

RELATIONSHIP OF ATTRIBUTIONAL STYLES AND SELF CONCEPT WITH DEPRESSION IN SCHOOL GOING CHILDREN[#]

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The self-concept and causal attributions are both centrally implicated in various psychological disorders including depression. These patterns have been observed in both adult and children population. The present study attempted to explore this dynamic relationship in seventh and eighth grade school children. It was hypothesized that optimistic attributional style and self-concept would moderate children's scores on depression. Eighty children completed questionnaires on attributional styles, self-concept, and depression. The results did not support the hypothesis and children's scores on attributional styles were not related to depression. Both boys and girls tended to attribute negative events to external, stable, and specific causes. These differences in interrelationship of attributions and depression could be related to different cultural orientations which many studies have reported. Furthermore, self-concept emerged as a significant mediator to depression.

The prevalence of depression in child and adolescent population has been increasing steadily in recent years (Burke, Burke, Rae, & Regier, 1991; Klerman et al., 1985). Several theories have been proposed to explain these age related differences in cognition, emotion, behaviour, and physical development of children and adolescent sample in the etiology of depression (Garber 2000; Kaslow, Adamson, & Collins, 2000). Turner and Cole (1994) and Nolen-Hoeksema, Girgus, and Seligman, (1992) have suggested that cognitive vulnerability to depression emerges during the transition from middle childhood to early adolescence when children develop the capacity for abstract reasoning and formal operational thought. Studies conducted within the framework of several cognitive vulnerability theories support this developmental hypothesis (see, for example, Abela & Veronneau-McArdle, 2002; Nolen-Hoeksema et al., 1992; Turner & Cole 1994). These theorists argue that the types of cognitions most relevant to depression (e.g., attributional style, self-

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worth) do not emerge until middle childhood when children begin to develop a more stable and less concrete sense of self (Garber, 2000; Rholes, Blackwell, Jordan, & Walters, 1980;). It is not until middle childhood that children use stable personality traits to explain behaviour (Corrigan, 1995), have more differentiated self-views (Harter, 1986, 1990) and develop the cognitive capacity to develop hopelessness (Kaslow et al., 2000). The present study focused on understanding how children's cognitions and their perception of self-worth (self concept) influence depression. As these constructs do not emerge until transition of middle childhood to adolescence, the research focused on 7th to 8th grade children.

Casual Attributions

Extensive literature supporting the cognitive relationship of vulnerability factor to depression suggests that an individual's explanation for causes of events that befall him or her (known as attribution theory) effect the person's subsequent feelings and actions (Heider, 1958; Kelley, 1973; Weiner, 1986). According to Weiner (1986), people attribute events to factors that are internal or external and stable or unstable, producing four prototypical attributions: ability, effort, task difficulty, and luck. These attributions have different emotional and motivational consequences (Weiner, 1980; Weiner, Russel, & Lerman, 1979). Recent research suggests that the three attributional dimensions that influence feelings of well being are internality, stability, and globality (Abramson, Seligman, & Teasdale, 1978; Peterson, & Seligman, 1984).

Empirical data suggests that individual differences in attributional styles are an essential factor underlying depression. Depressive individuals attribute negative events to internal, global, and stable factors (Abramson et. al., 1978; Brewin, 1985; Martin, & Clark, 1985; Peterson & Seligman, 1987) and tend to explain pleasant life experiences as external, specific, and unstable factors (Peterson & Seligman, 1987). This self-deprecating attributional style which develops from early life experiences may cause an individual to hold rigid and inappropriate beliefs or attitudes towards oneself and the world. These attributions include the need for perfectionist achievement and constant approval by others may place individuals at greater risk for depression (Barnett & Gotlib, 1988; Beck, Rush, Shaw, & Emery, 1979). Similar patterns have been reported in child and adolescent samples (Nolen-Hoeksema, et al., 1992; Yu & Seligman, 2002).

