

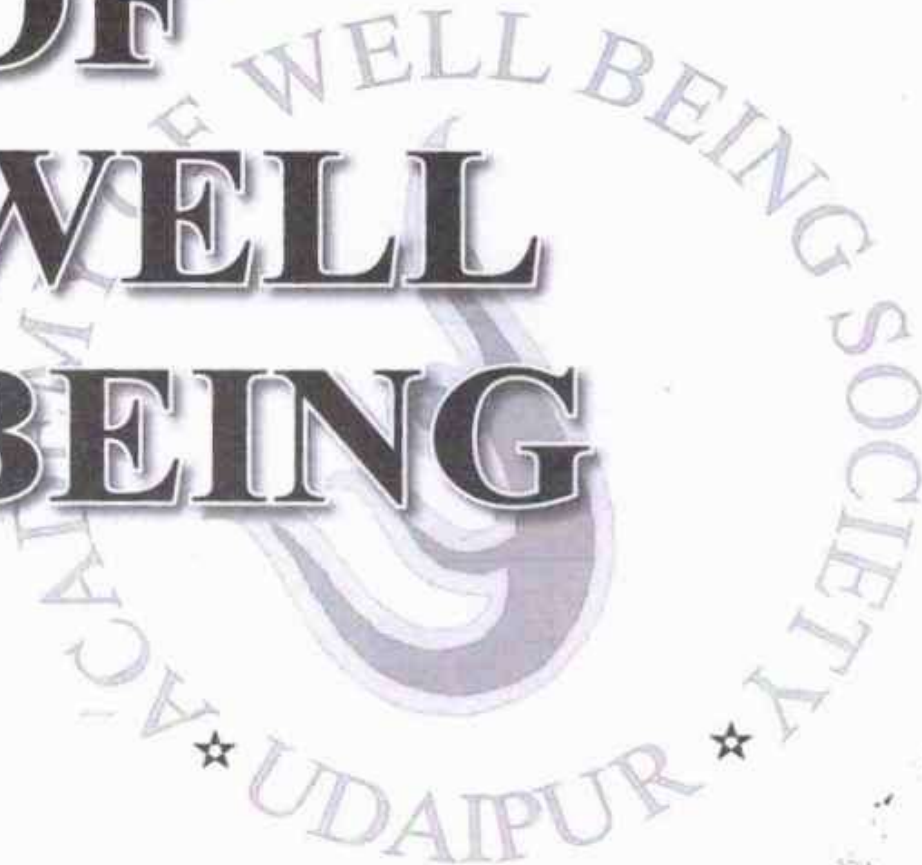
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## ROLE OF DYSFUNCTIONAL ATTITUDE AND RUMINATIVE RESPONSE STYLE IN DEPRESSION

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### ABSTRACT

Depression is a major cause of morbidity worldwide. The present study aims to deepen the knowledge and the understanding about the role of dysfunctional attitude and ruminative response style in depression. The research examined the relationship between the cognitive vulnerabilities of dysfunctional attitudes and ruminative response styles which taken together may increase the prevalence and number of depressive symptoms in late adolescents. The sample of the study consisted of 200(100 boys and 100 girls) college students selected through convenience sampling method. 2x2 factorial research design was used to see the interactive effect of dysfunctional attitude and ruminative style on depression. Participants completed the Beck's Depression Inventory, Dysfunctional Attitude Scale (Kovacs & Beck, 1978) and Ruminative Response Style Questionnaire (Nolen Hoeksema & Morrow; 1991). It was hypothesized that dysfunctional attitude and ruminative response style will have an interactive effect on depression. The results of the study revealed that the persons high on dysfunctional attitude and ruminative response style also scored high on depression. The findings also showed the significant joint effect of both variables on depression.

