CHAPTER VI

SUMMARY
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The problem of depression is universal. It is one of many aspects of the human conditions. Depression is a convenient name which we give to a collection of behaviors, feelings, beliefs that can be observed in self as well as in other people. Lazarus (1968) states that "depression may be regarded as a function of inadequate reinforcers," and that an expected loss or an anticipation of nonreinforcing state of affairs may precipitate various intensities of depression.

Depressive disorders incorporate a spectrum of psychological functions which vary considerably in severity, frequency and duration. A critical issue in research of depression and its correlation with other variables is the frequency and expression of depressive cognitions and behaviors. Depression exists in all types of persons to some extent, but is common in adolescents/students as compared to children.

So, depression is very important field to be studied, to know its causal factors and symptoms. Depression may be cured by giving drug like antidepressant and therapies, such as electroconvulsive therapy, and psychotherapy.

The identification of the sociopsychosocial factors such as dysfunctional cognitions, distressed
relationships, negative/poor personality types, deficits in social behaviors, poor coping style and sex-roles, have been implicated in the etiology of depression by theorists of various orientations (Abramson, Seligman & Teasdale, 1978, Beck 1976). However, some of these problems in functioning may be symptoms of depression that appear with the onset of a depressive episode and disappear with remission. Although they do occur with depression, these factors can not be classified as causal, because they may not precede the onset of symptoms.

But attempts have been made to distinguish empirically between psychosocial factors that are concomitants of depression, and variables that may serve as antecedents of this disorder. The present research investigated the relationship between depression and of six psychosocial variables in a population of college and university students. The six-variables examined are attributional style, personality, social-support, coping style, life-stress, and sex-role orientation as predictors of depression. Four of these variables include some further variations, for example, attribution style has two aspects: Responsibility for positive outcomes (RPO) and Responsibility for negative outcomes (RNO). Personality has two forms: Extraversoin (E) and Neuroticism (N) coping style comprises problem focused coping (PF) and emotion-focused coping (EF) Sex-role orientation has three components: Masculinity-M, Feminity-F, and MxF interaction. They are
discussed briefly one by one in relation to depression.

Depression

From the mid-nineteenth century onwards depression was elaborated in medical terms within the framework of the growing discipline of psychiatry. Depression is a convenient name for a collection of behaviors, feelings, beliefs that we can observe in ourselves and in other people. There is general agreement on what the most common symptoms of depression are. Beck (1967) enumerates these: sad, apathetic mood, negative self concept, desire to stay away from others, loss of sleep, appetite and sexual desires, change in activity level, either lethargic or agitated.

Our everyday "psychology of depression recognizes its variations in severity, its signs and effects, its origins and its antidotes. Life seems to be flat, stale, dull and unprofitable to a kind of raging despair. Signs of isolation, withdrawal and terrible slowing of our thought and action, so that even trivial tasks become too great to be undertaken. The depressed person feels restless, sleepless and broods on his own sins and sins of others, his ideas are confused and his concentration is gone. A depressed patient may also neglect his personal hygiene and appearance, complaints of aches and pains that apparently have no physical basis. He or she may even reach such a state of hopelessness, that he thinks about and sometimes attempts suicide.
The reformulated learned helplessness model of depression (Abramson, Seligman & Teasdale, 1978) suggested that the presence of uncontrollable events, a negative coping style and events that represents highly probable aversive outcomes as sufficient for the occurrence of depression. Research suggests that the number of episodes, sex, family-history, age and presence of mania are all important factors in depression.

Attributional Style

Attribution is a process by which people learn about themselves and the people around them. Attributions are hypothesized to be an important factor in the development of depression. The onset of depressive episode is precipitated by the occurrence of a negative-event that triggers the expectation of the uncontrollability of future negative events.

Attributional style is viewed as a trait, that is individuals are believed to exhibit cross-situational and temporal consistency in their causal explanations for positive and negative-events (Peterson and Seligman, 1984). A stable attributional style is often-inferred from respondent's causal explanations for hypothetical events, such as those presented in the Attributional Style Questionnaire (ASQ, Peterson et al., 1982).

Beck's (1968) cognitive view of depression
suggests that people who become depressed have relatively enduring cognitive process and structures (Schemata), which predispose them to depression (Kovacs and Beck, 1968). Attributional process among recent trend in racial research, in motivationmal patterns is a growing interest in a person's causal attributions for success and failure.

