, global, control). Thus, the attributional dimensions served as



Table 2

Means and Standard Deviations for Attributional Cognitions Based on PEAQ Scores for Negative Events

<u>Cognition</u>		<u>M</u>	<u>SD</u>	<u>F</u>
<u>Internal</u>				
All	(96)	4.10	1.00	
Nondepressed	(40)	3.94	.96	
Depressed	(56)	4.22	1.02	1.91
<u>Stable</u>				
All	(96)	3.92	1.01	
Nondepressed	(40)	3.82	.97	
Depressed	(56)	3.99	1.03	.66
<u>Global</u>				
All	(96)	3.91	1.03	
Nondepressed	(40)	3.44	.87	
Depressed	(56)	4.26	1.02	17.26**
<u>Self-intentional</u>				
All	(68)	3.50	1.09	
Nondepressed	(27)	3.02	1.33	
Depressed	(41)	3.81	.89	8.65**
<u>Other-intentional</u>				
All	(63)	2.82	.90	
Nondepressed	(20)	3.00	.88	
Depressed	(43)	2.73	.91	1.29
<u>Control</u>				
All	(96)	3.92	1.09	
Nondepressed	(40)	3.78	.90	
Depressed	(56)	4.01	1.21	1.08

-----  
 a Direction of high scores always corresponds to a depressive cognitive style. Thus, all high scores on the 7-point scales indicate a high degree of the variable, with the exception of control; a high score on control indicates a lesser perception of control.

b All F-values are for comparisons between depressed and nondepressed groups.

\*  $p < .05$       \*\*  $p < .01$       \*\*\*  $p < .001$

the dependent variables, and level of depression (depressed, nondepressed) served as the independent variable. The overall multivariate analysis using Wilks's criterion was highly significant,  $F(7,94) = 3.41$ ,  $p < .01$ , indicating that depressed and nondepressed individuals differed overall in their attributional ratings of the causes of negative events.

Given that the multivariate test was significant, the univariate differences between the groups were examined in order to determine which of the attributional dimensions were responsible for the overall significant effect. These are reported in Table 1 and Table 2. In terms of the attributional ratings of the hypothetical events on the ASQ (refer to Table 1), depressed individuals perceived the causes of negative events to be significantly more stable ( $F(1,99) = 5.47$ ,  $p < .05$ ) and global ( $F(1,99) = 10.40$ ,  $p < .01$ ) than did nondepressed controls. There were no significant differences between depressed and nondepressed individuals for the internal dimension. In terms of the attributional ratings of the real-life events on the PEAQ (refer to Table 2), depressed individuals perceived the causes of negative events to be significantly more global ( $F(1,94) = 17.26$ ,  $p < .001$ ) than did nondepressed controls. There were no significant differences between depressed and nondepressed subjects for the dimensions

of internality, stability, or controllability. Thus, these results provided partial support for the contentions of the reformulated learned helplessness model with regard to attributions for negative events.

Next, the nonattributional cognitions for the consequences of negative events were examined. The mean cognition ratings across the six negative events on the PEAQ were computed for the dimensions of uncertainty, upset, recurrence, and expectation. These means and their standard deviations are reported in Table 3. For the most part, the means are all in the predicted direction, with depressed people reporting more uncertainty and upset in response to negative events, and also predicting the recurrence of similar negative events in the future. Contrary to the prediction, however, nondepressed individuals expected that their negative experiences would occur more than did depressed individuals. However, this difference was extremely small, and nonsignificant,  $F = .19, p > .05$ .

A multivariate analysis of variance (MANOVA) was carried out using all of the nonattributional dimensions of Hammen's expanded model (uncertainty, upset, recurrence, and expectation) as dependent variables, and level of depression (depressed, nondepressed) as the independent variable. This analysis was performed in order to test whether or not there was support for the

construct of a depressive cognitive style for the consequences of negative events. As expected, the overall MANOVA using Wilks's criterion was significant,  $F(4,91) = 5.00, p < .01$ . This indicates that depressed and nondepressed individuals differed overall in their nonattributional ratings about the consequences of negative events.

Given that the multivariate test was significant, the univariate comparisons of the nonattributional dimensions were examined. These are reported in Table 3. Based on accounts of their own negative experiences, depressed individuals reported feeling more uncertain ( $F(1,91) = 25.63, p < .001$ ) and more upset ( $F(1,93) = 6.80, p < .05$ ) in response to these experiences than did nondepressed subjects. In addition, depressed individuals were more likely to predict the recurrence ( $F(1,94) = 15.36, p < .001$ ) of similar negative experiences in the future. As mentioned previously, there were no significant differences between the groups with regard to the expectation of negative events. Thus, these results provided strong support for the hypothesis that there are difference between depressed and nondepressed individuals in their cognitions regarding the consequences of negative events.

Table 3

Means and Standard Deviations for Nonattributional  
Cognitions Based on PEAQ Scores for Negative Events

<u>Cognition</u>		<u>M</u>	<u>SD</u>	<u>F</u>
<u>Uncertainty</u>				
All	(93)	3.60	1.24	
Nondepressed	(39)	2.91	1.17	
Depressed	(54)	4.09	1.06	25.63***
<u>Upset</u>				
All	(94)	5.39	.97	
Nondepressed	(39)	5.09	.93	
Depressed	(55)	5.60	.95	6.80*
<u>Recurrence</u>				
All	(96)	3.43	1.09	
Nondepressed	(40)	2.96	.94	
Depressed	(56)	3.78	1.06	15.36***
<u>Expectation</u>				
All	(95)	3.01	.86	
Nondepressed	(40)	3.06	.76	
Depressed	(55)	2.98	.94	.19

-----  
 a Direction of high scores always corresponds to a depressive cognitive style. Thus, all high scores on the 7-point scales indicate a high degree of the variable.

b All F-values are for comparisons between depressed and nondepressed groups.

\*  $p < .05$       \*\*  $p < .01$       \*\*\*  $p < .001$

### The Role of Cognitions for Positive Events

First, the mean attribution ratings (internal, stable, global) across the six positive events on the ASQ were examined to assess whether there was any general support for the notion of a depressive attributional style for positive events. The means and standard deviations are reported in Table 4. All of the means were in the predicted direction, with depressed people acknowledging more external, unstable, and specific attributions for the causes of positive events.

Next, the mean attribution ratings (internal, stable, global, control, self-intentional, other-intentional) across the six negative events on the PEAQ were examined. These means and standard deviations are reported in Table 5. All of the means were in the predicted direction, with depressed people rating the causes of their own personal negative events as more external, unstable, and specific, less intended by oneself, less intended by others, and less controllable.

To examine the overall construct of a depressive attributional style for positive events, a MANOVA was conducted with all of the attributional variables from the ASQ (internal, stable, global) and all of the attributional variables from the PEAQ (internal, stable, global, control) as dependent variables, and level of depression (depressed, nondepressed) as the independent

Table 4

Means and Standard Deviations for Attributional  
Cognitions Based on ASQ Scores for Positive Events

<u>Cognition</u>		<u>M</u>	<u>SD</u>	<u>F</u>
<u>Internal</u>				
All	(101)	5.24	.94	
Nondepressed	(44)	5.42	.77	
Depressed	(57)	5.11	1.05	2.78
<u>Stable</u>				
All	(101)	5.30	.77	
Nondepressed	(44)	5.44	.63	
Depressed	(57)	5.19	.86	2.53
<u>Global</u>				
All	(101)	5.12	.93	
Nondepressed	(44)	5.31	.78	
Depressed	(57)	4.96	1.02	3.54

-----  
 a Direction of high scores always corresponds to a nondepressive attributional style. Thus, all high scores on the 7-point scales indicate a high degree of the variable.

b All F-values are for comparisons between depressed and nondepressed groups.

\*  $p < .05$       \*\*  $p < .01$       \*\*\*  $p < .001$

Table 5

Means and Standard Deviations for Attributional  
Cognitions Based on PEAQ Scores for Positive Events

<u>Cognition</u>		<u>M</u>	<u>SD</u>	<u>F</u>
<u>Internal</u>				
All	(95)	4.12	1.02	
Nondepressed	(40)	4.53	1.04	
Depressed	(55)	3.82	.90	12.93**
<u>Stable</u>				
All	(96)	4.77	1.07	
Nondepressed	(40)	4.98	.93	
Depressed	(56)	4.63	1.14	2.52
<u>Global</u>				
All	(95)	4.60	1.02	
Nondepressed	(40)	4.47	1.13	
Depressed	(55)	4.69	.92	1.05
<u>Self-intentional</u>				
All	(79)	5.20	.91	
Nondepressed	(34)	5.37	.84	
Depressed	(45)	5.08	.95	2.05
<u>Other-intentional</u>				
All	(50)	3.70	.88	
Nondepressed	(14)	4.01	1.00	
Depressed	(36)	3.58	.81	2.50
<u>Control</u>				
All	(96)	3.83	1.20	
Nondepressed	(40)	3.22	.86	
Depressed	(56)	4.25	1.23	20.84***

-----  
 a Direction of high scores always corresponds to a nondepressive cognitive style, with the exception of control. Thus, all high scores on the 7-point scales indicate a high degree of the variable, with the exception of control; a high score on control indicates a lesser perception of control.

b All F-values are for comparisons between depressed and nondepressed groups.

\*  $p < .05$       \*\*  $p < .01$       \*\*\*  $p < .001$



variable. As expected, the MANOVA was highly significant,  $F(7,94) = 6.21$ ,  $p < .001$  using Wilks's criterion. This indicates that depressed and nondepressed individuals differed overall in their attributional ratings of positive events.

Given that the overall multivariate test was significant, the univariate comparisons for each of the attributional variables were examined. These are reported in Table 4 and Table 5. In terms of the attributional ratings of hypothetical positive events on the ASQ, there were no significant differences between depressed and nondepressed individuals with regard to the dimensions of internality, stability, or globality. In terms of the attributional ratings of real-life positive events on the PEAQ, depressed individuals rated these events as being more externally caused,  $F(1,93) = 12.93$ ,  $p < .01$ , and as less controllable,  $F(1,94) = 20.84$ ,  $p < .001$  than did nondepressed individuals. There were no significant differences between depressed and nondepressed individuals with regard to the dimensions of stability or globality. Thus, there was relatively weak support for the reformulated learned helplessness model with regard to attributions for positive events.

Following this, the question of whether there was support for Hammen's contention of a depressive

cognitive style in response to the consequences of positive events was addressed. First the mean nonattributional cognitive ratings across the six positive events were examined. The means and standard deviations for the nonattributional cognitions are reported in Table 6. For the most part the means were in the predicted direction, with depressed individuals rating positive events as less expected, less likely to recur, and as creating more uncertainty in their lives than nondepressed individuals. Contrary to prediction, however, depressed individuals rated their positive events as being more happy than did nondepressed controls. However, this difference was quite small, and nonsignificant.

In order to assess the construct of a depressive cognitive style in response to the consequences of positive events, a MANOVA was conducted using the nonattributional cognitions of uncertainty, upset, recurrence, and expectation as dependent variables, and level of depression (depressed, nondepressed) as the independent variable. In support of Hammen's expanded model, the overall MANOVA was highly significant ( $F(4,91) = 8.09, p < .001$ ) using Wilks's criterion. This suggests that depressed and nondepressed individuals differed overall in their nonattributional ratings of the consequences of positive events.

Table 6

Means and Standard Deviations for Nonattribitional  
Cognitions Based on PEAQ Scores for Positive Events

<u>Cognition</u>		<u>M</u>	<u>SD</u>	<u>F</u>
<u>Uncertainty</u>				
All	(93)	3.03	1.05	
Nondepressed	(39)	2.52	.87	
Depressed	(54)	3.39	1.03	18.26***
<u>Happiness</u>				
All	(95)	5.75	1.17	
Nondepressed	(40)	5.73	1.22	
Depressed	(55)	5.77	1.14	.05
<u>Recurrence</u>				
All	(96)	4.31	1.08	
Nondepressed	(40)	4.33	1.17	
Depressed	(56)	4.30	1.02	.01
<u>Expectation</u>				
All	(94)	3.79	.95	
Nondepressed	(39)	3.92	.97	
Depressed	(55)	3.70	.93	1.15

-----  
<sup>a</sup> Direction of high scores always corresponds to a nondepressive cognitive style, with the exception of uncertainty; a high score on uncertainty indicates a greater perception of uncertainty. Thus, all high scores on the 7-point scales indicate a high degree of the variable.

<sup>b</sup> All F-values are for comparisons between depressed and nondepressed groups.

\*  $p < .05$       \*\*  $p < .01$       \*\*\*  $p < .001$

Following the multivariate analysis, the univariate comparisons for each of the nonattributorial variables were examined in order to determine which of the dimensions were responsible for the overall significant effect. The univariate  $F$  values are reported in Table 6. These comparisons revealed that the only significant difference between depressed and nondepressed individuals occurred for the dimension of uncertainty ( $F(1,91) = 18.26, p < .001$ ). Thus, depressed individuals felt more uncertain as a consequence of positive events, than did nondepressed individuals. They were not, however, any less happy, nor did they have less of an expectation that these positive events were going to occur, or less confidence in the recurrence of similar positive events in the future. Thus, these results provided partial support for the contention that there are differences between depressed and nondepressed individuals with regard to their perceptions of the consequences of positive events.