### INTRODUCTION

Depression has been one of the most intensely studied mental disorders. It affects a significant number of people in our society. It is estimated that over a lifetime, 25% of general population experienced at least some clinically significant episode of depression. Depression is the second most chronic disorder seen by primary care physicians. Depression as a psychological disorder is more than a temporary mild mood state. It is a constellation of experiences of mood, physical functioning, quality of thinking and outlook and behaviors. The degrees of suffering and disability associated with depression are comparable to those in most chronic medical conditions. Depression occurs in children, adolescent, adults and the elderly. It manifests as a combination of feelings of sadness, loneliness, irritability, worthlessness, hopelessness, agitation and guilt, accompanied by an array of physical symptoms (DSM-4-TR, 2000). In India, one of the most rapidly increasing diseases is depression. Recent data in India suggests that depression takes in its grip one in ten adults and nearly two thirds of such cases do not get the help they need.

Cognitive theories of depression answer the question as to why some people get depressed whereas other do not by suggesting that those who becomes depressed evidence faulty thinking. That is their beliefs, attitudes, and thought process makes them vulnerable to depression. These theories propose that it is not so much what happens to people that causes depression, as it is

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how they think about what happens. Beck's Cognitive Theory (Beck, 1987; Clark & Beck, 1999) proposes that dysfunctional attitudes are part of the etiology in the development of depressive symptoms. Dysfunctional attitudes are defined as cognitive distortions that interact with stressful events to produce depressive symptoms. This cognitive vulnerability theory hypothesizes that individuals who use dysfunctional attitudes (e.g., "I am worthless unless I am pretty.") are at risk for the development of depressive symptoms. Dysfunctional attitudes can be held regarding achievement (e.g., "If I fail my math test, I am a failure as a person), interpersonal factors ("I am nobody if I do not have friends), and/or intrapersonal factors ("I am nobody unless I am skinny). Findings from research with both adults and adolescents revealed that dysfunctional attitudes place individuals at increased risk for the development of depressive symptoms and recurrence of depressive disorders (Brown, Hammen, Craske, & Wickens, 1995; Farmer et al., 2001; Lewinsohn, Joiner, & Rhode, 2001). Lewinsohn et al. (2001) also found that increased depressive symptoms were related to dysfunctional attitudes, but only when those dysfunctional attitudes exceeded a certain threshold. This view of depression development emphasizes the importance of conceptualizing dysfunctional attitudes as a continuous variable that can lie at various stages along the continuum. Researches have shown that adults and adolescents who employ dysfunctional attitudes are at increased risk for the development of depressive symptoms and recurrence of depressive disorders (Brown, Hammen, Craske, & Wickens, 1995; Farmer et al., 2001; Lewinsohn, Joiner, & Rhode, 2001). Lewinsohn et al. (2001) also found that increased depressive symptoms were related to dysfunctional attitudes, but only when those dysfunctional attitudes exceeded a certain threshold. This view of depression development emphasizes the importance of conceptualizing dysfunctional attitudes as a continuous variable that can lie at various stages along the continuum. Ruminative response styles is defined as a way of thinking where individuals direct their attention to their negative emotional state, but fail to take any type of action to relieve their symptoms or change their situation for the better (Nolen-Hoeksema, 1991). Rumination is proposed to exacerbate and prolong emotional distress through several mechanisms. First, rumination enhances the effects of negative mood on thinking, making it more likely that individuals will use the negative thoughts and memories to understand and interpret their current circumstances. Second, rumination interferes with effective problem solving, in part by making thinking more pessimistic and fatalistic. Third, individuals who tend to ruminate may lose social support because their continuous pattern of negativity pushes people away, which, in turn, will lead to increases in and persistence of depressive symptoms (e.g., Feldner et al., 2006; Riso et al., 2003; Alloy & Spasojevic 2001). The use of rumination as a response style and the persistence of depressive symptoms were found to be stronger for females than for males (Nolen-Hoeksema & Girgus, 1994; Park et al., 2004; Wilkinson & Goodyer, 2006). Multiple mechanisms have been proposed to explain how rumination affects the development of depressive symptoms. Nolen-Hoeksema et al. (1999) found that people who were more prone to ruminate reported more chronic strain over time. The chronic strain is proposed to be maintained because of the draining effect on individuals' motivation, persistence, and problem-solving skills to change their situations. In adolescents, a ruminative response style has been found to be associated with both the onset and persistence of depressive symptoms with females tending to report more ruminative response styles than males (Park et al., 2004). A ruminative response style functions as a risk factor for experiencing general negative emotional states in response to negative life events. Rumination was found to inhibit an individual's ability to successfully distract from the negative event and take action to change the situation (Feldner et al., 2006; Nolen-Hoeksema et al., 1999; Spasojevic & Alloy, 2001). Thus, research supports

