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INTERNATIONAL CONFERENCE of SCIENTIFIC PAPER
AFASES 2014
Brasov, 22-24 May 2014

THE INFLUENCE OF THE ATTRIBUTIONAL STYLE AT STRESS LEVEL PERCEIVED BY THE PEOPLE DIAGNOSED WITH DEPRESSION

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Abstract: *In this paper we wanted to present the issue of stress perception, depending on the attributional style of people diagnosed with depression and of clinically healthy individuals.*

Currently, it is believed that emotional experiences, normal oscillations of affection are shown on a continuum between a negative pole- represented by depression and a positive one- euphoria, these oscillations having many nuances within these two poles. Most people are in a state of emotional stability, but in some cases, due to changes to the environment, due to a vulnerability in the personality structure of an individual, this state is disturbed and the emotional experiences can be movable toward one pole or another.

Thus, attribution helps us understand our own behavior and that of the people around us. People have a very strong tendency to give and achieve causal attribution for almost any activity they do and for almost any behavior, realizing this at the unconscious level.

Key words: *Stress, depression, attributional style.*

Introduction

The world we live in is constantly changing and this is happening at a dizzying pace that continually puts to test our capacity of resilience. In order to adapt oneself to environmental requirements, it is necessary that cognitive structures that filter out reality do not present major distortions. These structures, called cognitive schemas, are different beliefs we have acquired in early childhood. Among them we find the belief that we are more or less able to achieve the desired results, by using our skills or the belief that we are either or not able to control our own lives.

A significant importance in adaptation is also the person's attributional style, more precisely the way he assigns the occurrence of positive or negative events. Such attributions may be internal or external, stable or unstable, global or specific. The way these attributions combine depends on how the person adapts to the stressors of his/ her life.

In this paper we wanted to present the issue of stress perception, depending on the attributional style of people diagnosed with depression and of clinically healthy individuals.

Chapter I

Theoretical aspects

1.1 Depression: Definition and conceptual delimitation

Currently, it is believed that emotional experiences, normal oscillations of affection are shown on a continuum between a negative pole- represented by depression and a positive one- euphoria, these oscillations having many nuances within these two poles. Most people are in a state of emotional stability, but in some cases, due to changes to the environment, due to a vulnerability in the personality structure of an individual, this state is disturbed and the emotional experiences can be movable toward one pole or another, showing dysthymia. Consequently, the difference between a normal sadness or grief and depression is quantitative, not qualitative. A clear indicator of experiencing

affective experiences of pathological intensity is the professional, social and family performance collapse (Dindelegan, 2006).

In the Larousse Dictionary of Psychology, 2000, depression is defined as a "morbid condition, more or less sustainable, especially of persistent sadness and a decrease in tone and energy." The affected person is considered most times unable to face the least difficulty, also lacking any kind of initiative. She suffers from impotence and thinks that her intellectual faculties, especially attention and memory are degraded. The feeling of inferiority further enhances melancholy.

1.2. Attributions: definition and general view

Causal attribution helps us understand our own behavior and that of the people around us. People have a very strong tendency to give and achieve causal attribution for almost any activity they do and for almost any behavior, realizing this at the unconscious level. In 1958, Heider initiated the development of attributional approaches in social psychology. He claimed that the main reason people do assignments is to predict and control the social environment. Thus, if we can successfully explain past behaviors, there is a chance that the same or similar causes, allow us to anticipate what we will do in certain social situations in the future.

Baron and Byrne (1997 cited Pennigton, 2000) define causal attributions as the process by which we seek to identify the underlying causes of the behavior of others and thus to know certain stable features or their provisions. This definition is useful, but fails to make reference to the fact that people are also concerned with making assignments regarding their personal behavior. However, this definition emphasizes that causal attributions are made in close relation with personality traits or characteristics of the individual and his provisions.

In the process of characterization of causal attributions, it is useful to refer to the following aspects- internal or external causes of attributions; spontaneous attributions vs. deliberate attributions and attributions for voluntary and involuntary behaviors.



