

Comparative analysis of attributional style and self-esteem in a sample of depressed patients and normal control subjects

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Análisis comparativo del estilo atribucional y de la autoestima en una muestra de pacientes depresivos y sujetos control normales

Summary

Introduction. *The present study assesses the role of attributions and self-esteem in depressive states. In depression, attributions can become central biased coping mechanisms that guide individual behavior.*

Methods. *Self-esteem and attribution bias was assessed in 40 depressed and 80 normal controls.*

Results. *Results of this investigation show that depressed patients made more internal attributions to negative events, and more external attributions for positive events than their normal counterparts, confirming an exaggerated attributional bias.*

Conclusions. *The results suggest that depressed patients tend to blame themselves for their mistakes. Depressed patients made more stable and global attributions for negative events than for positive events, as opposed to what happens with the normal controls, making us believe that this bias will be maintained in time, and will eventually generalize to other life areas. This kind of study seems useful to develop efficient treatment programs and evaluation tools of depression.*

Key words: Attributions. Depression. Self-esteem. Cognitive bias.

Resumen

Introducción. *En la presente investigación se ha analizado el papel que desempeñan la variable atribucional y la autoestima en estados depresivos. El estudio atribucional es de capital importancia en la dinámica de la personalidad, ya que las atribuciones causales son mecanismos sesgados de afrontamiento que guían la conducta del sujeto.*

Métodos. *Para llevar a cabo esta investigación se ha evaluado la autoestima y los sesgos atribucionales en una muestra de 40 pacientes depresivos y se ha comparado con 80 sujetos control normales.*

Resultados. *Los resultados de esta investigación muestran que los pacientes depresivos realizaron atribuciones más internas para los eventos negativos que el grupo control normal y atribuciones más externas que los normales para los sucesos positivos, presentando un exagerado sesgo atribucional.*

Conclusiones. *Estos datos nos sugieren que los pacientes depresivos tienden a culparse a sí mismos de sus fallos. Los pacientes depresivos realizaron atribuciones más estables y globales para los hechos negativos que para los positivos en comparación con los sujetos normales, considerando que dicha situación negativa se mantendrá en el tiempo y se globalizará a otras áreas de su vida. Este tipo de estudios resultan de utilidad para el desarrollo de programas eficaces de tratamiento y de instrumentos de evaluación de la depresión.*

Palabras clave: Atribuciones. Depresión. Autoestima. Sesgos cognitivos.

INTRODUCTION

Depression is one of the most complex and symptomatic heterogeneous clinical pictures. Depressive disorder is the most common of all psychiatric disorders, and has acquired large proportions in modern life¹. The epidemiological data offered for a general population sample by the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders² on the incidence of major depressive disorders over a life time and its proportion based on gender, are different for women (between 10% and 25%) and men (between 5% and 12%). In addition, between 8% and 18% of the general population will suffer at least one significant episode of depression over their life time³. Given its great psychosocial impact, it has been one of the most important subjects of study in the mental health setting^{4,6}.

Attributional theories have considerable importance in the investigation of depression⁷. The attributional theory is related to the thoughts that the persons have on

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any event and that which causes it as well as the relationship between cause and results⁸. Due to the diversity of attributional investigations within psychology, no single attributional theory exists in which each and every one of its suppositions are synthesized⁹.

The attribution performed by the subjects will be performed based on three dimensions: internality-externality (explaining the situation of lack of control as an attribution to internal factors, there is a decrease in self-esteem); stability-instability, that is, attributing the lack of control to stable factors leads us to a situation of uncontrollability in future situations, so that the depressive state will be maintained over time, and globality-specificity (according to whether it is believed that the cause will affect more areas or only the area in question).

A historical background that offers an interpretation of the empirical and theoretical legacy essential for the study of the attributional approach in clinical psychology¹⁰ is the theory of learned helplessness¹¹. When a person finds himself helpless, he asks why he is¹². The causal attribution that he makes then determines the generality and chronicity of his state of helplessness and later self-esteem.