This attributional style also serves as a defensive function in some individuals allowing them to attribute negative outcomes externally and to avoid low self-esteem (Bentall, Kinderman, & Kaney, 1994; Keny & Bentall, 1992; Kinderman & Bentall, 2000),

Self-Concept representation

The self-concept has a central role in the regulation of affect (Brewin, 1996). Although there have been many different approaches to conceptualizing the self (Wylie, 1979), self concept is probably best viewed as a multidimensional construct which plays a significant role as a mediator in maladaptive behaviour patterns (Fox, 1992; Marsh, 1993). The multifaceted self-concept emphasizes that people have different perceptions of themselves in specific domains of life such as physical, social, and work (Fox, 1997; Harter 1985; Marsh, & Shavelson, 1985). Self concepts are multidimensional beliefs that people have about specific characteristics (Brunett, 1996). These can be descriptive/affective (I like, I enjoy) and evaluative/comparative/cognitive (good at; do well at). The major characteristics that have been studied and related with intervention studies are physical appearance, activities, social relations, and academics (Butler, 1987). These researches have indicated that in children, positive self concept correlates significantly with achievement oriented behaviour and self esteem and attributions. Gender differences have also been reported in adolescents self-esteem with boys reporting higher level of self-esteem relative to girls (Brack, Orr, & Ingersoll, 1988; Polce-Lyuch, Kliever, & Myers, 1994; Wade, Thompson, Tashakkori, & Valente, 1989).

There is a close relationship between causal attributions and self-concept. Fitch (1970) and Ickes and Layden (1978) found that people scoring high on self-concept measures tend to make internal attributions for positive events but not for negative events, where as the opposite is true for low self-concept. Causal attributions are not only affected by self-esteem, but also appear to be important in regulating self-concept. People who tend to make internal attributions for negative events tend to report lower trait levels of self esteem (Flett, Pliner, & Blankstein, 1995). In experimental studies, internal (self-blaming) attributions for negative events are associated with a negative impact on self-esteem (Jussim, Yen, & Aiello, 1995; Kerr & Beh, 1995). Individuals who believe that their behaviour has no impact on outcomes are likely to avoid challenging situations and fail to persist (Dweck & Leggett, 1988). This can result in a cycle of failure in which negative beliefs result in lack of persistence, which leads to failure and potentially lowered self-esteem. Failure and low

self-concept confirm the negative belief, and the cycle continues resulting in depression.

Overall, there exists a dynamic and circular relationship between self representation and attribution in which representation of the self influences attributions which could predispose individuals to depression.

Substantial evidence exists that rates of depression are particularly high in Pakistan and especially in women (Ali & Ammanullah, 2000; Ali, Reza, & Khan, 1998). However, these trends have not been reported with children and adolescent samples. The present study aimed to investigate whether causal attributions and self concepts mediate depression in children. It was hypothesized that there would be an inverse relationship between depression, pessimistic attributional style, and various facets of self-concept. As gender differences in rates of depression and attributional style have been well documented in adults as well as adolescents an attempt was also made to explore these differences with the present sample.

METHOD

Sample

Eighty students from grades 7 to 9 from private schools situated in an upper middle class urban locality of Karachi were included in the study. 33 boys and 47 girls were involved in the study. Their age ranged from 11 to 16 years with a mean age of 13 years.

Instruments

Demographic information was obtained regarding child's age, present grade, gender, number of siblings, parent's ages, and occupations.

Self Concept Scale

The Self-Concept Scale developed by Burnett (1994, 1996) was administered. This is a 44 item self-reported scale which comprises 10 subscales. Sound construct validity determined by factor analysis and high reliability (global self-esteem; .91; physical appearance self concept. 78; physical ability self concept. 79; peer relation self concept. 67; relationship with mother self concept. 83; relationship with father self concept. 95; reading self concept. 87; mathematics self concept. 84; learning self concept. 82; and school work self concept 81) were reported by Burnett (1994).