A person's reaction to a good or bad event is determined partially by his or her causal interpretation of the outcome, social psychologists have used causal attributions of such events to predict an individual's subsequent feelings of pride or shame, expectation for future performance and achievement efforts.

Much of the research in this area has involved achievement situations where success and failure can be viewed as relevant to a person's view of self. It is of some interest to see how far the tendency to take credit for good events and to externalize bad events, goes beyond reactions to success and failure. Abramson et al. (1978) speculated that individual differences should exist in attributional style and also postulated the existence of a depressive style.

PERSONALITY

Personality has many meanings. Carl Rogers views personality in terms of self, an organized, permanent, subjectively perceived entity which is at the very heart of
all our experiences. The work of most personality theorists has been concerned with a slightly more internal dimension of personal experience, involving more general, cognitive, emotional or attitudinal processes. Among the most widely used personality variables is that of extroversion introversion, the presence of these tendencies in one's behavior is pervasive in nature, that it applies to his or her behavior in a variety of situations, and may be seen expressed in various areas of life.

Hans Eysenck (1969) contends that there are three major personality dimensions, extraversion-introversion, neuroticism-stability, and psychoticism, which are largely independent of each other and which together convey a wealth of information about individual's life-style. Personality is not just the study of person and personhood. The importance of personality increases as social life becomes more complex. A "pleasing" personality has remarkable value in a complex-society and is highly prized and sought after. Today, all the conditions are changed, and in particularly every life-role, personality is of major significance.

Eysenck (1952, 1957, 1960) defined the personality dimensions, according to which the typical extrovert is sociable, needs to have to people talk to, easygoing, optimistic and be merry. Neuroticism means, emotional lability, understress, instability, unadaptability,
narrow interests, and symptoms of nervous breakdown.

Neuroticism and Extraversion can be measured by EPI (Eysenck, 1964, Eysenck's Personality Inventory). Several elements are involved in Eysenck's differentiation between extroverts and introverts. It can be scored separately for these two dimensions.

Social Support:

Social support consists of feedback conveyed signs and signals from primary group members that correct deviation from course at the behavioral, cognitive, and emotional levels. Caplan (1974) defines support as, "continuing social aggregates, that provide individual with opportunities for feedback about themselves and for validations about others, which may offset deficiencies in these communications within the larger community context."

Very little research has explored the second pathway directly linking social-support to health, namely, the way social-support precludes exposure to certain types of life-stressors. There is consistent evidence of a negative relationship between many facets of social-support and concurrent depression (e.g. Bell, Leroy, & Stephenson, 1982, Billings and Moos, 1984). Smaller social networks, fewer close-relationships are all related to depressive symptoms. The precise nature of the relationship, social-support with depression, however, may depend to some extent on the nature
of the support measure used. A generalized beneficial effect of social support could occur because large social networks provide persons with regular positive experiences and a set of stable socially rewarded roles in the community.

Coping

Over the past two decades (Moos, 1986) interest in the process by which people cope with stress has grown dramatically. Lazarus (1986) argued that stress consists of three processes: primary appraisal is the process of perceiving a threat to oneself, secondary appraisal is to bring a potential response to threat and coping is the process of executing that response.

Coping refers to cognitive and behavioural efforts to master, reduce, or tolerate the internal/external stressful transactions (Folkman & Lazarus, 1980). An important point is that coping is defined independent of its outcome, that is coping refers to efforts to manage demands, regardless of the success of those efforts.

Coping has always been linked to stress, its recent popularization has been occasioned by a marked growth of interest in the stress-concept. The first model is derived from drive-reinforcement, learning theory and is largely centered on animal experimentation (Miller,1980). From this perspective coping consists of acts such as escape and avoidance, that successfully control aversive environmental
conditions, thereby lowering the psychophysiological disturbance. The second model of coping is centered on psychoanalytic ego-psychology concepts. Coping is understood as a set of ego processes which develop from infancy and are centered on ways of thinking about relationships between the self and the environment. This, second model of coping is regarded as the most advanced or mature set of ego processes. These models have few shortcomings, first, coping has been almost universally equated with adaptational success. A second shortcoming of these traditional approaches is that coping success is regarded exclusively in terms of the reduction of bodily disturbance. A third shortcoming is that research approaches arising from the above models, especially psychoanalytic-ego-psychology have almost exclusively treated coping as a static trait or style. In fact, when coping is examined in field studies it is either diversly defined and assessed or it is present only implicitly.