#### The Role of Cognitions for Achievement-oriented versus Interpersonally-oriented Events

Are there different patterns of depressive cognitions for interpersonally-oriented as opposed to achievement-oriented events? To approach this question in a general way, summary means and standard deviations

for the negative ASQ-attributions, negative PEAQ-attributions, and negative PEAQ-nonattributional cognitions within achievement-oriented and interpersonally-oriented events are reported in Table 7, Table 8, and Table 9. Summary means and standard deviations for the positive ASQ-attributions, positive PEAQ-attributions, and positive PEAQ-nonattributional cognitions within achievement-oriented and interpersonally events are reported in Table 10, Table 11 and Table 12.

As a more rigorous test of the possibility that there might be overall differences in depressive cognitive style for different types of events, a series of four MANOVAS was conducted with level of depression (depressed, nondepressed) as the between-subjects factor and type of event (achievement, interpersonal) as a repeated measure.

The first analysis was carried out with the negative attributional dimensions from the ASQ (internal, stable, global) and the negative attributional dimensions of the PEAQ (internal, stable, global, control) as dependent variables. The second analysis was carried out with the negative nonattributional dimensions of uncertainty, upset, recurrence, and expectation as the dependent variables. The third analysis was carried out with the positive

Table 7

Means and Standard Deviations for Attributional Cognitions Based on ASQ Scores within Negative Achievement and Interpersonal Events

<u>Cognition</u>	<u>Achievement Events</u>		<u>Interpersonal Events</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<u>Internal</u>				
All (101)	4.33	1.12	4.20	1.08
ND (44)	4.14	1.09	4.24	1.06
D (57)	4.49	1.13	4.16	1.11
<u>Stable</u>				
All (101)	4.23	1.10	4.01	.85
ND (44)	3.89	.95	3.93	.86
D (57)	4.49	1.14	4.08	.85
<u>Global</u>				
All (101)	4.09	1.20	3.97	1.24
ND (44)	3.63	1.15	3.75	1.33
D (57)	4.45	1.12	4.14	1.15

<sup>a</sup> Direction of high scores always corresponds to a depressive attributional style. Thus, all high scores on the 7-point scales indicate a high degree of the variable.

<sup>b</sup> ND = Nondepressed      D = Depressed

Table 8

Means and Standard Deviations for Attributional Cognitions Based on PEAQ Scores Within Negative Achievement and Interpersonal Events

<u>Cognition</u>	<u>Achievement Events</u>		<u>Interpersonal Events</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<u>Internal</u>				
All (96)	4.25	1.51	3.96	1.08
ND (40)	4.22	1.32	3.65	1.20
D (56)	4.27	1.65	4.18	.94
<u>Stable</u>				
All (96)	4.12	1.25	3.72	1.24
ND (40)	3.85	1.17	3.79	1.18
D (56)	4.31	1.28	3.67	1.28
<u>Global</u>				
All (96)	3.80	1.21	4.03	1.19
ND (40)	3.35	1.08	3.52	1.02
D (56)	4.12	1.20	4.39	1.18
<u>Self-intention</u>				
All (76)	3.39	1.29	3.71	1.33
ND (33)	2.87	1.48	3.43	1.55
D (43)	3.79	.97	3.88	1.16
<u>Other-intention</u>				
All (75)	2.66	1.21	3.18	1.14
ND (26)	2.96	1.34	3.40	1.09
D (49)	2.50	1.13	3.05	1.16
<u>Control</u>				
All (96)	3.77	1.51	4.07	1.36
ND (40)	3.60	1.36	3.96	1.29
D (56)	3.88	1.61	4.14	1.42

<sup>a</sup> Direction of high scores always corresponds to a depressive attributional style. Thus, all high scores on the 7-point scales indicate a high degree of the variable, with the exception of control; a high score on control indicates a lesser perception of control.

<sup>b</sup> ND = Nondepressed      D = Depressed

Table 9

Means and Standard Deviations for Nonattributional  
Cognitions Based on PEAQ Scores Within Negative  
Achievement and Interpersonal Events

<u>Cognition</u>	<u>Achievement Events</u>		<u>Interpersonal Events</u>		
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
<u>Uncertainty</u>					
All (93)	3.44	1.39	(93)	3.76	1.38
ND (39)	2.65	1.15	(39)	3.18	1.36
D (54)	4.01	1.27	(54)	4.17	1.24
<u>Upset</u>					
All (96)	5.34	1.11	(94)	5.45	1.19
ND (40)	5.05	1.06	(39)	5.18	1.25
D (56)	5.55	1.11	(55)	5.65	1.11
<u>Recurrence</u>					
All (96)	3.41	1.33	(96)	3.46	1.27
ND (40)	3.01	1.10	(40)	2.91	1.22
D (56)	3.71	1.42	(56)	3.85	1.17
<u>Expectation</u>					
All (95)	3.09	1.13	(95)	2.93	1.14
ND (40)	3.11	.93	(40)	3.02	1.04
D (55)	3.07	1.26	(55)	2.88	1.22

<sup>a</sup> Direction of high scores always corresponds to a depressive attributional style. Thus, all high scores on the 7-point scales indicate a high degree of the variable.

<sup>b</sup> ND = Nondepressed      D = Depressed



Table 10

Means and Standard Deviations for Attributional  
Cognitions Based on ASQ Scores within Positive  
Achievement and Interpersonal Events

<u>Cognition</u>	<u>Achievement Events</u>		<u>Interpersonal Events</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<u>Internal</u>				
All (101)	5.21	1.21	5.28	1.08
ND (44)	5.49	1.07	5.35	.92
D (57)	4.99	1.28	5.23	1.19
<u>Stable</u>				
All (101)	5.22	.91	5.38	.92
ND (44)	5.36	.76	5.52	.77
D (57)	5.12	1.01	5.27	1.02
<u>Global</u>				
All (101)	5.15	1.09	5.09	1.15
ND (44)	5.38	.88	5.24	1.02
D (57)	4.97	1.20	4.96	1.23

a Direction of high scores always corresponds to a nondepressive cognitive style.

b ND = Nondepressed      D = Depressed

Table 11

Means and Standard Deviations for Attributional Cognitions Based on PEAQ Scores within Positive Achievement and Interpersonal Events

<u>Cognition</u>	<u>Achievement Events</u>		<u>Interpersonal Events</u>		
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
<u>Internal</u>					
All (95)	4.28	1.52	(96)	3.96	1.16
ND (40)	5.02	1.38	(40)	4.05	1.00
D (55)	3.75	1.41	(56)	3.89	1.26
<u>Stable</u>					
All (96)	5.08	1.26	(96)	4.47	1.52
ND (40)	5.29	1.13	(40)	4.66	1.13
D (56)	4.92	1.33	(56)	4.33	1.74
<u>Global</u>					
All (95)	4.59	1.27	(101)	4.61	1.14
ND (40)	4.48	1.39	(40)	4.46	1.25
D (55)	4.66	1.18	(56)	4.72	1.06
<u>Self-intention</u>					
All (90)	5.49	1.18	(83)	4.89	1.24
ND (38)	5.56	1.08	(35)	5.12	1.03
D (52)	5.44	1.25	(48)	4.72	1.36
<u>Other-intention</u>					
All (58)	3.89	1.45	(69)	3.62	1.42
ND (18)	4.36	1.82	(26)	4.03	1.82
D (40)	3.67	1.21	(43)	3.37	1.05
<u>Control</u>					
All (97)	3.68	1.71	(96)	4.01	1.24
ND (41)	3.04	1.46	(40)	3.50	.92
D (56)	4.14	1.74	(56)	4.37	1.32

<sup>a</sup> Direction of high scores always corresponds to a nondepressive cognitive style, with the exception of control; a high score on control indicates a lesser perception of control.

<sup>b</sup> ND = Nondepressed      D = Depressed

Table 12

Means and Standard Deviations for Nonattributional  
Cognitions Based on PEAQ Scores Within Positive  
Achievement and Interpersonal Events

<u>Cognition</u>	<u>Achievement Events</u>		<u>Interpersonal Events</u>		
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
<u>Uncertainty</u>					
All (95)	2.32	1.23	(94)	2.21	1.19
ND (39)	1.87	1.07	(39)	2.05	1.02
D (56)	2.63	1.25	(55)	2.31	1.29
<u>Happiness</u>					
All (96)	5.76	1.38	(95)	5.75	1.28
ND (40)	5.80	1.45	(40)	5.65	1.32
D (56)	5.74	1.34	(55)	5.83	1.25
<u>Recurrence</u>					
All (96)	4.15	1.51	(96)	4.47	1.31
ND (40)	4.37	1.53	(40)	4.28	1.34
D (56)	3.99	1.49	(56)	4.61	1.27
<u>Expectation</u>					
All (94)	4.01	1.12	(96)	3.54	1.32
ND (39)	4.17	1.05	(40)	3.64	1.25
D (55)	3.90	1.17	(56)	3.47	1.38

<sup>a</sup> Direction of high scores always corresponds to a nondepressive attributional style, with the exception of uncertainty; a high score on uncertainty indicates a greater perception of uncertainty. Thus, all high scores on the 7-point scales indicate a high degree of the variable.

<sup>b</sup> ND = Nondepressed      D = Depressed

attributional dimensions of the ASQ and the positive attributional dimensions of the PEAQ as the dependent variables. The fourth analysis was carried out with the positive nonattributional dimensions of the PEAQ as the dependent variables. All of these repeated measures MANOVAS were nonsignificant, which indicates that there were no interactions between level of depression and type of event for which any of the attributional and nonattributional ratings were made. Thus, there were no differences between depressed and nondepressed individuals in their cognitive appraisals of achievement-oriented versus interpersonally-oriented events. Consequently, composite ratings which collapsed across achievement-oriented and interpersonally-oriented items were used for the aforementioned analyses of attributional and nonattributional appraisals of positive and negative events.

In order to test the hypothesis that motives might serve as mediating variables in the relation between depression and cognitive style for achievement-oriented versus interpersonally-oriented events, all of the repeated measures MANOVAS were conducted with two additional between subjects factors: level of intimacy motivation (low, high) and level of achievement motivation (low, high). Subjects who had intimacy motive scores below the median score for the entire sample ( $n=$

102) were classified as "low" in intimacy motivation. Subjects who had intimacy motive scores above the median score for the entire sample were classified as "high" in intimacy motivation. The same procedure was followed for the classification of achievement motive scores. These analyses were employed to test the following predictions: that depressed subjects who are high in intimacy motivation would exhibit more of a depressive cognitive style for interpersonal, as opposed to achievement events; and, that depressed subjects who are high in achievement motivation would exhibit more of a depressive cognitive style for achievement, as opposed to interpersonal events. Thus, these hypotheses required an examination of the three-way interaction between level of depression, level of motive, and type of event.

In order to understand what is meant by these predictions, refer to Table 13, which contains a hypothetical illustration of one of the predictions. If it were the case, for example, that depressed individuals who are high in achievement motivation manifest more of a depressive attributional style for negative achievement-oriented, as opposed to interpersonally-oriented events, then you might see the following pattern of scores for any of the attributional dimensions (e.g., stability): For the achievement

Table 13

Hypothetical Mean Stability Ratings for Subjects with  
High versus Low Achievement Motivation

		<u>Negative Achievement Event</u>	
		<u>Depression</u>	
		Low	High
<u>Achievement Motivation</u>	Low	3.0	4.0
	High	4.0	5.0

		<u>Negative Interpersonal Event</u>	
		<u>Depression</u>	
		Low	High
<u>Achievement Motivation</u>	Low	4.0	4.0
	High	4.0	4.0

-----  
<sup>a</sup> Note. These are hypothetical distributions based on the prediction that depressed individuals who are high in achievement motivation manifest more of a depressive attributional style for negative achievement-oriented, as opposed to interpersonally-oriented events.

events, the highest globality rating would be found in the high depression, high achievement motivation cell (e.g., 5.0) and the lowest globality rating would be found in the low depression, low achievement motivation cell (e.g., 3.0). These numbers would signify an interaction between achievement motivation and depression for the negative achievement-oriented events. For the interpersonal events, on the other hand, there would be no interaction between achievement motivation and depression, with the result that there would be no interpretable pattern in the mean scores (e.g., high depression, high achievement motivation = 4.0; low depression, low achievement motivation = 4.0).

For each of the two motives, four analyses were conducted: one with negative attributional dimensions as the dependent variables, one with negative nonattributional dimensions as the dependent variables, one with positive attributional dimensions as the dependent variables, and one with positive nonattributional dimensions as the dependent variables. Of these eight analyses, two had significant multivariate interactions.