Children's Attributional Style Questionnaire

Children's Attributional Style Questionnaire (CASQ; Seligman et al., 1984) is a 48-item forced choice measure of attributional style for children aged 8 – 13 years. The CASQ includes items divided equally between positive (you get an "A" on a test) and negative events (you break a glass). The scale uses both forced choices and a dimensional approach. Respondents select between two possible causes of events and each option represents the presence or absence of one attribution dimension (e.g., an internal or external cause). Attributions for each dimension are computed by running the number of internal, stable, or global responses. Internal consistency of the CASQ is adequate and improves when the separate dimensions are combined into a single composite. Internal consistency reliability in the non clinical samples is moderate, ranging from .47 to .73 for positive composite scores and .42 to .67 for negative composite scores. The internal reliability of the overall composite score is reported to be .62 (Gladstone, 1995).

Children's Depression Inventory

Children's Depression Inventory (CDI; Hammen & Gotlib, 1992) is a 27 item self report measure of depression in children of 7 to 17 years. It measures cognitive, affective, and behavioural symptoms of depression. For each item, the children are asked to describe how they have been thinking and feeling during the past two weeks. It is reported to have a high reliability i.e., .83.

RESULTS

To assess whether attributional styles and self-esteem contribute to variability in depression, initially univariate regression analysis were performed separately for boys and girls. Interestingly, the pattern of relationships for both genders suggested that there was significant inverse relationship between depression and global self-concept.

Table 1

Means and Standard Deviation for All Measures (N = 80)

	Girls <i>(n = 47)</i>		Boys <i>(n = 33)</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Depression	18.55	10.71	22.03	11.36
CASQ – Optimistic	12.81	3.94	11.64	2.80

Continued...

CASQ – Pessimistic	8.55	3.34	10.30	2.36
CASQ-Global	3.60	4.36	2.09	3.57
Self esteem subscale	31.43	7.80	31.21	6.71
Physical Appearance	20.87	27.74	14.55	3.08
Self Concept Subscale				
Physical Ability	15.36	4.02	16.52	2.79
Self-Concept Subscale				
Peer Relations	17.28	2.58	16.52	2.81
Self-Concept				
Mother Relations	18.02	2.42	18.18	2.30
Self-Concept Subscale				
Father Relations	18.34	2.10	17.94	2.82
Self-Concept Subscale				
Reading Self-Concept	18.26	22.30	12.94	3.81
Sub scale				
Mathematics Self-Concept subscale	13.19	4.69	14.36	3.75
Learning	16.53	2.71	15.73	3.14
Self-Concept subscale				
School Work Self-Concept Subscale	15.36	3.07	14.21	2.69

Table 2

Multiple Regression Analysis Predicting Depression in Boys and Girls (N = 80)

Variable	R Square	Beta	p
Boys			
Depression	.219		
Self-Concept		-.747	.011
Attributional Styles		1.245	.654
Girls			
Depression	.270		
Self-Concept		-.270	.000
Attributional Styles		1.245	.654

Table 2 shows that contrary to expectation there was non significant relationship between attributional styles and depression.

The strength of relationship of various subscales of self-concept to depression varied for boys and girls. In the final multiple regression model, only global self-esteem related with depression for girls. In other words for every 10 points increase in global self-concept the estimated mean depression score decreased by 7.1 points (Table 2: $p < 0.001$). However, for boys significant association was reported between global self-concept, school work, reading, and physical appearance self-concept. Thus for every 10 point increase in global, reading, and school-work self-esteem the estimated mean depression scores decreases by 5.4, 5.7 and 10.1 points respectively ($p < .001$).

Results from the above regression analysis indicated that optimistic and pessimistic attributional styles were not associated with depression. This contradicted earlier findings. Thus post analysis was done to compare optimistic and pessimistic attributional style scores for boys and girls by performing Repeated Measures ANOVA, with attributional style (optimistic/pessimistic) as the within subject factor and gender as the between subject factor.