Life-stress

Popular usage implies that stress is something external to us, much of our stress comes from the expectations and demands of others. But much of our stress comes from the way we react to these demands. Stress might be defined as any adjustive demand that requires an adaptive response from us. Stress is an inevitable part of life. Since stress is built in to life-itself, it is not so much whether
we will experience stress or not," but what kind" and "how much". Naturally occurring stressful experiences have long-been implicated in the development of psychotic and somatic disorder. Cohen (1967) noted that stress is one of those peculiar terms which is understood by everyone in general context but understand by very few when an operational definition is desired.

It has been demonstrated that there is a link between stressful life-events and psychological or physical morbidity (B.S.Dohrenwend, and B.P.Dohrenwend, 1981). Major attention has been focused on personality variables that may operate as "personal resources" during stressful periods. Johnson and Sarason (1978) reported that life-stress was associated with anxiety and depression for college students having an external locus of control. Social-support also acts as a buffer for persons experiencing life-stress.

Within past two decades the literature has documented an association between stressful life-events and depression, and other forms of psychological and physical disorders (Barett, 1979, Depue 1979).

The stress that makes us more vulnerable to illness comes from negative or socially undesirable events. Most of it comes with the changes of everyday life events, such as getting engaged, changing jobs, passing an exam, loss of money etc. It is the combined effect of several of these
events that intensifies stress and predisposes to illness. Prolonged stress, alarm-reaction, stage of resistance and stage of exhaustion may lead to death if the process continues.

Sex-Roles

Sex roles are sets or attributes including attitudes, personality traits and behaviors that a culture defines as appropriate for each sex. It is the process through which people adopt the attributes of the cultural sex-roles. Sex-roles stereotypes and norms represent beliefs about males and females as social groups, the term sex typing refers to the characteristic of a particular individual with respect to sex-related dimensions. Sex-roles are those roles assigned to individuals on the basis of their biological sex.

English & English (1974) define "masculinity" as the state of an individual that manifest the characteristic, appearance and behavior of a male, and "femininity" as a state or condition of an individual that manifest the characteristic and behavior of a female. Bem (1975,76) described the androgynous person as adaptive, flexible, and effective in particular interpersonal contexts. Accordingly, the androgynous person can be both instrumental (assertive, competent, forceful, independent) and expressive (nurturant, warm, supportive, compassionate) depending on the demands of the situation.
A number of formal and informal models have been proposed to explain the relationships of sex-role orientation for well-being. These are the congruence model, the Androgyny and the Masculinity model.

In fact several investigators have claimed that a greater number of masculine traits enhance the mental health of both men and women, irrespective of the presence or absence of feminine attributes. There is an assumption that is called "androgynous" persons could be more psychologically flexible and adaptable than persons endorsing either mostly feminine or mostly masculine traits (Lenney, 1979).

Objectives

The main objective of the present research is to determine the combined and relative predictive efficacies of attributional style, personality, social-support coping style, life-stress to depression among a population of students. It is also desired to examine the sex-differences in the relationship of the predictor variables of interest and depression.

The study also proposes to find out how sex-role orientation of the subjects contributes towards prediction of depressive symptomatology among them.

Another important objective was to study the
effect of initial level of depression among the subjects measured at time $T_1$ along with other predictors on the level of depression measured at time $2$ ($T_2$).

Review

The review of many studies in relation to present research shows that there are psychosocial factors which play a key role in the prediction of depression, such as attributional style (RPO, RNO), personality (E,N), social support, coping style (EF and PF coping), life-events and sex-roles (F,M,FxM). Females are likely to become more depressed in comparison to males. However, it is the particular set of these factors which play a major role in depression occurrence in both sexes although in varying degrees.

Hypotheses:

Based on the review of related research, the following hypotheses were framed:

(1) Negative attributional style (RNO-Responsibility for negative outcomes) will significantly and positively predict depression,

(b) and RPO-Responsibility for positive outcomes will be significant and negative predictor of depression in both male and female subjects.