First, there was a significant three-way interaction between depression, achievement motivation, and type of event for the negative attributional dimensions ( $F(7,93) = 2.87, p < .05$ ). Following this

significant multivariate test, an examination of the univariate comparisons revealed that there were significant differences in internality ratings on the ASQ ( $F(1,98) = 11.48, p < .01$ ) and in stability ratings on the PEAQ ( $F(1,98) = 6.44, p < .05$ ) for achievement-oriented versus interpersonally-oriented events. A closer examination of the mean internality scores on the ASQ revealed that the configuration of internality scores within each type of event did not conform to the expected pattern. A closer examination of the mean stability scores on the PEAQ, however, as illustrated in Table 14, showed that the pattern of scores did correspond to the predicted pattern. That is, within the negative achievement events, the highest stability rating occurred for the high depression, high achievement motivation cell ( $M = 4.42$ ). For these same events, there was a significantly lower mean stability rating for the low depression, low achievement motivation cell ( $M = 4.19$ ). For the negative interpersonal events, on the other hand, the mean stability ratings showed no interpretable pattern. Therefore, these scores indicate that, as predicted, there was an interaction between achievement motivation and level of depression for the achievement-oriented events, while there was no interaction between achievement motivation and level of depression for the



Table 14

Mean Stability Ratings on the PEAQ for Subjects with High Versus Low Achievement Motivation

		<u>Negative Achievement Event</u>	
		<u>Depression</u>	
		Low	High
<u>Achievement Motivation</u>	Low	4.19	4.20
	High	3.47	4.42

		<u>Negative Interpersonal Event</u>	
		<u>Depression</u>	
		Low	High
<u>Achievement Motivation</u>	Low	3.91	3.99
	High	3.61	3.32

interpersonal events. Thus, for the stable-unstable ratings of real-life negative events, there was support for the hypothesis that depressed individuals who are high in achievement motivation manifest more of a depressive cognitive style for achievement-oriented, as opposed to interpersonally-oriented events. However, this finding is complicated by the fact that the Box's M multivariate test for the homogeneity of dispersion matrices revealed that the statistical assumption of homogeneity of variance was violated by these data for the stable-unstable dimension. Consequently, given that there is not the same number of cases in each group, the statistical validity of the conclusion drawn from this data is questionable (Hays, 1981).

There was also a significant three-way interaction between depression, intimacy motivation, and type of event for the positive attributional dimensions ( $F(7,93) = 2.20, p < .05$ ). Following this significant multivariate test, an examination of the univariate comparisons revealed a significant difference in globality ratings on the PEAQ for achievement-oriented versus interpersonally-oriented positive events ( $F(1,98) = 8.59, p < .01$ ). However, an examination of the mean globality scores within both the achievement-oriented and interpersonally-oriented events showed that the pattern of scores did not correspond to the

predicted pattern. The mean globality scores for the positive achievement-oriented and the positive interpersonally-oriented items are illustrated in Table 15. Given that these were positive experiences, it was expected that for the interpersonal events the lowest globality rating would occur for the high depression, high intimacy motivation cell. As you can see, in fact, this cell had the highest rating ( $M = 4.75$ ). Therefore, despite the significant multivariate finding, the hypothesis that depressed individuals who are high in intimacy motivation would manifest a more depressive attributional style for interpersonal, as opposed to achievement events was not confirmed.

Additionally, in order to test the prediction that there is an inverse relation between depression and intimacy motivation, a  $t$ -test was conducted to determine whether there was a difference in intimacy motive scores for the depressed and nondepressed groups. Contrary to the prediction, the difference was nonsignificant ( $t = .66$ ,  $p > .05$ ) indicating that depressed and nondepressed students did not differ in intimacy motivation.

### Hypothetical Versus Real-life Events

The second general aim of the study was to examine the relative merits of using measures of

Table 15

Mean Globality Ratings on the PEAQ for Subjects with High Versus Low Intimacy Motivation

Positive Achievement Event

		<u>Depression</u>	
		Low	High
<u>Intimacy Motivation</u>	Low	4.81	4.46
	High	3.87	4.96

Positive Interpersonal Event

		<u>Depression</u>	
		Low	High
<u>Intimacy Motivation</u>	Low	4.40	4.69
	High	4.62	4.75

hypothetical versus real-life events in assessing depressive cognitive style. This is a difficult question to answer on statistical grounds. Nevertheless, three types of evidence from the data will be presented that begin to address this issue, albeit in a fairly superficial manner. Some of the more substantial theoretical issues related to this question will be addressed in the discussion section.

In comparing the merits of hypothetical versus real-life measures in the present study, it was only possible to examine attributional cognitions since the hypothetical measure employed-- the ASQ-- does not contain nonattributional items.

First, in order to assess the relation between the ASQ and the PEAQ, the internal, stable, and global dimensions of the two questionnaires were correlated. These correlations are illustrated in Table 16. Of course, this type of analysis does not speak to the issue of the superiority of one type of measure over the other. From this analysis it can be seen, however, that the internal and global items of the two measures were significantly correlated with one another ( $r = .23$ ,  $p < .05$ ;  $r = .21$ ,  $p < .05$ , respectively), which provides some evidence that these two dimensions reflect the same underlying construct in both questionnaires. On the other hand, although these correlations are

Table 16

Correlations Between Attributional ASQ and PEAQ ScoresFor All Subjects (n = 102)

		<u>PEAQ</u>		
		Internal	Stable	Global
<u>ASQ</u>	Internal	.23*	.06	.09
	Stable	.06	.03	.05
	Global	.19*	.14	.21*

-----  
\* p < .05

\*\* p &lt; .01

\*\*\* p &lt; .001

statistically significant, they are quite low, which suggests that these scales measure something different as well.

The second way in which some tentative conclusions were drawn regarding the relative utility of the two types of measures was by examining the number of attributional dimensions that showed significant differences between depressed and nondepressed individuals in each measure. In terms of the negative hypothetical events on the ASQ, both the stable and the global dimensions revealed significant differences between the groups. In terms of the real-life negative events on the PEAQ, however, only the global dimension revealed significant differences between the groups. This provides some evidence that hypothetical measures may be better suited to the task of uncovering attributional differences for negative events.

For the positive events, on the other hand, an entirely different picture emerges. For the positive attributional items on the ASQ there were no significant differences between depressed and nondepressed individuals. For the positive attributional items on the PEAQ, however, there was a highly significant difference between depressed and nondepressed individuals for the internal dimension. Thus, for the positive events, the real-life attributional measure was

clearly superior to the hypothetical measure in discriminating between depressed and nondepressed individuals.

The third way in which the utility of the two types of measures was compared was by conducting two linear function discriminant analyses. These analyses were performed in order to test the degree to which the attributional variables of the ASQ and the PEAQ are able to discriminate between depressed and nondepressed individuals. Both analyses employed the direct entry method of variable selection, which includes all of the entered variables in the analysis. The first analysis, which included all of the positive and negative internal, stable, and global scales of the ASQ resulted in the correct classification of 64.71% of the subjects as depressed or nondepressed. In the second analysis, which included the positive and negative internal, stable, and global scales of the PEAQ, 74.51% of the subjects were classified correctly. In order to determine whether there was a significant difference between these two proportions, a  $z$ -test was performed. The test indicated that the difference in proportions between the two groups was nonsignificant ( $z = -.91$ ,  $p > .05$ ). Consequently, the discriminant analyses failed to reveal any differences between the two measures in terms



of their ability to correctly classify depressed and nondepressed individuals.

## CHAPTER V

### DISCUSSION

The present study, like the vast majority of studies that have examined the reformulated learned helplessness model of depression, provided partial support for the contention that depressed individuals manifest a particular style of attributing causes for negative experiences. Specifically, when these attributions were assessed via a measure of hypothetical events- the ASQ- it was found that depressed individuals made stable and global, but not internal, attributions for negative events. That is, they believed that the causes of these unfavorable events were likely to persist over time and to generalize across other situations. They did not believe, however, that they themselves would be the principle cause of the imagined unpleasant events. On the other hand, when these attributions were assessed via a measure of real-life events- the PEAQ- it was found that depressed individuals differed from nondepressed individuals only in their global attributions for negative events. Thus, they believed that the causes of their own personal negative experiences were likely to have a similarly negative impact on other kinds of situations. Nevertheless, they did not view the causes of these

unfortuitous events as being self-induced or as likely to persist over time. Additionally, contrary to the predictions, depressed individuals did not view their personal negative events as any less controllable than did nondepressed individuals. In fact, both depressed and nondepressed students viewed their negative life experiences as moderately controllable.

Several pertinent questions emerge from these data. First, why is it that both depressed and nondepressed students made slightly internal attributions for the causes of negative hypothetical and real-life events? One possibility for the lack of significant differences on this dimension is that the generally poor reliability (e.g., Peterson, Semmel, et al., 1982) of internality measures minimizes the likelihood of finding any actual differences between the groups. A second possibility stems from Janoff-Bulman's (1979) argument that there are two subtypes of internal attributions: characterological self-blame and behavioral self-blame. Perhaps if the present study had examined differences in these subtypes, significant differences would have emerged for one particular kind of internal attribution. A third possibility is that there may be a social norm favoring internal causal explanations. Weary and his associates (Weary, 1979; Weary, Jordan, & Hill, 1985) have suggested that people,

in general, tend to attribute causality for positive and negative experiences in a way that will avoid embarrassment, gain social approval, or both. Perhaps it is simply more socially acceptable to acknowledge slight personal responsibility for negative outcomes in order to avoid presenting oneself in an unrealistically positive light.

The theoretical significance of the lack of depressed-nondepressed differences on the internality dimension is somewhat unclear. While internal attributions for bad events are hypothesized to result in diminished self-esteem, these attributions are not thought to have any bearing on the onset or magnitude of depression (Peterson et al., 1985). As Peterson et al., (1985) state, "Internal attributions for bad events need show no necessary relationship with depression. Perhaps they sometimes do as a result of their occasional correlation with stable and global attributions" (p. 168). Thus, they imply that the internal-external dimension is less crucial to the reformulated learned helplessness theory than the stable and global dimensions.

The second question that emerges from these data is: why do depressed individuals attribute negative hypothetical events to stable causes, while not attributing negative real-life events to stable causes?

This is consistent with the findings of Peterson et al., (1985) in their review of the published literature on depressive attributional style. They reported that studies which used measures of hypothetical, as opposed to real-life events were more likely to support the learned helplessness reformulation with respect to stable attributions. They noted, however, that one confounding factor was that studies of hypothetical events were also likely to employ significantly larger samples ( $M = 138$  versus 73) than studies of real-life events. Consequently, it was impossible to determine whether the differences were attributable to sample size or to the type of measure employed. An additional complication is that studies of hypothetical events often assessed attributions across a larger number of events than did studies of real-life events. In the present study, given that a fairly large sample ( $n = 102$ ) was employed, and given that attributions were assessed across 12 events on both the hypothetical and the real-life measure, the differences between measures are probably not an artifact of the sample size or the number of events employed. Rather, it appears that depressed individuals reported that the causes of imagined unfavorable events were likely to persist over time, while they reported that the causes of their own personal negative experiences were somewhat more

transitory. One plausible reason for this phenomenon is that perhaps depressives tend to overestimate the stability of negative events when there is no actual evidence to the contrary. However, with real-life events that are reported retrospectively, they might have information regarding the actual time course of the events, thus providing evidence on which to base more realistic judgments of stability.

The third question of interest is: why does the dimension of globality emerge so strongly as a depressive attribution on both measures? This finding is contrary to Coyne and Gotlib's (1983) suggestion that the reformulation is more likely to be supported when events are hypothetical, as well as contrary to Peterson et al.'s (1985) finding that studies employing hypothetical events were more likely to show support for a depressive style of attributing negative events to global causes. Perhaps the dimension of globality is especially representative of the type of thought pattern which discriminates between depressed and nondepressed individuals. It seems reasonable to speculate that people who believe that every negative occurrence is likely to have a cascading effect on many other aspects of their lives, would consequently also be vulnerable to feelings of depression. The strength of the globality dimension may also reflect its ability to tap into the

kind of environmental stimulus that is likely to trigger a depressed mood, particularly for the relatively transient depressive episodes that are characteristic of depressed college students. That is, a number of bad things going wrong at the same time in a person's life might make that person feel depressed.

It is also interesting to speculate about the reasons why the present study found a significant overall multivariate effect for attributions based on negative real-life experiences, since a similar study of attributions in a college population (Hammen & Cochran, 1981) did not yield this effect. One difference between the two studies is that the Hammen and Cochran (1981) focused specifically on stressful events, while the present study focused more generally on failure events. Additionally, the present study assessed attributions across a slightly larger number of events (six versus five). One final difference is that the present study employed a larger depressed sample (58 versus 34).

There is one additional aspect of the attributional findings in the present study that deserves mention. Although there were no formal predictions regarding the phenomenon of "evenhandedness," or a tendency for depressives to be neither positivistic nor negativistic in their evaluations, the present findings do, in fact, reflect

such a trend. That is, it appeared that the depressives maintained a relatively consistent evaluative stance for both positive and negative events. In comparison, nondepressed individuals tended to be more positivistic in their appraisals. Ruehlman and West (1985), in their review of the literature on depression, concluded that there is evidence that mildly depressed individuals are particularly likely to be evenhanded in their appraisals. In the present study, there was evidence that the depressives were evenhanded in their appraisals of stable and global causes on both the ASQ and the PEAQ, while the nondepressives were relatively positivistic in their appraisals of stable and global causes.