The assessments or inferences of depressed individuals are global, exclusive and frequent¹³, attributing the causality to characterological factors, so that such defects are irrevocable¹⁴. Thus, according to this model, it is supposed that the subjects who perform internal, global and stable attributions when faced with negative events have a greater probability of suffering depression; these persons have an attributional style that would be a more or less stable characteristic¹⁵.

Most of the investigations that have focused on corroborating the existence of a depressive attributional style have supported the predictions of the Abramson model¹⁶. These investigations have found a significant positive correlation between the measurements of the depressive mood state and the causal attributions to negative events.

The main objective of this study is to analyze if there are differences in attributional style and self-esteem in a sample of depressive patients, comparing it with a normal control sample.

The hypotheses that we begin with are the following:

- Depressive patients, in comparison with the control group, will perform significantly more internal attributions for negative events.
- Depressive patients, in comparison with the control group, will perform more external attributions for positive events.
- Depressive patients, in comparison with the control group, will show low self-esteem; this decrease in the variable in question will be predicted by excessively internal attributions for negative events.

METHOD¹⁷

Subjects

The experimental group is made up of 40 depressive subjects (12 men and 28 women), with a mean age of

32.40 (SD: 8.53). Their ages range from 20 to 49 years. All the patients were receiving treatment for depression during the time that our study lasted; their diagnosis was based on the DSM IV criteria for major depression, or depressive disorders, without any psychotic symptom. The subjects could not be included in the sample if they presently manifested or had manifested in the past bipolar disorder, schizophrenia, schizofreniform or paranoid disorder symptoms. The depression should also not have been caused by an organic mental disorder. The subjects should obtain a score equal to or greater than 19 in the Beck Depression Inventory¹⁸. The first step to establish these criteria was to interview the patients, using a semistructured interview for it for the selection of patients with major depression (it is described further on).

The control group, equal in age and gender with the experimental group, is made up of 80 subjects (24 men and 56 women). It has a mean age of 31.91 (SD: 8.14). None of them should have a psychiatric history or any disorder that requires treatment.

Instruments

*Rosenberg Self-esteem scale (SS)*¹⁹

Constitutes an assessment instrument of the global self-esteem of the subject, in order to guarantee its unidimensionality, however, at the same time, it has a structure that adapts, in regards to the response alternatives, to the Likert type attitude scales, with four response categories.

Beck Depression Inventory (BDI)

Heteroapplied instrument of twenty one items that assesses the intensity of the depressive syndrome. The content of the items clearly reflects the importance given by the authors to the cognitive component of depression. Only one third of the items refer to physiological or behavior aspects. The questionnaire version is the best and easiest to apply, in addition to considering the point of reference of the patient when answering the questionnaire, not only at the present moment, but also the week before. Beck Depression Inventory has good adjustments in the different validation criteria²⁰.

*Attributional Style Questionnaire (ASQ)*²¹

It is a self-applied questionnaire that is made up of twelve situations, six positive and six negative, to which the subject should indicate the causes that their occurrence is attributed to, answering four questions. These questions are always presented in the same order and refer to: the first to the main cause to which the situation is attributed; the second to the internality or externality; the third to stability or instability and the fourth the globality or specificity.

TABLE 1. Mean scores and standard deviations of attributions in internality in depressive patients and normal subjects

	Normal		Depressive		F (1.118)
	X	SD	X	SD	
Negative events	3.67	0.96	5.80	0.69	155.27*
Positive events	5.27	0.85	3.45	0.85	122.40*

SD: standard deviations. *p < 0.01.

The semistructured Interview for the selection of patients with major depression

This has been elaborated for the evaluation of patients with depression and it made up of forty five items divided into five sections. Section I includes personal data, section II essential symptoms and signs, section III concomitant symptoms and signs, section IV exclusion symptoms and section V the profile of the episode. Sections II, III and IV are interrelated and made up of descriptive inclusion and exclusion criteria.

