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This research was directed toward studying psychosocial factors in clinical depression. The main aim was study of relationship of attributional styles, sense of personal control, stress coping strategies, social support to depression. The study was conducted at Outpatient Psychiatric Clinics of General Hospitals in India and Iran. It consisted of 200 individuals. From each country 50 depressed patients and 50 non-depressives (from general population) were studied. The age of the subjects in the groups ranged from 18 years to 53 years. In the clinical groups those who were above 18 years, who were diagnosed as having depressive disorder according to ICD-10 diagnostic criteria for research and scored 10 or more point on Beck Depression Inventory were included. Depressed groups and non-depressed groups were matched based on age, educational status, employment status, gender, marital status and religion. In Indian groups majority were Hindus and in Iranian groups majority were Muslims.

To study the psychosocial variables, the following tests were used: (a) Attributional Style Assessment Test (Anderson et al., 1983), (b) Beck Depression Inventory (Beck et al., 1961), (c) Coping Orientation to Problems Experienced Scale (Carver et al., 1989) (d) Shapiro Control Inventory (Shapiro, 1991), (e) Six-item Short Form of the Social Support Questionnaire (Sarason et al., 1987). Reliability of the scales for Indian and Iranian context was established.

To examine research hypotheses, independent samples ‘t’ test and stepwise multiple regression analysis was employed. In summary, main findings of this study revealed that depressed groups (both Indian and Iranian) used significantly more of internal, stable, global and uncontrollable attributions (like ability and personality traits) for failure events and used less of effort and strategy attributions (internal and controllable causes) for bad outcomes compared to non-depressed people. They also made more
external, unstable and uncontrollable attributions (like other external circumstances) for success events compared to non-depressed individuals.

Depressed people showed significantly more negative sense of personal control, less problem solving coping strategies and low perceived social support (both number and satisfaction) compared to non-depressed subjects. The results of stepwise multiple regression analysis indicated that clinical depression is a multifactorial disorder and priority of different psychosocial factors for contributions in depression are different in two clinical groups belonging to India and Iran. The results of this study have important implications for both the theoretical understanding of depression and for more practical issues of clinical practice.