Although the present study did not replicate Hammen and Cochran's failure to find depressed-nondepressed attributional differences, it did garner substantial support for Hammen and her colleagues' (e.g., Gong-Guy & Hammen, 1980) contention that depressives differ from nondepressives with regard to cognitions related to the consequences of negative experiences. Specifically, depressed students reported feeling more uncertain and upset in response to negative experiences than did nondepressed students. It is noteworthy that Hammen and Cochran (1981) also found differences between depressed and nondepressed



individuals with regard to feelings of upset and uncertainty in response to negative events. Thus, the present study provided converging evidence for the importance of these two cognitive dimensions. Additionally, in the present study depressed students were more likely to anticipate the recurrence of similar negative experiences in the future. Contrary to prediction, however, depressed students were not more likely to indicate that they had expected that their negative experiences would occur. Overall, these findings regarding students' appraisals of the consequences of unpleasant experiences suggest that while everyone experiences unpleasant events, depressed individuals may be particularly ill-equipped to cope with them, since they construe these experiences in rather maladaptive terms.

One limitation of the present investigation is that it provides no way to assess objectively the negativity of these personal life events. Consequently, it is possible that the negative events of the depressed subjects were, in fact, more serious and unpleasant than those of the nondepressed subjects, and therefore were more likely to engender a large degree of upset and uncertainty. Additional research is needed to address the issue of the actual negativity of the life events of depressed versus nondepressed individuals.

The present study also investigated the role of cognitions related to the causes and consequences of positive events. As is often the case in research on the cognitive correlates of depression (see Coyne & Gotlib, 1983), there was partial, but relatively weak support for the contention that there is a depressive cognitive style associated with appraisals of positive events. In terms of the assessment of attributions for positive hypothetical events on the ASQ, there were no significant differences between depressed and nondepressed individuals on any of the dimensions. When these attributions were assessed via a measure of real-life experiences, however, depressed individuals rated their own pleasant experiences as more external and less controllable than did nondepressed individuals. Thus, depressed individuals were less likely to acknowledge personal responsibility for their own successful experiences.

It is noteworthy that the only significant attributional differences for positive events were found using the real-life, as opposed to the hypothetical measure. Some of the more behaviorally-oriented depression theorists, such as Lewinsohn (e.g. Lewinsohn, 1974a; Lewinsohn, 1974b) and Rehm (1977) have argued rather convincingly that depressed individuals evaluate positive experiences differently than nondepressed

individuals. Lewinsohn (1974a) has proposed that depressed and nondepressed individuals differ with regard to the number and kinds of events that they are likely to perceive as potentially reinforcing. Along similar lines, Rehm (1977) has proposed that depressives characteristically bestow relatively low rates of self-reward and relatively high rates of self-punishment. Although these two theories do not speak to the issue of the role of attributions for positive events, they lend some credence to the idea that there may be important differences between depressed and nondepressed individuals with regard to their perceptions of positive events. Consequently, the fact that a measure of real-life experiences uncovered such differences while a measure of hypothetical events did not, suggests that real-life measures are better suited to this theoretically important task.

In terms of the assessment of cognitive appraisals regarding the consequences of favorable personal experiences, depressed individuals reported that they felt more uncertain in response to positive outcomes than did nondepressed individuals. Contrary to the predictions, however, depressives were not any less happy in response to these events, nor did they have less of an expectation that these positive events were going to occur, or less of a belief that similarly

positive experiences would recur in the future. The fact that depressives seem somewhat uncertain, even in the face of ostensibly positive experiences, is rather intriguing. Perhaps depressed students feel particularly uncertain in general, and are not bolstered in their sense of certainty by the occurrence of positive events, even when these events confirm their expectations.

The present study also examined the possibility that there might be differences in cognitive style for achievement-oriented versus interpersonally-oriented experiences. No overall differences for type of event were found on the hypothetical measure - the ASQ or on the real-life measure -the PEAQ. Perhaps one explanation for this is related to the characteristics of the subjects in the study. For college students, the tasks of developing significant relationships with members of the opposite sex, as well as choosing career goals are major endeavors. The college campus provides an environment which facilitates the cultivation of both of these aspects of identity development. Consequently, it seems reasonable to suspect that college students are at a developmental period in which interpersonal and achievement concerns are intricately intertwined. As a result, it may be difficult to detect differences in cognitive appraisals for these two kinds of experiences.

This study also explored the role of motive patterns as possible mediators of the relation between life experiences and depression. Specifically, this study examined the relation between motives (intimacy and achievement), and life experiences (interpersonally-oriented and achievement-oriented) on the one hand, and their association with depressive attributional style on the other. It was argued that depressed individuals who are high in intimacy motivation would show a more pronounced depressive attributional style for negative events in the interpersonal realm. Conversely, it was predicted that individuals who are high in achievement motivation would show a more pronounced depressive attributional style for negative events in the achievement realm. In retrospect, these predictions were extreme "longshots," and thus it is not terribly surprising that they received only a glimmer of support from the data. The one prediction supported was a significant, albeit statistically suspect, finding that for the stable ratings of negative real-life events, depressed individuals who were high in achievement motivation demonstrated more of a depressive attributional style for achievement-oriented, as opposed to interpersonally-oriented events.

This study also examined the relation between intimacy motivation and depression. It was predicted

that individuals who are high in intimacy motivation would be less depressed than individuals who are low in intimacy motivation. Although the results suggest that intimacy motivation and depression are unrelated constructs, it is possible that a relation exists between these constructs but that it was obscured by the methodology employed in the present study. For example, perhaps differences in intimacy motivation between depressed and nondepressed subjects might have surfaced if depression had been assessed via clinical interviews, instead of questionnaires.

In view of the fact that all of the subjects in the present study were asked to make various cognitive appraisals using questionnaires that assessed both imagined and personally relevant experiences, it is possible to make some comparisons regarding the relative utility of these two types of instruments. Much of the existing literature has taken a fairly pessimistic stance regarding the issue of whether a depressive cognitive style, particularly a depressive attributional style, can be identified using measures of real-life, as opposed to hypothetical experiences (e.g., Coyne & Gotlib, 1983; Hammen & Cochran, 1981; Peterson, Villanova & Raps, 1985). The current findings provide evidence that one particular measure of the cognitive appraisals of real-life experiences- the PEAQ- compares

favorably to a measure of hypothetical events- the ASQ- in discriminating between depressed and nondepressed college students.

The first type of evidence was that the internality and globality scales of the ASQ and the PEAQ were significantly, albeit weakly, correlated with one another. This suggests that to a certain degree they reflected the same underlying constructs, although they clearly reflected something different as well. Perhaps this difference is related to the fact that the task of the subject is quite different for each measure. In completing the PEAQ, subjects have a vast repertoire of personal information which they can draw upon in forming their cognitive appraisals. In completing the ASQ, on the other hand, the task of the subjects does not require a direct appraisal of their own experiences. Instead, it requires an appraisal of imaginary events. These imagined events are believed to serve as a medium through which the subjects can project their habitual modes of perceiving their own experiences. Second, a discriminant linear function analysis revealed that the two measures discriminated between depressed and nondepressed individuals equally well. Third, as mentioned earlier, differences between depressed and nondepressed individuals with regard to attributions for positive events were detected only on the PEAQ. This

latter finding suggests that measures of personally meaningful real-life experiences may actually be better than measures of hypothetical events in identifying a depressive cognitive style for positive events.

Demonstrating that depressive cognitions can be discerned from ratings of personally meaningful experiences is theoretically important to both the reformulated learned helplessness model and to Hammen and her colleagues' expanded model. Weiner (1985) has argued convincingly that people make attributional statements, without any prompting, rather frequently, and in a wide range of situations. Given that people are natural attribution-makers, theories which suggest that depressives manifest a particular manner of making attributions should be able to demonstrate this phenomenon in the attributions that people make in response to their own positive and negative life experiences.

Moreover, in general, finding evidence for a particular psychological process in the real-life accounts of a particular group of individuals is more compelling than finding evidence for the same process based on hypothetical scenarios or laboratory manipulations. While it can be argued that hypothetical scenarios and laboratory manipulations allow for more rigorous experimental controls, such as standardization



of the relevant stimuli, such procedures run the risk of misrepresenting the ways in which people construe their own personal experiences. Therefore, finding evidence that people exhibit a depressive cognitive style in reference to their own personal experiences is an especially important kind of evidence because it argues against the interpretation that the phenomenon of a depressive cognitive style is purely an experimental artifact.

Peterson and Seligman (1984) have argued, however, that measures of hypothetical events, such as the ASQ, may be especially well-suited to the task of uncovering a depressive attributional style. In a hypothetical event, having not yet occurred, the individual must imagine rather than recall the situational events and personal states in which the event may be embedded. As a result, the cognitive appraisals based on these events will be relatively unhampered by the realities of the situation since there are, in a sense, no realities to a hypothetical situation. Consequently, depressogenic mental sets may become particularly apparent in hypothetical situations.

All of the aforementioned empirical findings and interpretive musings should be considered in light of some of the limitations of the present study. One such limitation is that although it assessed cognitions in

response to real-life experiences, this was accomplished by having subjects rate each of their experiences on a series of 7-point scales. Consequently, the methodology employed produced data which were rather removed from the actual experiences of the participants of the study. Additional research is needed which will identify cognitive patterns in depressed and nondepressed subjects' actual verbalizations through the use of content analysis, in order to arrive at a more "experience-near" sample of their thought patterns. There are a few noteworthy examples in the literature (e.g., Gong-Guy & Hammen, 1980; Harvey, 1981; Peterson, Luborsky & Seligman, 1983) which attest to the usefulness of this approach to the study of depression.

Another limitation of the present study is that the subjects of the study were college students. The depressed college students in the present sample possessed a number of characteristics which might diminish the extent to which conclusions based on these individuals could be generalized to other groups of depressives. First, they were all between the ages of 17 and 22, and were predominantly white, middle class, and (obviously) highly educated. Second, they were all mildly to moderately, as opposed to severely, depressed. Third, it is not known what proportion of these individuals, if any, were actually seeking therapeutic

help for their depression. Additional research is needed that would replicate the approach of the present investigation with a clinically depressed sample to determine the extent to which these findings are applicable to other groups of depressives.

A related limitation of the study was that depression was assessed via brief standardized questionnaires. It would be informative if future studies were to replicate the present findings in samples of individuals who were classified as depressed or nondepressed on the basis of more extensive clinical interviews.

Perhaps the most serious drawback of the study was that it was correlational, rather than longitudinal in design. Cognitive theories of depression argue that depressed individuals characteristically manifest particular thought patterns which predispose them to develop symptoms of depression in the face of negative life experiences. Consequently, the most convincing way to test these theories is to conduct longitudinal investigations that follow up individuals with various cognitive styles over time in order to determine whether certain cognitive styles do, in fact, render people vulnerable to depression in response to negative life events.

These constraints notwithstanding, the present study provided evidence that has important implications for both the reformulated learned helplessness model, as well as Hammen and her colleagues' expanded model of depression. Support was garnered for the proposition that attributional (a la the reformulated learned helplessness model) and nonattributional (a la Hammen, et al.'s model) cognitive factors are associated with depression. Moreover, this support was garnered for the appraisals of both real-life and hypothetical positive and negative events. In light of these findings, it appears that the relation between cognitions, life events, and depression is likely to involve a complex interweaving of causal attributions and cognitions about consequences for both the positive and negative realms of life experience. Clearly, considerable additional research is needed to determine the parameters of such a model, particularly with regard to the presumed causal role of these cognitive dimensions.

## References

- Abramson, L.Y., Garber, J., & Seligman, M.E.P. (1980). Learned helplessness in humans: An attributional analysis. In J. Garber & M.E.P. Seligman (Eds.), Human helplessness: Theory and application. New York: Academic Press.
- Abramson, L.Y., & Sackheim, H.A. (1977). A paradox in depression: Uncontrollability and self-blame. Psychological Bulletin, 84, 838-851.
- Abramson, L.Y., Seligman, M.E.P., & Teasdale, J.D. (1978). Learned helplessness in humans: Critique and reformulation. Journal of Abnormal Psychology, 87, 1, 49-74.
- Arieti, S., & Bemporad, J. (1980). The psychological organization of depression. American Journal of Psychiatry, 136, 1369-1365.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. Psychological Review, 84, 191-215.
- Barthe, D., & Hammen, C. (1981). A naturalistic extension of the attributional model of depression. Personality and Social Psychology Bulletin, 7, 53-58.
- Beck, A.T. (1967). Depression: Clinical, experimental and theoretical approaches. New York: Hoeber.
- Beck, A.T. (1976). Cognitive therapy and the emotional disorders. New York: International Universities Press.
- Beck, A.T., Ward, C.H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. Archives of General Psychiatry, 4, 53-63.
- Bibring, E. (1953). The mechanism of depression. In P. Greenacre (Ed.), Affective Disorders. New York: International University Press, pp. 13-48.
- Blaney, P.H., Behar, U., & Head, R. (1980). Two measures of depressive cognitions: Their association with depression and with each other. Journal of Abnormal Psychology, 89, 678-682.