(2) Neuroticism, the personality dimension as measured by Eysenck's EPI will be significantly and positively related to depression in males as well as in females.

(b) Extroversion, the personality dimension as measured
by Eysenck's EPI will be significantly and negatively related to depression in both cases of males and females.

(3) Social-support will be significantly and negatively related to depression in both females and males.

(4) Emotion focused coping style will be significantly and positively related to depression in both genders.

(b) Problem focused coping will have significant negative relationship with depression in males as well as in females.

(5) Negative lifestress will significantly contribute to the prediction of depression in male as well as in female subjects.

(6) There will be significant negative association in both males and females, between masculinity and depression, and significant positive relationship between femininity and depression.

(b) Interaction of masculinity and femininity will not contribute significantly to the prediction of depression in both males and females.

(7) Time one (Dep.T₁) or initial level of depression will significantly contribute to Time two (Dep.T₂), depression in both males and females.

METHODOLOGY

The initial sample consisted of 300 male and female college and university students. Their age range was 20-25 yrs. The final sample, however consisted of 262
subjects (females = 130, males = 132), who were able to provide data for depression at Time 2.

Tools Used

The following tools were used.
1. Attributional Style Questionnaire-ASQ
   (Peterson etal, 1982)

2. Eysenck's Personality Inventory-EPI
   (Eysenck & Eysenck, 1963)

3. Significant Others Scale-SOS
   (Poiner, Champion & Avis, 1986)

4. Depression Coping Questionnaire-DCQ
   (Kleinke, 1988)

5. Life-Experience Survey-LES
   (Sarason, Johnson & Siegel 1978)

6. Bem-Sex Role Inventory - BSRI
   (Bem, 1978)

7. Self-Rating Depression Scale-SDS
   (Zung, 1965)

Procedure

The scales were administered to the subjects/students with appropriate instructions.

Statistical Design

In first stage mean, standard deviations and 't' values were computed.
In the second stage, correlational analyses were carried out. In third stage, stepwise multiple regression analysis was done for females and males separately, first with initial depression included along with other predictors and then without the initial depression.
Results and Discussion

The present research tried to find out the relationship of attributional style (RPO and RNO), personality (Extroversion and Neuroticism), social support, coping style (EF-coping and PF-coping), life stress sex-roles (F-Femininity, Masculinity, and FxM) and initial depression (Dep. T₁) with final depression (Dep. T₂). Statistical analyses were computed separately for females and males.

Correlation Analyses

Females

Table 5.2 represents the product-moment correlations of all predictor variables with depression. Positive and significant correlations were found in the following variables: initial depression Dep. T₁ (r = .826 P > .01) and final depression, neuroticism and final depression (r = .160 P > .05). Positive but non-significant correlations were found between LES-life-event stress (r = .105 P < .05) and depression; RNO and depression (r = .014 P < .05), EF-coping and depression (r = .010 P < .05), and femininity and depression (r = .091 P < .05). Negative and significant correlations were obtained among RPO and depression (r = -.208 P > .01), PF-coping and depression (r = -.205 P > .05), and social support and depression (r = -.191 P > .05). Negative but non-significant correlations were found among extroversion and depression (r = -.019), masculinity and depression (r = -.126 P < .05), and FxM (r = -.045 P < .05) and depression.
Males

In case of males (Table 5.3) positive and significant correlations were found between Dep. $T_1$ and final depression (Dep. $T_2$) ($r = .804 P > .01$), LES ($r = .182 P > .05$), and neuroticism and depression ($r = .206 P > .05$). Positive but non-significant correlations were found between RNO and depression ($r = .026 P < .05$), EF coping ($r = .003 P < .05$) and depression, extroversion ($r = .084 P < .05$) and depression, femininity and depression ($r = .022 P < .05$), FxM ($r = .016 P < .05$) and depression. Negative and significant correlations were found between RPO and depression ($r = -.156 P > .05$), PF-coping and depression ($r = -.177 P > .05$), and between masculinity and depression ($r = -.142 P > .05$). Negative and non-significant correlation was found between social support and depression ($r = .086 P < .05$).

Regression Analyses

Stepwise multiple regression analyses were computed in order to study the importance of different variables in females and males separately.