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Regarding the first aspect, we can say that causal attributions are divided into two categories: internal and external. The internal ones refer to the fact that one's own behavior or others' behavior can be explained best by a factor within the individual (temper, personality, emotional state, etc.). In contrast, the external attributions are achieved when own or others' behavior can be best explained by the pressures of a particular person or situation, an external factor.

As for the second aspect, spontaneous attributions occur without any cognitive voluntary effort, and are usually based on certain stereotypes or impressions about themselves or others. In contrast, the deliberate cognitive attributions present a cognitive voluntary effort and usually take place when we think about what we do or what others will do in a social situation. Hamilton and Mackie (1995 cited in Pennington, 2000) have observed that people who have a good mood often do spontaneous attributions; engaging in a deep mental effort to explain one's own behavior or that of others, can lead to the loss of the good mood.

And in terms of attributions made for voluntary and involuntary behaviors, Kruglanski (1975 cited in Pennington, 2000) suggests that voluntary behavior should be attributed to internal causes, and the involuntary attributions should be attributed to external factors. Behaviors that appear after experiencing strong emotions can be classified as involuntary behaviors, and yet can be the subject of both internal and external attributions.

Chapter II
Methodology of research
2.1 Objectives

In this paper we wanted to present the issue of stress perception, depending on the attributional style of people diagnosed with depression and of clinically healthy individuals.

2.2 Hypotheses, variables and design

Hypothesis. 1 The stress perceived differs according to the level of negative attributional style, adopted by depressed people, in contrast to the clinically healthy people.

Variables : **VI a** – category of diagnosis

a1- clinical group

a2 – control group

VI b – negative attributional style

b1- low level

b2 – high level

VD - the perceived stress

Two-factor intergroup design

2.3 Subjects

The study was conducted on a sample of 240 people, of which 120 participants were randomly selected from the normal population clinically healthy and the other 120 participants were individuals diagnosed with various forms of depression (the most common diagnosis being recurrent major depressive disorder); the 120 patients are hospitalized at the Clinic of Psychiatry, "Dr. Gavril Curteanu" Clinical Hospital in Oradea.

The control group was composed of 69 women and 51 men, aged between 30 and 60 years, their average age being 39.62 and the standard deviation of 7.50. From the point of view of the level of education, 4 people have completed middle school (8th grade), 5 people have graduated from a vocational school, 79 persons with secondary education (high school) and 32 persons with higher education (university, college).

Clinical group consisted of 75 women and 45 men, aged between 30 and 77 years, their average age being 52.85 with a standard deviation equal to 10.64. One person had no education, 15 people have completed primary education (4 classes), 50 people have graduated from secondary school (8th grade), 12 people have graduated from a vocational school, 37 with secondary education (high school) and five people had higher education (college).

As for the area of origin, participants in both groups were from both urban and rural. They participated voluntarily in this study by giving their consent.

2.4 Procedure

The people in clinical group were presented the battery of tests individually by the assessor; they were presented the reason they will be evaluated, they were read the instructions and the content of each scale or questionnaire and their responses were recorded on an answer sheet, being assured of confidentiality of results. The battery consisted of the following scales: Perceived Stress Questionnaire (PSQ), Attributional style questionnaire (ASQ).

There wasn't a time limit in completing the battery of tests, in both cases.

2.5 Processing and interpretation of results

Our research started from the hypothesis we mentioned above hypothesized above, which was tested on two samples of subjects: people with depression and clinically healthy individuals.

Hypothesis. 1 The stress perceived differs according to the level of negative attributional style, adopted by depressed people, in contrast to the clinically healthy people.

We proceeded to Negative Composite scores (low and high) dichotomization, based on the median value for the control group (average = 11.00) and the clinical group (average = 10.00), so we got 58 people with a low negative attributional style and 62 people with high levels in the control group. And in the group of people diagnosed with depression

we found that 54 of them had low levels of negative attributions and 66 people had high levels of negative attributions.

Having a problem comparing four independent samples, a two-factor intergroup design and symmetric data distribution (Table 2.5.1), we used ANOVA statistical method.

To test this hypothesis, we used the comparison of scores obtained at Perceived Stress Scale, according to the presence or absence of depression and the level of attribution for negative events.