- Blatt, S., Quinlan, D., Chevron, E., McDonald, C., & Zuroff, D. (1982). Dependency and self-criticism: Psychological dimensions of depression. Journal of Consulting and Clinical Psychology, 59, 113-124.
- Brown, B. (1974). Depression roundup. Behavior Today, 5, 117.
- Bumberry, W., Oliver, J.M., & McClure, J.N. (1978). Validation of the Beck Depression Inventory in a university population using psychiatric estimate as a criterion. Journal of Consulting and Clinical Psychology, 46, 150-155.
- Coyne, J.C., & Gotlib, L.H. (1983). The role of cognition in depression: A critical appraisal. Psychological Bulletin, 94, 472-505.
- Cutrona, C.E. (1983). Causal attributions and perinatal depression. Journal of Abnormal Psychology, 92, 161-172.
- Depue, R., & Monroe, S. (1978). Learned helplessness in the perspective of the depressive disorders: Conceptual and definitional issues. Journal of Abnormal Psychology, 87, 3-20.
- Freud, S. (1917). Mourning and melancholia. Standard Edition, 14, 243-258. London: Hogarth Press, 1957.
- Gong-Guy, E. & Hammen, C. (1980). Causal perceptions of stressful life events in depressed and nondepressed clinic outpatients. Journal of Abnormal Psychology, 89, 662-669.
- Hammen, C. (1980). Depression in college students: Beyond the Beck Depression Inventory. Journal of Abnormal Psychology, 48, 1, 126-128.
- Hammen, C., & Cochran, S. (1981). Cognitive correlates of life stress and depression in college students. Journal of Abnormal Psychology, 90, 23-27.
- Hammen C., & deMayo, R. (1982). Cognitive correlates of teacher stress and depressive symptoms: Implications for attributional models of depression. Journal of Abnormal Psychology, 91, 2, 96-101.
- Hammen, C., Marks, T., deMayo, R., & Mayol, A. (1985). Self-schemas and risk for depression: A prospective

study. Journal of Personality and Social Psychology, 49, 1147-1159.

Hathaway, S.R., & McKinley, J.D. (1951). Minnesota Multiphasic Personality Inventory: Manual. New York: Psychological Corporation.

Hays, W.L. (1981). Statistics (3rd ed.). New York: Holt, Rinehart, & Winston.

Harvey, D. (1981). Depression and attributional style: Interpretation of important personal events. Journal of Abnormal Psychology, 90, 2, 134-142.

Hiroto, D., & Seligman, M.E.P. (1975). Generality of learned helplessness in man. Journal of Personality and Social Psychology, 31, 311-327.

Janoff-Bulman, R. (1979). Characterological versus behavioral self-blame: Inquiries into depression and rape. Journal of Personality and Social Psychology, 37, 1798-1809.

Johnson, J.E., Petzel, T.P., & Sperduto, V.W. (1983). An evaluation of the scale of attributional style using college students preselected on level of depression. Journal of Social and Clinical Psychology, 1, 2, 140-145.

Klein, D., Fencil-Morse, E., & Seligman, M. (1976). Learned helplessness, depression, and the attribution of failure. Journal of Personality and Social Psychology, 33, 508-516.

Kuiper, N. (1978). Depression and causal attributions for success and failure. Journal of Personality and Social Psychology, 36, 236-246.

Lewinsohn, P.M. (1974a). A behavioral approach to depression. In R.M. Friedman, & M.M. Katz (Eds.), The psychology of depression: Contemporary theory and research. New York: Wiley.

Lewinsohn, P.M. (1974b). Clinical and theoretical aspects of depression. In K.S. Calhoun, H.E. Adams, & K.M. Mitchell (Eds.), Innovative treatment methods of psychopathology. New York: Wiley.

Lubin B. (1965). Adjective checklists for the measurement of depression. Archives of General Psychiatry, 12, 57-62.

- Lubin, B. (1966). Fourteen brief depression adjective checklists. Archives of General Psychiatry, 15, 205-208.
- Manly, P.C., McMahon, R.J., Bradley, C.F., & Davidson, P.O. (1982). Depressive attributional style and depression following childbirth. Journal of Abnormal Psychology, 91, 245-254.
- Metcalfe, M., & Goldman, E. (1965). Validation of an inventory for measuring depression. British Journal of Psychology, 111, 240-242.
- McAdams, D.P. (1980). A thematic coding system for the intimacy motive. Journal of Research in Personality, 14, 413-432.
- McAdams, D.P. (1982). Intimacy motivation. In A. Stewart (Ed.), Motivation & Society. San Francisco: Jossey-Bass.
- McAdams, D.P. (1985). Power, intimacy and the life story: Personological inquiries into identity. Homewood, Illinois: Dorsey Press.
- McAdams, D.P., & Bryant, F.B. (in press). Intimacy motivation and subjective mental health in a nationwide sample. Journal of Personality.
- McAdams, D.P., & Lensky, D.B. (1985). The personal experiences attribution questionnaire. Unpublished questionnaire, Loyola University of Chicago.
- McAdams, D.P., & Vaillant, G.E. (1982). Intimacy motivation and psychosocial adjustment: A longitudinal study. Journal of Personality Assessment, 46, 586-593.
- McClelland, D.C. (1985). Human motivation. Glenview, Illinois: Scott, Foresman.
- McClelland, D.C., & Atkinson, J.W. (1948). The projective expression of needs I.: The effect of different intensities of the hunger drive on perception. Journal of Psychology, 25, 205-222.
- McClelland, D.C., Atkinson, J.W., Clark, R.A., & Lowell, E.L. (1953). The achievement motive. New York: Appleton-Century-Crofts.
- Metalsky, G.I., Abramson, L.Y., Seligman, M.E.P.,



- Semmel, A., & Peterson, C. (1982). Attributional styles and life events in the classroom: Vulnerability and invulnerability to depressive mood reactions. Journal of Personality and Social Psychology, 43, 612-617.
- Miller, I.W., & Norman, W.H. (1979). Learned helplessness in humans: A review and attribution theory model. Psychological Bulletin, 86, 93-118.
- Miller, I.Y., Klee, D.H., & Norman, W.H. (1982). Depressed and nondepressed inpatients' cognitions of hypothetical events, experimental tasks, and stressful life events. Journal of Abnormal Psychology, 91, 78-81.
- Munic, D. (1982). An evaluation of the depressive attributional style in a clinically depressed and nondepressed sample. Unpublished doctoral dissertation, Loyola University of Chicago.
- Murray, H.A. (1943). Thematic apperception test. Cambridge, Mass.: Harvard University Press.
- Nussbaum, K., Witting, B., Hanlon, J., & Kurland, A. (1963). In A. Beck, Depression: Clinical, experimental, and theoretical aspects. New York: Harper & Row.
- O'Hara, M.W., Rehm, L.P., & Campbell, S.B. (1982). Predicting depressive symptomatology: Cognitive-behavioral models and postpartum depression. Journal of Abnormal Psychology, 91, 457-461.
- Overmier, J.B., & Seligman, M.E.P. (1967). Effects of inescapable shock upon subsequent escape and avoidance learning. Journal of Comparative and Physiological Psychology, 63, 28-33.
- Pagel, M.D., Becker, J., & Coppel, D.B. (1985). Loss of control, self-blame, and depression: An investigation of spouse caregivers of Alzheimer's Disease patients. Journal of Abnormal Psychology, 94, 169-182.
- Peterson, C., Luborsky, L., & Seligman, M.E.P. (1983). Attributions and depressive mood shifts: A case study using the symptom-context method. Journal of Abnormal Psychology, 92, 96-103.
- Peterson, C., Schwartz, S., & Seligman, M. (1981). Self-blame and depressive symptoms. Journal of

Personality and Social Psychology, 41, 253-259.

- Peterson, C., & Seligman, M.E.P. (1984). Causal explanations as a risk factor for depression: Theory and evidence. Psychological Review, 91, 347-374.
- Peterson, C., Semmel, A., von Baeyer, C., Abramson, L.Y., Metalsky, G.I., & Seligman, M.E.P. (1982). The attributional style questionnaire. Cognitive Therapy and Research, 6, 287-299.
- Peterson, C., Villanova, P., & Raps, C.S. (1985). Depression and attributions: Factors responsible for inconsistent results in the published literature. Journal of Abnormal Psychology, 94, 2, 165-168.
- Persons, J.B., & Rao (1985). Longitudinal study of cognitions, life events, and depression in psychiatric inpatients. Journal of Abnormal Psychology, 94, 51-63.
- Raps, C.S., Peterson, C., Reinhard, K.E., Abramson, L.Y., & Seligman, M.E.P. (1982). Attributional style among depressed patients. Journal of Abnormal Psychology, 91, 102-108.
- Rehm, L.P. (1977). A self-control model of depression. Behavior Therapy, 8, 787-804.
- Ruehlman, L.S., & West, S.G. (1985). Depression and evaluative schemata. Journal of Personality, 53, 46-92.
- Seligman, M.E.P. (1975). Helplessness: On depression, development, and death. San Francisco, Calif.: Freeman.
- Seligman, M.E.P., Abramson, L.Y., Semmel, A., & von Baeyer, C. (1979). Depressive attributional style. Journal of Abnormal Psychology, 88, 242-247.
- Seligman, M.E.P., & Maier, S. (1967). Failure to escape traumatic shock. Journal of Experimental Psychology, 74, 1-9.
- Weary, G. (1979). Self-serving attributional biases: Perceptual or response distortions? Journal of Personality and Social Psychology, 37, 1418-1420.

- Weary, G., Jordan, J.S., Hill, M.G.. The attributional norm of internality and depressive sensitivity to social information. Journal of Personality and Social Psychology, 49, 1283-1293.
- Weiner, B. (1985). "Spontaneous" causal thinking. Psychological Bulletin, 97, 74-84.
- Winter, D.G., & Stewart, A. (1978). The power motive. In H. London & J.E. Exner (Eds.), Dimensions of Personality. New York: Wiley.
- Wortman, C.B., & Dintzer, L. (1976). Is an attributional analysis of the learned helplessness phenomenon viable?: A critique of the Abramson-Seligman-Teasdale reformulation. Journal of Abnormal Psychology, 87, 1, 75-90.
- Zautra, A.J., Guenther, R.T., & Chartier, G.M. (1985). Attributions for real and hypothetical events: Their relation to self-esteem and depression. Journal of Abnormal Psychology, 94, 530-540.

APPENDIX A

## Successes and Failures in Life

This is a survey about some of the major successes and failures that you see as standing out in your life. We would like you to take some time and think about your own life now, focusing in on certain particular events in your past that you now see as either major successes or major failures. Below we would like you to describe some of these specific events in some detail.

Before you do that, however, it is necessary that we define more clearly what we are looking for. First and foremost, it is essential that you describe for us specific events happening in a particular time and place. An event must occur within a relatively short time period (such as a moment, an hour, or a day) and in a particular place (such as your backyard, your dormitory room, Lincoln Park, etc.) Thus, an event is a specific "scene," "incident," or "happening" from your past rather than a more general theme or trend. For example, your first day in kindergarten would be an event, but your first year in kindergarten would not be an event because it takes place over too long a period of time. A particular conversation you had with your math teacher yesterday would be an event, but a special relationship you had with your tenth-grade music teacher would not be an event because it does not refer to a particular happening or incident.

We would like you to think about two particular kinds of events in your life -- specific successes and specific failures. A successful event or incident would be one in which the outcome proved satisfactory to you. A failure event or incident would be one in which the outcome of the event was unsatisfactory to you.

Events can also be divided into those that concern doing things or accomplishing things (task-oriented) events and those that concern being with people or engaging in personal relationships (people-oriented). Task-oriented events would include those specific incidents in which you are trying to accomplish some task, striving to attain a goal, or working to produce some kind of result. Though these kind of events may concern people, their primary purpose is the accomplishment of something rather than the cultivation of close interpersonal relationships. Task-oriented events typically involve activities associated with work, school, career, sports, pastimes that involve striving to accomplish something, etc. Winning first prize in the fifth-grade science fair would be a task-oriented event as would be playing baseball with friends last weekend, taking an examination in psychology class last Tuesday, or sketching a picture of Lake Michigan yesterday morning. People-oriented events, on the other hand, are specifically concerned with interpersonal relationships. These might include meeting the person whom you ultimately married on a spring day in 1979, having a conversation with a close friend last Thursday, arguing with your roommate about what show to watch on TV last Wednesday evening, your first date, the day your romance broke up, or a party with a number of friends and acquaintances that you attended in July of 1983. People-oriented events typically involve activities associated with love, friendship, meeting people, and interacting with people.

In your life, we are sure that there are many task-oriented and people-oriented events which stand out in your memory. Below we would like you to describe in detail three events or incidents, for each of the following four types:

1. Successful task-oriented event
2. Failure task-oriented event
3. Successful people-oriented event
4. Failure people-oriented event

Thus, we are asking that you describe twelve (12) specific events from your past: 3 successful task-oriented, 3 failure task-oriented, 3 successful people-oriented, and 3 failure people-oriented. Please take some time and think about vivid and memorable events from your past that fit into these categories. Then, for each of the 12 events that you can recall please describe in detail (at least a paragraph) exactly what happened in the event, what you were thinking about and feeling at the time that the event occurred, and why the event was a success or failure as you see it now. With respect to this last point, please try to analyze the reasons or causes of the event. In other words, why was a particular success a success and why did another particular failure turn out so badly. We would like you to be specific in your answers. Remember the event must be a particular incident at a particular time and place that occurred in your life. For each event, tell us exactly what happened, what you were thinking and feeling, and what the reasons or causes of the event might have been.