Table3

Repeated Measures ANOVA for Attributional Styles X Gender (N =80)

	<i>df</i>	<i>F</i>	<i>p</i>
Within Subject			
Pessimistic/Optimistic Attributional Style	1	1	.000
Between Subjects			
Gender	1	.23	.623
Interactions Attributional Styles X Gender	1	11.4	.001

Table 3 shows a significant interaction between attributional style and gender (p -value < 0.001). Least Significant Difference (LSD) multiple comparison procedure was performed to analyze the interaction using at 0.05 level of significance. Among girls, mean optimistic attributional style score (12.8) was significantly higher than the mean pessimistic attributional style score (8.6). Also for boys, mean optimistic attributional style score (11.6) was significantly

higher than the mean pessimistic attributional style score (10.3). This difference was more pronounced among girls. Comparing boys and girls, there was non significant difference in the scores for optimistic attributional style; however the pessimistic attributional style score was significantly higher among boys.

DISCUSSION

The current study examined the role of attributional styles and self-concepts in mitigating depression. It was hypothesized that optimistic attributional style and high self-concept would moderate children's scores on depression. The results partially support this hypothesis. Amongst various dimensions of self concept, self esteem appeared to moderate the influence of depression. However, no main effects were noted with attributional styles. Interestingly these patterns did not vary with gender.

Attributional or explanatory styles are a manner in which a person explains the causes of positive and negative events in their lives. An individual with a pessimistic attributional style tends to attribute negative events to internal causes (it's my fault), to stable causes ("it will last for ever") and to global causes (it affects all parts of my life), (Peterson & Seligman, 1984). Numerous studies have highlighted that maladaptive, pessimistic attributional styles may result in depression, learned hopelessness, and deficits in self-esteem, both in children and adults (Abramson, Metalsky, & Alloy, 1989; Ficham & Cain, 1986; Gillham, Shatle, & Freves, 2000; Seligman, Schulman, DeRubeis, & Herllon, 1999; Yu & Seligman, 2002). Gladstone and Kaslow's (1995) Meta analysis established that higher levels of depressive symptoms are associated with internal, stable, and global attributions for negative outcomes and external, unstable-specific attributions for positive outcomes. These patterns are also reported in intervention based studies (Gillham, et al., 2000; Seligman et al., 1999; Yu & Seligman, 2002).

Extensive literature assessing attributional patterns suggests the mediating influence on depression (Abramson et al., 1978; Gladstone, 1995). The present study did not support this pattern. Both girls and boys reported high scores on optimistic attributional style suggesting that they tend to view negative events to external, stable, and specific causes. These differences could be explained in the light of different cultural orientations. Studies have reported that individual's perception of success and failure varies across interdependent and independent cultures. In independent cultures emphasis is on

autonomous and bounded sense of self, distinct from others, and the environment. Thus a positive self view requires the self to be seen as effective and in control. Thus adaptive attributional styles would be those which promote this self-view, whereas maladaptive attributional styles are those that contradict it.

In contrast, in interdependent cultures, there is much greater emphasis on the interrelatedness of the individuals to others and the environment. The self is meaningful primarily in the context of social relationships, duties, and roles. Thus Failure in life is more seen as a result of external situational factors which are not in the control of individual self rather than internal stable attributes. Thus in the light of present findings, it can be speculated that attributional styles might be significant when assessed from interpersonal situations rather than personal situations. This link between interpersonal events, situational attributions, and depression may be more predictive of distress in interdependent cultures, is worth further investigation. Although, the reported patterns have limited generalizability, it raises questions regarding what role does attributional thinking play in children predisposition to psychological distress which would further lead to identification of areas for interventions.