Below we present the results obtained from Kolmogorov Smirnov test and the comparison of the four samples.

Table no. 2.5.1 Kolmogorov Smirnov test results for the stress perceived scale scores, according to the style of the diagnostic category of negative attributions

Diagnosis category	Level of negative attributional style	Z	P
Depression group	Low	0.666	.768
	High	0.629	.823
Control group	Low	0.834	.490
	High	0.833	.491

In Table 2.5.1 we see that Z index in the four samples had thresholds significantly higher than 0.05, with a risk of error statistically insignificant, therefore we can say that data processing respects the condition of symmetry.

Table no. 2.5.2 Results of comparisons in the case of perceived stress, according to the negative attributional style and diagnosis category

Independent variables	F(1,236)	P
Diagnosis Category (DC)	118,11	.000
Level of negative attributional style (LNAS)	0,17	.679
Interaction between (DC) și (LNAS)	2,12	.146



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The results in Table 2.5.2, confirm once again that the perception of stress differs depending on the presence or absence of depression ($F [1,122] = 118.11, p < 0.01$). Referring to the level of attributions for negative events, we cannot decide on the existence of a differentiated stress perception ($F [1,122] = 0.17, p > 0.05$), in the case of subjects included in the study. As the interaction between the negative attributional style and diagnostic category, we cannot rule on their contribution, in differentiated perception of stress ($F [1,122] = 2.12, p > 0.05$).

Below we present the averages to see how the distribution of scores is made.

Table no. 2.5.3 Average and standard deviations for perceived stress, according to diagnosis category and the negative attributional style

Diagnosis category	Level of negative attributional style	Average	Standard deviation
Depression group	High	80,50	11,82
Control group	High	65,63	65,63

In table 2.5.3 we can see that the clinical group has obtained the highest values in the perception of stress compared to the control group. For people diagnosed with depression who present a higher level of negative attributions, the scores are almost equal compared to people who have this type of pathology, but whose level of negative attributions is low, the same thing happening in the control group.

It appears that for the subjects included in our study, stress is seen at about the same

intensity, if we refer to the attributions for negative events.

This is contrary to Seligman's theory on attributional style. He argued that individuals, who perform internal, stable and global attributions for the negative events they face, are more vulnerable to experiencing strong reactions to stress and depressive symptoms. This is possible because, to feel the burden of extreme liability for the occurrence of unpleasant events, to consider the reasons for which they take place are always the same, that negative events will always be present and will affect their lives are some beliefs that have negative consequences on the self-esteem of the person, especially if they get to be chronic. One possible explanation for our results is that the majority of people diagnosed with depression were assessed at least one week after starting drug treatment and their condition began to improve. Another aspect that could contribute to obtaining these results is that healthy people, even if they had a higher or lower level of attributions for negative events, the impact on perceived stress may have been mitigated by other factors such as social support and the coping strategies used.

Chapter III Conclusions

The belief that we have some control over our lives, that we have the ability to achieve certain results due to possession of skills and the way we explain the events whether positive or negative, are of crucial importance in regulating human behavior at cognitive, affective, behavioral and biological level. These beliefs are reflected in both the reporting stressors and the experiencing of psychological or physiological disorders.

It was found that people who are diagnosed with depression perceive stressors as being more intense, in contrast to healthy individuals. This was expected, given Beck's cognitive theory (1967, 1976 cited Neubauer and Gotlib, 2000) on the etiology of depression, stating that people who exhibit this disorder interpret information from the external environment, in line with negative cognitive schema, positive events are ignored or minimized, and the negative or neutral are sharpened. So distorted perception of reality is a stressor itself and thus negative life events will have a greater impact on the person.

Seligman argued that individuals performing internal, stable and global attributions for negative events they face, are more vulnerable to experiencing strong reactions to stress and depressive symptoms; this idea could not be pointed out in the case of participants to our study for whom the stress seems to be perceived at about the same intensity, if we refer to attributions they do for negative events. This may be due to the global nature of the negative composite, which may result in passing the existence of potential differences in the perception of stress, according to attributional style. This idea will be considered in future research.

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