After you have written your description of each event, we would like you to answer all of the questions on the bottom and on the back of each page. Essentially we are asking you the same set of questions for each of the 12 events you describe. This part of the study is easy to do and merely involves circling numbers to indicate the appropriate response.

Successful Task-oriented Event #1. (Describe what happened, what you were thinking and feeling, and what the reasons were for the success in this event).

---



---



---



---



---



---



---



---

Answer each of the questions below as they pertain to this event and only this event.

1. How happy was the event for you?  

1	2	3	4	5	6	7
very unhappy			moderately happy			very happy
2. How much had you expected this event to occur?  

1	2	3	4	5	6	7
completely unexpected			somewhat expected			complete uncertainty
3. How likely do you feel it is that a similar event will occur in your life in the next three years?  

1	2	3	4	5	6	7
very unlikely			somewhat likely			very likely
4. How much uncertainty have you experienced in your life as a result of this event?  

1	2	3	4	5	6	7
no uncertainty			moderate uncertainty			complete uncertainty
5. How much control over the occurrence of this event did you have? (Circle appropriate response)  

1	2	3	4	5	6	7
no control over event			moderate control			complete control
6. Did this event occur because of something that changes readily (such as mood, effect, luck or fate) - or because of something relatively unchanging (ability, unchanging qualities of a situation or person).  

1	2	3	4	5	6	7
changes easily			changes somewhat			unchanging

7. To what extent do the causes of this event affect other areas of your life?

1	2	3	4	5	6	7
affects no other aspects of my life			affects some other aspects of my life			affects all other aspects of my life

8. Did this event occur primarily because of something about you (your personality, effects, etc.) or was it primarily due to something about the situation or another person.

1	2	3	4	5	6	7
completely because of me			about half because of me and half because of situation or another person			Completely because of situation or another person

9. ANSWER ONE OF THESE QUESTIONS

- a. If this event occurred primarily because of something about you, to what extent did you intend for this event to happen?
- b. Or, if this event occurred primarily because of something about the situation or person, to what extent did the other person or persons intentionally cause the event to happen to you?

1	2	3	4	5	6	7
completely unintentional						completely intentional



Successful Task-Oriented Event #2.


---



---



---



---



---



---



---



---



---



---

Answer each of the questions below as they pertain to this event and only this event.

1. How happy was the event for you?  

1	2	3	4	5	6	7
very unhappy			moderately happy			very happy
2. How much had you expected this event to occur?  

1	2	3	4	5	6	7
completely unexpected			somewhat expected			complete uncertainty
3. How likely do you feel it is that a similar event will occur in your life in the next three years?  

1	2	3	4	5	6	7
very unlikely			somewhat likely			very likely
4. How much uncertainty have you experienced in your life as a result of this event?  

1	2	3	4	5	6	7
no uncertainty			moderate uncertainty			complete uncertainty
5. How much control over the occurrence of this event did you have? (Circle appropriate response)  

1	2	3	4	5	6	7
no control over event			moderate control			complete control
6. Did this event occur because of something that changes readily (such as mood, effect, luck or fate) - or because of something relatively unchanging (ability, unchanging qualities of a situation or person).  

1	2	3	4	5	6	7
changes easily			changes somewhat			unchanging

7. To what extent do the causes of this event affect other areas of your life?

1	2	3	4	5	6	7
affects no other aspects of my life			affects some other aspects of my life			affects all other aspects of my life

8. Did this event occur primarily because of something about you (your personality, effects, etc.) or was it primarily due to something about the situation or another person.

1	2	3	4	5	6	7
completely because of me			about half because of me and half because of situation or another person			Completely because of situation or another person

9. ANSWER ONE OF THESE QUESTIONS

a. If this event occurred primarily because of something about you, to what extent did you intend for this event to happen?

b. Or, if this event occurred primarily because of something about the situation or person, to what extent did the other person or persons intentionally cause the event to happen to you?

1	2	3	4	5	6	7
completely unintentional						completely intentional

Successful Task-oriented Event #3.


---



---



---



---



---



---



---



---



---



---

Answer each of the questions below as they pertain to this event and only this event.

1. How happy was the event for you?  

1	2	3	4	5	6	7
very unhappy			moderately happy			very happy
  
2. How much had you expected this event to occur?  

1	2	3	4	5	6	7
completely unexpected			somewhat expected			complete uncertainty
  
3. How likely do you feel it is that a similar event will occur in your life in the next three years?  

1	2	3	4	5	6	7
very unlikely			somewhat likely			very likely
  
4. How much uncertainty have you experienced in your life as a result of this event?  

1	2	3	4	5	6	7
no uncertainty			moderate uncertainty			complete uncertainty
  
5. How much control over the occurrence of this event did you have? (Circle appropriate response)  

1	2	3	4	5	6	7
no control over event			moderate control			complete control
  
6. Did this event occur because of something that changes readily (such as mood, effect, luck or fate) - or because of something relatively unchanging (ability, unchanging qualities of a situation or person).  

1	2	3	4	5	6	7
changes easily			changes somewhat			unchanging

7. To what extent do the causes of this event affect other areas of your life?

1	2	3	4	5	6	7
affects no other aspects of my life			affects some other aspects of my life			affects all other aspects of my life

8. Did this event occur primarily because of something about you (your personality, effects, etc.) or was it primarily due to something about the situation or another person.

1	2	3	4	5	6	7
completely because of me			about half because of me and half because of situation or another person			Completely because of situation or another person

9. ANSWER ONE OF THESE QUESTIONS

a. If this event occurred primarily because of something about you, to what extent did you intend for this event to happen?

b. Or, if this event occurred primarily because of something about the situation or person, to what extent did the other person or persons intentionally cause the event to happen to you?

1	2	3	4	5	6	7
completely unintentional						completely intentional

Failure Task-oriented Event #1. (Describe what happened, what you were thinking and feeling, and what the reasons were for the failure in this event.)

---



---



---



---



---



---



---



---



---



---

Answer each of the questions below as they pertain to this event and only this event.

1. How upsetting was this event for you?
 

1	2	3	4	5	6	7
not at all			moderately			very upset
upsetting			upsetting			
  
2. How much had you expected this event to occur?
 

1	2	3	4	5	6	7
completely			somewhat			complete
unexpected			expected			uncertainty
  
3. How likely do you feel it is that a similar event will occur in your life in the next three years?
 

1	2	3	4	5	6	7
very unlikely			somewhat likely			very likely
  
4. How much uncertainty have you experienced in your life as a result of this event?
 

1	2	3	4	5	6	7
no			moderate			complete
uncertainty			uncertainty			uncertainty
  
5. How much control over the occurrence of this event did you have? (Circle appropriate response)
 

1	2	3	4	5	6	7
no control			moderate			complete
over event			control			control
  
6. Did this event occur because of something that changes readily (such as mood, effect, luck or fate) - or because of something relatively unchanging (ability, unchanging qualities of a situation or person).
 

1	2	3	4	5	6	7
changes			changes			unchanging
easily			somewhat			

7. To what extent do the causes of this event affect other areas of your life?

1	2	3	4	5	6	7
affects no other aspects of my life			affects some other aspects of my life			affects all other aspects of my life

8. Did this event occur primarily because of something about you (your personality, effects, etc.) or was it primarily due to something about the situation or another person.

1	2	3	4	5	6	7
completely because of me			about half because of me and half because of situation or another person			Completely because of situation or another person

9. ANSWER ONE OF THESE QUESTIONS

a. If this event occurred primarily because of something about you, to what extent did you intend for this event to happen?

b. Or, if this event occurred primarily because of something about the situation or person, to what extent did the other person or persons intentionally cause the event to happen to you?

1	2	3	4	5	6	7
completely unintentional						completely intentional

Failure Task-oriented Event #2.


---



---



---



---



---



---



---



---



---



---

Answer each of the questions below as they pertain to this event and only this event.

1. How upsetting was this event for you?
 

1	2	3	4	5	6	7
not at all upsetting			moderately upsetting			very upset
  
2. How much had you expected this event to occur?
 

1	2	3	4	5	6	7
completely unexpected			somewhat expected			complete uncertainty
  
3. How likely do you feel it is that a similar event will occur in your life in the next three years?
 

1	2	3	4	5	6	7
very unlikely			somewhat likely			very likely
  
4. How much uncertainty have you experienced in your life as a result of this event?
 

1	2	3	4	5	6	7
no uncertainty			moderate uncertainty			complete uncertainty
  
5. How much control over the occurrence of this event did you have? (Circle appropriate response)
 

1	2	3	4	5	6	7
no control over event			moderate control			complete control
  
6. Did this event occur because of something that changes readily (such as mood, effect, luck or fate) - or because of something relatively unchanging (ability, unchanging qualities of a situation or person).
 

1	2	3	4	5	6	7
changes easily			changes somewhat			unchanging

7. To what extent do the causes of this event affect other areas of your life?

1	2	3	4	5	6	7
affects no other aspects of my life			affects some other aspects of my life			affects all other aspects of my life

8. Did this event occur primarily because of something about you (your personality, effects, etc.) or was it primarily due to something about the situation or another person.

1	2	3	4	5	6	7
completely because of me			about half because of me and half because of situation or another person			Completely because of situation or another person

9. ANSWER ONE OF THESE QUESTIONS

- If this event occurred primarily because of something about you, to what extent did you intend for this event to happen?
- Or, if this event occurred primarily because of something about the situation or person, to what extent did the other person or persons intentionally cause the event to happen to you?

1	2	3	4	5	6	7
completely unintentional						completely intentional



Failure Task-oriented Event #3.


---



---



---



---



---



---



---



---



---



---

Answer each of the questions below as they pertain to this event and only this event.

1. How upsetting was this event for you?  

1	2	3	4	5	6	7
not at all			moderately			very upset
upsetting			upsetting			
  
2. How much had you expected this event to occur?  

1	2	3	4	5	6	7
completely			somewhat			complete
unexpected			expected			uncertainty
  
3. How likely do you feel it is that a similar event will occur in your life in the next three years?  

1	2	3	4	5	6	7
very unlikely			somewhat likely			very likely
  
4. How much uncertainty have you experienced in your life as a result of this event?  

1	2	3	4	5	6	7
no			moderate			complete
uncertainty			uncertainty			uncertainty
  
5. How much control over the occurrence of this event did you have? (Circle appropriate response)  

1	2	3	4	5	6	7
no control			moderate			complete
over event			control			control
  
6. Did this event occur because of something that changes readily (such as mood, effect, luck or fate) - or because of something relatively unchanging (ability, unchanging qualities of a situation or person).  

1	2	3	4	5	6	7
changes			changes			unchanging
easily			somewhat			

7. To what extent do the causes of this event affect other areas of your life?

1	2	3	4	5	6	7
affects no other aspects of my life			affects some other aspects of my life			affects all other aspects of my life

8. Did this event occur primarily because of something about you (your personality, effects, etc.) or was it primarily due to something about the situation or another person.

1	2	3	4	5	6	7
completely because of me			about half because of me and half because of situation or another person			Completely because of situation or another person

9. ANSWER ONE OF THESE QUESTIONS

a. If this event occurred primarily because of something about you, to what extent did you intend for this event to happen?

b. Or, if this event occurred primarily because of something about the situation or person, to what extent did the other person or persons intentionally cause the event to happen to you?

1	2	3	4	5	6	7
completely unintentional						completely intentional

Successful People-oriented Event #1


---



---



---



---



---



---



---



---



---



---

Answer each of the questions below as they pertain to this event and only this event.

1. How happy was the event for you?  

1	2	3	4	5	6	7
very unhappy			moderately happy			very happy
  
2. How much had you expected this event to occur?  

1	2	3	4	5	6	7
completely unexpected			somewhat expected			complete uncertainty
  
3. How likely do you feel it is that a similar event will occur in your life in the next three years?  

1	2	3	4	5	6	7
very unlikely			somewhat likely			very likely
  
4. How much uncertainty have you experienced in your life as a result of this event?  

1	2	3	4	5	6	7
no uncertainty			moderate uncertainty			complete uncertainty
  
5. How much control over the occurrence of this event did you have? (Circle appropriate response)  

1	2	3	4	5	6	7
no control over event			moderate control			complete control
  
6. Did this event occur because of something that changes readily (such as mood, effect, luck or fate) - or because of something relatively unchanging (ability, unchanging qualities of a situation or person).  

1	2	3	4	5	6	7
changes easily			changes somewhat			unchanging

7. To what extent do the causes of this event affect other areas of your life?

1	2	3	4	5	6	7
affects no other aspects of my life			affects some other aspects of my life			affects all other aspects of my life

8. Did this event occur primarily because of something about you (your personality, effects, etc.) or was it primarily due to something about the situation or another person.