The present findings highlight the role of situational factors in determining psychological distress. In the light of the cultural context, it is not surprising that depression would be more related to self-esteem (which is largely influenced by external factors) rather than attributions. As multidimensional aspects of self-representations were studied, an attempt was also made to explain their interrelationship to depression. Self esteem emerged as a significant and important mediator to depression for this sample. Other studies have also reported similar relationship, particularly with depression in adolescent samples (see, for example, Martineze & Dukes, 1991; Simmons & Rosenberg, 1975). Interestingly, within different self concept domains for boys, physical appearance, school achievement and reading self-concepts were also related to depression. However, no such effects were reported for girls. The social projection of male and female images has undergone a change in the recent past. For instance, media projects males not only as the traditional figure but also as fashion oriented and well groomed, within the social fabric. Physical appearance and contemporary fashions, which were thought to be linked to female gender are now becoming true for males too. Hence, the males' preoccupation with the physical self and its' relationship to depression may not be a surprising trend.

Results of several studies indicate that gender differences exist within specific domains of self concept, which contribute to global self evaluations (Alpert-Gillis & Connell, 1989; Harter, 1990; Harper & Marshall, 1991). These differences have been explained in the light of gender role socialization. Girls' self esteem is derived primarily from perceived success in interpersonal functioning, where as boys' self esteem is more contingent on perceived success in domains such as athletic functioning (Knox, 2004). Boys have higher self evaluations in the domains of physical ability, appearance and math, where as girls have higher self evaluations in areas of verbal ability and school performance (Marsh, 1989). Similarly Byrne and Shavelson (1987), found that adolescent boys general self concept was closely related to mathematic self concept. These findings suggest that the domains of self concept that relate to global self esteem and depression may have different implications for boys and girls. Thus for boys poor self esteem may be closely related to poor perceived performance in traditionally masculine domains and thus result in depression. Whereas low self esteem in girls may be suggestive of poor perceived functioning in areas of social functioning. These patterns can be understood further through varied sources of self-concept and self-esteem that different cultures value and influence the development of identity. Pakistani culture is predominantly patriarchal, hierarchial and family oriented and stresses externally sanctioned rules of ethical conduct. There exist marked differences in socialization experiences and child rearing practices of boys and girls. Girls are trained to develop qualities of modesty, orderliness, obedience and devotion to families (Haque, 1978). In contrast boys are encouraged to develop traits of courage, hard working and independence. Boys are considered as future support providers for their families. Thus more emphasis is placed on there educational and vocational choices. The present grades that children are very crucial, in determining their future career goals. Thus it is not surprising that boys scores of depression would be related to their academic achievement, as compared to girls who are not expected to adopt a vocational career. It would be interesting to explore how much do peer and family support influences boys perceptions of themselves and there body image and its relationship to depression.

These patterns are supported by other studies where gender difference were reported on physical self-concept and its relationship to depression (Fox & Corbin, 1980; Marsh, 1989; Sonstroem, Speliotis, & Fava, 1992). Hayes, Crocker, & Kowalski (1999) suggested that in many physical self-concept studies the reason why women report lower self-perception level is not clear. Thus further

research is needed to explore how factors such as cultural expectations and differential opportunities to demonstrate competence, influence physical self-perceptions.

CONCLUSION

The present findings support available literature that being a part of collectivistic culture, the boundary between “self” and the social world is a fine one; self is not distinct from the social context which sets the ground for ‘external’ as more plausible and causal explanation for events in ones life. Thus domains of personal achievement and interpersonal relationships may not be sharply distinguished from one another.

Attributions vary across cultures which if addressed earlier in life can help identify and prevent emotional problems. The present findings highlight the trends which are limited by their generalizability. These findings need to be replicated with larger and more representative samples (e.g., urban versus rural school children; government run versus private schools etc.) before it can be interpreted with confidence. Research is also needed on the efficacy of teaching healthy attributional styles to children at school age to prevent depressive patterns. School teachers can be trained to promote mental health in school age children by teaching strategies for adaptive attributions and healthy conceptions of self.

Furthermore, as the manner in which individuals define their selves the sense of self-worth and explanatory styles vary across cultures, cultural sensitivity of these instruments needs to be addressed to explore there relationships. Future research should also explore the explanatory styles and a broad range of resilience and vulnerability factors to help develop a deeper understanding of the factors that confer vulnerability and resilience to depression in children.

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