Procedure

The depressive sample (experimental group) to perform this study was obtained in the Mental Health Unit of a Psychiatric Hospital and in several Mental Health Units (out-patient units). The psychologist in charge of the therapy of these patients requested their collaboration, always offering them the confidentiality of the data. Then, the investigator administered the tests to these patients: Beck Depression Inventory (BDI), the Attributional Style Questionnaire (ASQ), and Rosenberg Self-esteem Scale (SS). The same tests were administered to the control group.

RESULTS

In the statistical analysis, significant differences were found between the depressive group and control subject group (F [1.118]: 155.27; p < 0.001) in the internality attributions study for negative events (table 1).

On the contrary, the statistical analysis shows significant differences (F [1.118]: 122.40; p < 0.001) between

TABLE 2. Mean scores and standard deviations of attributions in stability in the depressive group and in the normal one

	Normal		Depressive		F (1.118)
	X	SD	X	SD	
Negative events	3.71	1.07	5.35	0.77	73.27*
Positive events	5.33	0.89	4.38	2.31	8.74*

SD: standard deviations. *p < 0.01.

TABLE 3. Mean score and standard deviations of attributions in globality in the depressive group and normal one

	Normal		Depressive		F (1.118)
	X	SD	X	SD	
Negative effects	3.58	1.22	5.42	0.89	71.04*
Positive effects	5.00	0.98	3.61	1.22	44.74*

SD: standard deviations. *p < 0.01.

depressive and normal subjects for attribution in internality of the positive events.

It has been possible to establish significant differences in the stability component for the negative events between the depressive and normal groups (F [1.118]: 73.27; p < 0.001) (table 2).

In addition, the stability dimension between the depressive and control groups for the positive events was (F [1.118]: 8.74; p = 0.004).

In regards to the statistical significance, we have been able to verify that significant differences for negative events (F [1.118]: 71.04; p < 0.001) are established between the depressive group and normal group.

Furthermore, the difference is significant between the depressive and normal groups for the positive events (F [1.118]: 44.74; p < 0.001) (table 3).

In the analysis study of the results of the self-esteem variable, significant differences have been found between the depressive group and the normal control group (F [1.118]: 271.95; p < 0.001). This significance verifies the hypothesis of lower self-esteem (X: 22.40; SD: 2.34) in the depressive subjects than in the control patients, who, in the present study, reach a mean score of 29.41 (SD: 2.12) (table 4). In addition, the low self-esteem of the depressive patients is accompanied by a mean score in the BDI of 29.45 (SD: 7.07), in comparison with a mean score for the normal controls of 4.53 (SD: 2.22).

DISCUSSION

In this investigation, we have attempted to corroborate the existence of an attributional style characteristic of depression as well as to perform the analysis of loss of

TABLE 4. Mean scores and standard deviations of self-esteem and BDI in the depressive group and normal one

	Normal		Depressive		F (1.118)
	X	SD	X	SD	
Negative effects	29.44	2.12	22.40	2.34	271.95*
Positive effects	4.53	2.54	29.45	7.07	792.65*

SD: standard deviations. *p < 0.01.

self-esteem as one of the typical traits of the depressive subject. These types of studies are very important when developing effective treatment programs²²⁻²⁴ and depression assessment instruments²⁵⁻²⁶.

In summary, in this study, the data obtained for depressive patients in the face of negative events support previous investigations²⁷⁻²⁹ as they perform internal, global and stable attributions for the failure, as had already been predicted by other authors³⁰, and, on the contrary, external, specific and unstable attributions for success³¹. We can also conclude, in agreement with the literature³² that these types of causal explanations, once expressed, are quite perseverant.

In this study, we have observed limitations, since, as can be seen in the data analysis, the depressive subjects perform more external, unstable and specific attribution for positive events.

Furthermore, almost all the theories existing on depression mention the loss of self-esteem as one of the typical characteristics of the depressive subject. Loss of self-esteem would be caused by internal, stable and global causal attributions for the negative events or experiences of the subject's life.

In conclusion, we can say that that found in this study shows a special attributive style for the depressive patients, internalizing the negative events that may occur in their life and externalizing the positive ones. In addition, this attribution is performed in a stable and global way for the negative and unstable and specific way for the positive events.

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