1	2	3	4	5	6	7
completely because of me			about half because of me and half because of situation or another person			Completely because of situation or another person

9. ANSWER ONE OF THESE QUESTIONS

a. If this event occurred primarily because of something about you, to what extent did you intend for this event to happen?

b. Or, if this event occurred primarily because of something about the situation or person, to what extent did the other person or persons intentionally cause the event to happen to you?

1	2	3	4	5	6	7
completely unintentional						completely intentional

Successful People-oriented Event #2


---



---



---



---



---



---



---



---



---



---

Answer each of the questions below as they pertain to this event and only this event.

1. How happy was the event for you?  

1	2	3	4	5	6	7
very unhappy			moderately happy			very happy
2. How much had you expected this event to occur?  

1	2	3	4	5	6	7
completely unexpected			somewhat expected			complete uncertainty
3. How likely do you feel it is that a similar event will occur in your life in the next three years?  

1	2	3	4	5	6	7
very unlikely			somewhat likely			very likely
4. How much uncertainty have you experienced in your life as a result of this event?  

1	2	3	4	5	6	7
no uncertainty			moderate uncertainty			complete uncertainty
5. How much control over the occurrence of this event did you have? (Circle appropriate response)  

1	2	3	4	5	6	7
no control over event			moderate control			complete control
6. Did this event occur because of something that changes readily (such as mood, effect, luck or fate) - or because of something relatively unchanging (ability, unchanging qualities of a situation or person).  

1	2	3	4	5	6	7
changes easily			changes somewhat			unchanging

7. To what extent do the causes of this event affect other areas of your life?

1	2	3	4	5	6	7
affects no other aspects of my life			affects some other aspects of my life			affects all other aspects of my life

8. Did this event occur primarily because of something about you (your personality, effects, etc.) or was it primarily due to something about the situation or another person.

1	2	3	4	5	6	7
completely because of me			about half because of me and half because of situation or another person			Completely because of situation or another person

9. ANSWER ONE OF THESE QUESTIONS

a. If this event occurred primarily because of something about you, to what extent did you intend for this event to happen?

b. Or, if this event occurred primarily because of something about the situation or person, to what extent did the other person or persons intentionally cause the event to happen to you?

1	2	3	4	5	6	7
completely unintentional						completely intentional

Successful People-oriented Event #3.


---



---



---



---



---



---



---



---



---



---

Answer each of the questions below as they pertain to this event and only this event.

1. How happy was the event for you?  

1	2	3	4	5	6	7
very unhappy			moderately happy			very happy
  
2. How much had you expected this event to occur?  

1	2	3	4	5	6	7
completely unexpected			somewhat expected			complete uncertainty
  
3. How likely do you feel it is that a similar event will occur in your life in the next three years?  

1	2	3	4	5	6	7
very unlikely			somewhat likely			very likely
  
4. How much uncertainty have you experienced in your life as a result of this event?  

1	2	3	4	5	6	7
no uncertainty			moderate uncertainty			complete uncertainty
  
5. How much control over the occurrence of this event did you have? (Circle appropriate response)  

1	2	3	4	5	6	7
no control over event			moderate control			complete control
  
6. Did this event occur because of something that changes readily (such as mood, effect, luck or fate) - or because of something relatively unchanging (ability, unchanging qualities of a situation or person).  

1	2	3	4	5	6	7
changes easily			changes somewhat			unchanging

7. To what extent do the causes of this event affect other areas of your life?

1	2	3	4	5	6	7
affects no other aspects of my life			affects some other aspects of my life			affects all other aspects of my life

8. Did this event occur primarily because of something about you (your personality, effects, etc.) or was it primarily due to something about the situation or another person.

1	2	3	4	5	6	7
completely because of me			about half because of me and half because of situation or another person			Completely because of situation or another person

9. ANSWER ONE OF THESE QUESTIONS

a. If this event occurred primarily because of something about you, to what extent did you intend for this event to happen?

b. Or, if this event occurred primarily because of something about the situation or person, to what extent did the other person or persons intentionally cause the event to happen to you?

1	2	3	4	5	6	7
completely unintentional						completely intentional



Failure People-oriented Event #1. (Describe what happened, what you were thinking and feeling, and what the reasons were for the failure in this event.)

---



---



---



---



---



---



---



---



---



---

Answer each of the questions below as they pertain to this event and only this event.

1. How upsetting was this event for you?
 

1	2	3	4	5	6	7
not at all upsetting			moderately upsetting			very upset
2. How much had you expected this event to occur?
 

1	2	3	4	5	6	7
completely unexpected			somewhat expected			complete uncertainty
3. How likely do you feel it is that a similar event will occur in your life in the next three years?
 

1	2	3	4	5	6	7
very unlikely			somewhat likely			very likely
4. How much uncertainty have you experienced in your life as a result of this event?
 

1	2	3	4	5	6	7
no uncertainty			moderate uncertainty			complete uncertainty
5. How much control over the occurrence of this event did you have? (Circle appropriate response)
 

1	2	3	4	5	6	7
no control over event			moderate control			complete control
6. Did this event occur because of something that changes readily (such as mood, effect, luck or fate) - or because of something relatively unchanging (ability, unchanging qualities of a situation or person).
 

1	2	3	4	5	6	7
changes easily			changes somewhat			unchanging

7. To what extent do the causes of this event affect other areas of your life?

1	2	3	4	5	6	7
affects no other aspects of my life			affects some other aspects of my life			affects all other aspects of my life

8. Did this event occur primarily because of something about you (your personality, effects, etc.) or was it primarily due to something about the situation or another person.

1	2	3	4	5	6	7
completely because of me			about half because of me and half because of situation or another person			Completely because of situation or another person

9. ANSWER ONE OF THESE QUESTIONS

a. If this event occurred primarily because of something about you, to what extent did you intend for this event to happen?

b. Or, if this event occurred primarily because of something about the situation or person, to what extent did the other person or persons intentionally cause the event to happen to you?

1	2	3	4	5	6	7
completely unintentional						completely intentional

Failure People-oriented Event #2.


---



---



---



---



---



---



---



---



---



---

Answer each of the questions below as they pertain to this event and only this event.

1. How upsetting was this event for you?  

1	2	3	4	5	6	7
not at all upsetting			moderately upsetting			very upset
  
2. How much had you expected this event to occur?  

1	2	3	4	5	6	7
completely unexpected			somewhat expected			complete uncertainty
  
3. How likely do you feel it is that a similar event will occur in your life in the next three years?  

1	2	3	4	5	6	7
very unlikely			somewhat likely			very likely
  
4. How much uncertainty have you experienced in your life as a result of this event?  

1	2	3	4	5	6	7
no uncertainty			moderate uncertainty			complete uncertainty
  
5. How much control over the occurrence of this event did you have? (Circle appropriate response)  

1	2	3	4	5	6	7
no control over event			moderate control			complete control
  
6. Did this event occur because of something that changes readily (such as mood, effect, luck or fate) - or because of something relatively unchanging (ability, unchanging qualities of a situation or person).  

1	2	3	4	5	6	7
changes easily			changes somewhat			unchanging

7. To what extent do the causes of this event affect other areas of your life?

1	2	3	4	5	6	7
affects no other aspects of my life			affects some other aspects of my life			affects all other aspects of my life

8. Did this event occur primarily because of something about you (your personality, effects, etc.) or was it primarily due to something about the situation or another person.

1	2	3	4	5	6	7
completely because of me			about half because of me and half because of situation or another person			Completely because of situation or another person

9. ANSWER ONE OF THESE QUESTIONS

a. If this event occurred primarily because of something about you, to what extent did you intend for this event to happen?

b. Or, if this event occurred primarily because of something about the situation or person, to what extent did the other person or persons intentionally cause the event to happen to you?

1	2	3	4	5	6	7
completely unintentional						completely intentional

Failure People-oriented Event #3.


---



---



---



---



---



---



---



---



---



---

Answer each of the questions below as they pertain to this event and only this event.

1. How upsetting was this event for you?
 

1	2	3	4	5	6	7
not at all			moderately			very upset
upsetting			upsetting			
  
2. How much had you expected this event to occur?
 

1	2	3	4	5	6	7
completely			somewhat			complete
unexpected			expected			uncertainty
  
3. How likely do you feel it is that a similar event will occur in your life in the next three years?
 

1	2	3	4	5	6	7
very unlikely			somewhat likely			very likely
  
4. How much uncertainty have you experienced in your life as a result of this event?
 

1	2	3	4	5	6	7
no			moderate			complete
uncertainty			uncertainty			uncertainty
  
5. How much control over the occurrence of this event did you have? (Circle appropriate response)
 

1	2	3	4	5	6	7
no control			moderate			complete
over event			control			control
  
6. Did this event occur because of something that changes readily (such as mood, effect, luck or fate) - or because of something relatively unchanging (ability, unchanging qualities of a situation or person).
 

1	2	3	4	5	6	7
changes			changes			unchanging
easily			somewhat			

7. To what extent do the causes of this event affect other areas of your life?

1	2	3	4	5	6	7
affects no other aspects of my life			affects some other aspects of my life			affects all other aspects of my life

8. Did this event occur primarily because of something about you (your personality, effects, etc.) or was it primarily due to something about the situation or another person.

1	2	3	4	5	6	7
completely because of me			about half because of me and half because of situation or another person			Completely because of situation or another person

9. ANSWER ONE OF THESE QUESTIONS

a. If this event occurred primarily because of something about you, to what extent did you intend for this event to happen?

b. Or, if this event occurred primarily because of something about the situation or person, to what extent did the other person or persons intentionally cause the event to happen to you?

1	2	3	4	5	6	7
completely unintentional						completely intentional

APPENDIX B

## CHECK LIST (B)

DIRECTIONS: Below you will find words which describe different kinds of moods and feelings. Check the words which describe How You Feel Now -- Today. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly and check all of the words which describe how you feel today.

- |              |             |              |                   |
|--------------|-------------|--------------|-------------------|
| 1.    _____  | Downhearted | 17.    _____ | Clean             |
| 2.    _____  | Lively      | 18.    _____ | Dispirited        |
| 3.    _____  | Unfeeling   | 19.    _____ | Moody             |
| 4.    _____  | Alone       | 20.    _____ | Pleased           |
| 5.    _____  | Unhappy     | 21.    _____ | Dead              |
| 6.    _____  | Alive       | 22.    _____ | Sorrowful         |
| 7.    _____  | Terrible    | 23.    _____ | Bleak             |
| 8.    _____  | Poor        | 24.    _____ | Light             |
| 9.    _____  | Forlorn     | 25.    _____ | Morbid            |
| 10.    _____ | Alert       | 26.    _____ | Heavy-<br>hearted |
| 11.    _____ | Exhausted   | 27.    _____ | Easy-going        |
| 12.    _____ | Heartsick   | 28.    _____ | Gray              |
| 13.    _____ | Bright      | 29.    _____ | Melancholy        |
| 14.    _____ | Glum        | 30.    _____ | Hopeful           |
| 15.    _____ | Desolate    | 31.    _____ | Mashed            |
| 16.    _____ | Composed    | 32.    _____ | Unlucky           |



APPENDIX C

## BDI

CODE # \_\_\_\_\_

This is a questionnaire. On the questionnaire are groups of statements. Please read the entire group of statements in each category. Then pick out the one statement in that group which best describes the way you feel today, that is, right now! Circle the letter on the answer sheet that corresponds to the statement you have chosen. If several statements in the group seem to apply equally well, circle each one.