Females

Table 5.4 shows stepwise regression analysis for females. The variables which showed significant predictions were as follows: Depression $T_1$ on initial depression entered at first step and explained maximum
variance of 68.4 percent. N-neuroticism entered at step 2nd and showed $R^2$ change of .021. The F value was significant ($F = 1,127 = 7.68 \, P > .01$).

PF-coping entered at step 3rd and showed $R^2$ change of .012 which gave significant F value at .05 level ($F = 1,126 = 5.04 \, P > .05$). LES-life-stress when added at step 4th gave $R^2$ change of .013 with a significant F value ($F = 1,125 = 5.04, \, P > .05$). Responsibility for negative outcomes -RNO entered at step 7th and showed $R^2$ change of .010 with a significant F ($F = 1,122 = 7.26 \, P > .01$). Variable F-femininity at step 11, gave a $R^2$ change of .010 whose F value was significant at .05 level, ($F = 1,118 = 4.72 \, P > .05$). The rest of the variables such as EF-coping, RPO-responsibility for positive outcomes, extroversion, masculinity, FxM interaction and social support, did not make any significant contribution.

Males

Table 5.6 represents the results of stepwise regression analysis for males. The variables which were significant predictors of depression were as follows: Dep. T$_1$ or initial depression entered at first step and explained maximum variance of 63.6 percent ($R^2 = .636$). Life-stress-LES entered at step second with a $R^2$ change of .02, whose F value was significant ($F = 1,129 = 7.74 \, P > .01$). For femininity x Masculinity FxM, which entered at step 3rd, the $R^2$ change was .02 with a significant F ($F = 1,128 = 7.68 \, P > .01$).
RNO—Responsibility for negative outcomes, entered at step 7th, it accounted for \( R^2 \) change of .02, the \( F \) value of which was significant (\( F = 1,124 = 8.68 \) \( P > .01 \)). Neuroticism —N entered at step 9th and showed \( R^2 \) change of .01, which gave significant \( F \) value (\( F = 1,122 = 4.88 \) \( P > .05 \)). Rest of the variables were not the significant predictors of depression the significant predictors of depression namely, RPO—responsibility for positive outcomes, masculinity, femininity, EF-coping, social-support, extroversion and PF-coping.

To see the importance of initial depression and to test the difference in explainable percent variance, separate stepwise multiple regression analyses were computed for females and males, without initial depression. In case of female data (Table 5.5) the variance explained was 22.7 percent whereas, with the initial depression included Table 5.4), the total explainable variance was 78.8 percent. Out of this the initial depression alone explained 68.4 percent variance.

Similarly the total variance explained by all the variables without initial depression (Table 5.7) in case of male data was 19.9 percent, Whereas, with the initial depression included (Table 5.6) the total explainable variance was 73 percent. Out of this the initial depression explained 63.3 percent variance alone.
So from comparison of two results, it is clear that the initial depression is the major predictor of final depression.

Conclusion:

1. The order of entry of various predictors as determined by the computer programme was different for females and males in stepwise regression analyses.
2. Total variance explained by all the predictor variables in case of female was 78.8 percent, whereas in case of males, total explainable variance was 73 percent.
3. Without initial depression, total explainable variance in case of females was 22.7 percent, whereas in case of males, it was 19.9 percent.
4. In the case of females, initial depression alone explained 68.4 percent variance out of the total explainable variance of 78.8 percent.
5. In case of males, initial depression alone explained 63.6 percent variance out of the total explainable variance of 73 percent.
6. Major significant predictors of depression, in females in order of their contribution to explainable variance were; initial depression (Dep.T₁), neuroticism -N, PF-coping, life-event stress-LES, responsibility for negative outcomes-RNO, and femininity -F.
7. In males, major significant predictors, in order of their contribution to explainable variance were; initial
8. Non-significant predictors of depression in females were; EF-Coping, RPO-responsibility for positive outcomes, extroversion, masculinity, FxM interaction and social support. Whereas in males these were RPO, masculinity, femininity, EF coping, social-support, extroversion- E, and PF-coping.

9. Common significant predictors of depression in females and males were, Dep.T₁, life-event stress- LES, neuroticism-N, and Responsibility for negative outcomes- RNO.