1.
  - a. I do not feel sad
  - b. I feel said or blue
  - c. I am blue or sad all the time and I can't snap out of it
  - d. I am so sad or unhappy that I can't stand it
  
2.
  - a. I am not particularly pessimistic or discouraged about the future
  - b. I feel discouraged about the future
  - c. I feel I have nothing to look forward to
  - d. I feel that the future is hopeless and that things cannot improve
  
3.
  - a. I do not feel like a failure
  - b. I feel I have failed more than the average person
  - c. As I look back on my life, all I can see is a lot of failure
  - d. I feel I am a complete failure as a person (parent, husband, wife)
  
4.
  - a. I am not particularly dissatisfied
  - b. I don't enjoy things the way I used to
  - c. I don't get satisfaction out of anything anymore
  - d. I am dissatisfied with everything
  
5.
  - a. I don't feel particularly guilty
  - b. I feel bad or unworthy a good part of the time
  - c. I feel quite guilty
  - d. I feel as though I am very bad or worthless
  
6.
  - a. I don't feel I am being punished
  - b. I have a feeling that something bad may happen to me
  - c. I feel I am being punished or will be punished
  - d. I feel I deserve to be punished

7.
  - a. I don't feel disappointed in myself
  - b. I am disappointed in myself
  - c. I am disgusted with myself
  - d. I hate myself
  
8.
  - a. I don't feel I am any worse than anybody else
  - b. I am critical of myself for my weaknesses or mistakes
  - c. I blame myself for my faults
  - d. I blame myself for everything bad that happens
  
9.
  - a. I don't have any thoughts of harming myself
  - b. I feel I would be better off dead
  - c. I have definite plans about committing suicide
  - d. I would kill myself if I had the chance
  
10.
  - a. I don't cry any more than usual
  - b. I cry more than I used to
  - c. I cry all the time now. I can't stop it
  - d. I used to be able to cry but now I can't cry at all even though I want to
  
11.
  - a. I am no more irritated now than I ever am
  - b. I get annoyed or irritated more easily than I used to
  - c. I feel irritated all the time
  - d. I don't get irritated at all at the things that used to irritate me
  
12.
  - a. I have not lost interest in other people
  - b. I am less interested in other people than I used to be
  - c. I have lost most of my interest in other people and have little feeling for them
  - d. I have lost all of my interest in other people and don't care about them at all
  
13.
  - a. I make decisions about as well as ever
  - b. I try to put off making decisions
  - c. I have great difficulty in making decisions
  - d. I can't make any decisions at all anymore
  
14.
  - a. I don't feel I look any worse than I used to
  - b. I am worried that I am looking old or unattractive
  - c. I feel that there are permanent changes in my appearance and they make me look unattractive
  - d. I feel that I am ugly or repulsive looking

15.
  - a. I can work about as well as before
  - b. It takes extra effort to get started at doing something
  - c. I have to push myself very hard to do anything
  - d. I can't do any work at all
16.
  - a. I can sleep as well as usual
  - b. I wake up more tired in the morning than I used to
  - c. I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
  - d. I wake up early every day and can't get more than 5 hours sleep
17.
  - a. I don't get any more tired than usual
  - b. I get tired more easily than I used to
  - c. I get tired from doing anything
  - d. I get too tired to do anything
18.
  - a. My appetite is no worse than usual
  - b. My appetite is not as good as it used to be
  - c. My appetite is much worse now
  - d. I have no appetite at all anymore
19.
  - a. I haven't lost much weight, if any, lately
  - b. I have lost more than 5 pounds
  - c. I have lost more than 10 pounds
  - d. I have lost more than 15 pounds
20.
  - a. I am no more concerned about my health than usual
  - b. I am concerned about aches and pains or upset stomach or constipation
  - c. I am so concerned with how I feel or what I feel that it's hard to think of much else
  - d. I am completely absorbed in what I feel
21.
  - a. I have not noticed any recent change in my interest in sex
  - b. I am less interested in sex than I used to be
  - c. I am much less interested in sex now
  - d. I have lost interest in sex completely

APPENDIX D

Name \_\_\_\_\_

Code # \_\_\_\_\_

DIRECTIONS

Please try to vividly imagine yourself in the situations that follow. If such a situation happened to you, what would you feel would have caused it. While events may have many causes, we want you to pick only one--the major cause if this event happened to you. Please write this cause in the blank provided after each event. Next we want you to answer some questions about the cause and a final question about the situation. To summarize, we want you to:

- 1) Read each situation and vividly imagine it happening to you.
- 2) Decide what you feel would be the major cause of this situation if it happened to you.
- 3) Write one cause in the blank provided.
- 4) Answer three questions about the cause.
- 5) Answer one question about the situation.
- 6) Go on to the next situation.

YOU MEET A FRIEND WHO COMPLIMENTS YOU ON YOUR APPEARANCE.

1) Write down the one major cause \_\_\_\_\_

2) Is the cause of your friend's compliment due to something about you or something about the other person or circumstances? (Circle one number)

Totally due to the other person or circumstances	1	2	3	4	5	6	7	Totally due to me
--------------------------------------------------------	---	---	---	---	---	---	---	----------------------

3) In the future when you are with your friends, will this cause again influence what happens? (Circle one number)

Will never again influence what happens	1	2	3	4	5	6	7	Will always influence what happens
-----------------------------------------------	---	---	---	---	---	---	---	------------------------------------------

4) Is the cause something that just affects interacting with friends or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
-------------------------------------------------	---	---	---	---	---	---	---	--------------------------------------------

5) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important
-------------------------	---	---	---	---	---	---	---	------------------------

YOU HAVE BEEN LOOKING FOR A JOB UNSUCCESSFULLY FOR SOME TIME.

6) Write down one major cause \_\_\_\_\_

7) Is the cause of your unsuccessful job search due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
----------------------------------------------------	---	---	---	---	---	---	---	----------------------

8) In the future when looking for a job, will this cause again influence what happens? (Circle one number)

Will never again influence what happens	1	2	3	4	5	6	7	Will always influence what happens
-----------------------------------------------	---	---	---	---	---	---	---	------------------------------------------

- 9) Is the cause something that just influences looking for a job or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
-------------------------------------------------	---	---	---	---	---	---	---	--------------------------------------------

- 10) How important would this situation be if it happened to you?  
(Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important
-------------------------	---	---	---	---	---	---	---	------------------------

YOU INVEST MONEY IN THE STOCK MARKET AND MAKE A PROFIT.

- 11) Write down one major cause \_\_\_\_\_

- 12) Is the cause of your making a profit in the stock market due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
----------------------------------------------------	---	---	---	---	---	---	---	----------------------

- 13) In the future when investing in the stock market, will this cause again influence what happens? (Circle one number)

Will never again influence what happens	1	2	3	4	5	6	7	Will always influence what happens
-----------------------------------------------	---	---	---	---	---	---	---	------------------------------------------

- 14) Is the cause something that just affects investing in stocks or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
-------------------------------------------------	---	---	---	---	---	---	---	--------------------------------------------

- 15) How important would this situation be if it happened to you?  
(Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important
-------------------------	---	---	---	---	---	---	---	------------------------



A FRIEND COMES TO YOU WITH A PROBLEM AND YOU DON'T TRY TO HELP THEM.

16) Write down the one major cause \_\_\_\_\_

17) Is the cause of your not helping your friend due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
----------------------------------------------------	---	---	---	---	---	---	---	----------------------

18) In the future when a friend comes to you with a problem, will this cause again influence what happens? (Circle one number)

Will never again influence what happens	1	2	3	4	5	6	7	Will always influence what happens
-----------------------------------------------	---	---	---	---	---	---	---	------------------------------------------

19) Is the cause something that just affects what happens when a friend comes to you with a problem or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
-------------------------------------------------	---	---	---	---	---	---	---	--------------------------------------------

20) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important
-------------------------	---	---	---	---	---	---	---	------------------------

YOU GIVE AN IMPORTANT TALK IN FRONT OF A GROUP AND THE AUDIENCE REACT NEGATIVELY.

21) Write down the one major cause \_\_\_\_\_

22) Is the cause of the audience reacting negatively due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
----------------------------------------------------	---	---	---	---	---	---	---	----------------------

- 23) In the future when giving talks, will this cause again influence what happens? (Circle one number)

Will never again influence what happens	1	2	3	4	5	6	7	Will always influence what happens
-----------------------------------------------	---	---	---	---	---	---	---	------------------------------------------

- 24) Is this cause something that just influences giving talks or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
-------------------------------------------------	---	---	---	---	---	---	---	--------------------------------------------

- 25) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important
-------------------------	---	---	---	---	---	---	---	------------------------

YOU DO AN IMPORTANT PROJECT WITH A GROUP AND FIND THAT THE PROJECT TURNS OUT WELL.

- 26) Write down the one major cause \_\_\_\_\_

- 27) Is the cause of the group working well together due to something about you or something about the other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
----------------------------------------------------	---	---	---	---	---	---	---	----------------------

- 28) In the future when working on a group project, will this cause again influence what happens? (Circle one number)

Will never again influence what happens	1	2	3	4	5	6	7	Will always influence what happens
-----------------------------------------------	---	---	---	---	---	---	---	------------------------------------------

- 29) Is this cause something that just affects group projects or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
-------------------------------------------------	---	---	---	---	---	---	---	--------------------------------------------

- 30) How important would this situation be if it happened to you?  
(Circle one number)

Not at all	1	2	3	4	5	6	7	Extremely
important								Important

YOU MEET A FRIEND WHO ACTS HOSTILELY TO YOU.

- 31) Write down the one major cause \_\_\_\_\_

- 32) Is the cause of your friend acting hostile due to something about you or something about other people or circumstances? (Circle one number)

Totally due to								Totally due
other people or	1	2	3	4	5	6	7	to me
circumstances								

- 33) In the future when interacting with friends, will this cause again influence what happens? (Circle one number)

Will never								Will always
again influence	1	2	3	4	5	6	7	influence what
what happens								happens

- 34) Is the cause something that just influences interacting with friends or does it also influence other areas of your life? (Circle one number)

Influences just								Influences all
this particular	1	2	3	4	5	6	7	situations in
situation								my life

- 35) How important would this situation be if it happened to you?  
(Circle one number)

Not at all								Extremely
important	1	2	3	4	5	6	7	important

YOU CAN'T GET ALL THE WORK DONE THAT OTHERS EXPECT OF YOU.

- 36) Write down the one major cause \_\_\_\_\_

- 37) Is the cause of your not getting the work done due to something about you or something about the other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
----------------------------------------------------	---	---	---	---	---	---	---	----------------------

- 38) In the future when doing the work that others expect, will this again influence what happens? (Circle one number)

Will never again influence what happens	1	2	3	4	5	6	7	Will always influence what happens
-----------------------------------------------	---	---	---	---	---	---	---	------------------------------------------

- 39) Is the cause something that just affects doing work that others expect you to do or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
-------------------------------------------------	---	---	---	---	---	---	---	--------------------------------------------

- 40) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important
-------------------------	---	---	---	---	---	---	---	------------------------

YOU AND YOUR SPOUSE (BOYFRIEND/GIRLFRIEND) WERE HAVING PROBLEMS GETTING ALONG BUT YOU WERE ABLE TO RESOLVE THE DIFFICULTIES.

- 41) Write down the one major cause \_\_\_\_\_

- 42) Is the cause of the problems being resolved due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
----------------------------------------------------	---	---	---	---	---	---	---	----------------------

- 43) In the future when trying to resolve problems, will this cause again influence what happens? (Circle one number)

Will never again influence what happens	1	2	3	4	5	6	7	Will always influence what happens
-----------------------------------------------	---	---	---	---	---	---	---	------------------------------------------

- 44) Is this cause something that just affects getting along with your spouse (boyfriend/girlfriend) or does it also influence other areas of your life? (Circle one number)

Influence just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
------------------------------------------------	---	---	---	---	---	---	---	--------------------------------------------

- 45) How important would this situation be if it happened to you?  
(Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important
-------------------------	---	---	---	---	---	---	---	------------------------

YOU APPLY FOR A POSITION THAT YOU WANT VERY BADLY (e.g., IMPORTANT JOB, GRADUATE SCHOOL ADMISSION, etc.) AND YOU GET IT.

- 46) Write down one major cause \_\_\_\_\_

- 47) Is the cause of your getting the position due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
----------------------------------------------------	---	---	---	---	---	---	---	----------------------

- 48) In the future when applying for a position, will this cause again influence what happens? (Circle one number)

Will never again influence what happens	1	2	3	4	5	6	7	Will always influence what happens
-----------------------------------------------	---	---	---	---	---	---	---	------------------------------------------

- 49) Is the cause something that just influences applying for a position or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
-------------------------------------------------	---	---	---	---	---	---	---	--------------------------------------------

- 50) How important would this situation be if it happened to you?  
(Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important
-------------------------	---	---	---	---	---	---	---	------------------------

## YOU GO OUT ON A DATE AND IT GOES BADLY.

51) Write down the one major cause \_\_\_\_\_

52) Is the cause of the date going badly due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
----------------------------------------------------	---	---	---	---	---	---	---	----------------------

53) In the future when dating, will this cause again influence what happens? (Circle one number)

Will never again influence what happens	1	2	3	4	5	6	7	Will always influence what happens
-----------------------------------------------	---	---	---	---	---	---	---	------------------------------------------

54) Is the cause something that just influences dating or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
-------------------------------------------------	---	---	---	---	---	---	---	--------------------------------------------

55) How important would this situation be if it happened to you?  
(Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important
-------------------------	---	---	---	---	---	---	---	------------------------

## YOU AND THE MEMBERS OF YOUR HOUSEHOLD HAVE BEEN GETTING ALONG WELL.

56) Write down the one major cause \_\_\_\_\_

57) Is the cause of your household getting along due to something about you or something about the other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
----------------------------------------------------	---	---	---	---	---	---	---	----------------------

58) In the future in your household, will this cause again influence what happens? (Circle one number)

Will never again influence what happens	1	2	3	4	5	6	7	Will always influence what happens
-----------------------------------------------	---	---	---	---	---	---	---	------------------------------------------

- 59) Is the cause something that just affects how your household gets along or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
-------------------------------------------------	---	---	---	---	---	---	---	--------------------------------------------

- 60) How important would this situation be if it happened to you?  
(Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important
-------------------------	---	---	---	---	---	---	---	------------------------

APPROVAL SHEET

The thesis submitted by Denise B. Lensky has been read and approved by the following committee:

Dr. Dan P. Mc Adams, Director  
Associate Professor, Psychology, Loyola

Dr. James E. Johnson  
Professor, Psychology, Loyola

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirement for the degree of Master of Arts.

4/10/87  
Date

Jan P. Mc Adams  
Director's Signature