gender differences in ruminative response style. As adolescents are more prone to depression and suicidal attempts till now and little research has focused on dysfunctional attitudes and ruminative response style in late adolescent populations as cause for the depression. Therefore the present study was undertaken to see the impact of dysfunctional attitudes and ruminative response styles on depression in adolescents.

### OBJECTIVES

- ◆ To examine the effect of dysfunctional attitude on depression in adolescents.
- ◆ To study the effect of ruminative response style on depression in adolescents.
- ◆ To see the interactive effect of dysfunctional attitude and ruminative response style on depression in adolescents.

### HYPOTHESES

- ◆ Individuals scoring high and low on dysfunctional attitude would significantly differ on depression.
- ◆ Individuals scoring high and low on ruminative response style would significantly differ on depression.
- ◆ There would be a significant interactive effect of both dysfunctional attitude and ruminative response style on depression.

### RESEARCH DESIGN

2X2 factorial design was used for the present investigation.

### METHODOLOGY

#### Sample-

The sample of the study consisted of 200(100 boys and 100 girls) college students from Jaipur city age ranging between 19- 23 years selected through convenience sampling method.

#### Tools -

**Becks Depression Inventory** – The Beck Depression Inventory by Aron T. Beck, is a 21 question multiple- choice report inventory used for measuring the severity of depression. It is a four point scale for each item ranging from 0 to 3 with high reliability 0.93.

**Dysfunctional Attitudes Scale** - The Dysfunctional Attitudes Scale (DAS; Weissman & Beck, 1978) assesses pervasive negative attitudes and beliefs regarding self, the outside world, and the future proposed by Beck (1976) to be associated with depressive symptoms. Participants were asked to read each statement and indicate how much they agree or disagree with the statement most of the time. It consists of a five point Likert-type response from totally agree to totally disagree including 40 items with high reliability (Alpha Crobach- .89).

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Ruminative Response Style Questionnaire -The Response Style Questionnaire (RRS, Nolen-Hoeksema & Morrow, 1991) is a 22-item questionnaire designed to measure the way an individual typically responds to negative affect and/or depressive symptoms or sad mood. It describes responses to depressed mood that are focused on self (e.g., 'I think back to other times I have been depressed'), focused on symptoms (e.g., 'I think about how hard it is to concentrate'), or focused on the possible consequences and causes of their mood (e.g., 'I go away by myself and think about why I feel this way'). It is a four point Likert scale with anchors of 1 = 'Never' to 4 = 'Always'. The RRS has been extensively used and has been shown to have good internal consistency (Cronbach's alpha = .82), moderate to high test-retest reliability over 1 year ( $r = 0.47, p < .001$ ) and validity is 0.89 for predicting depression.

### PROCEDURE

After the selection of the sample i.e. 200(100 boys and 100 girls) college students rapport was built. The participants were requested to fill up the inventories carefully without leaving any question unanswered. After receiving the inventories from them, data was subjected to two way analysis of variance.

### RESULT

**TABLE 1** - The table depicting Mean, S.D. & t values of high and low scoring groups of Dysfunctional attitude scale (DAS) on depression

	DAS	N	Mean	S.D.	t	Level of Significance
1.	Low	77	9.71	5.341	2.483	.014*
2.	High	73	12.07	6.255		

It is evident from table 2 that there exists a significant difference between high and low ruminative response style scoring groups on depression which is significant at 0.01 level ( $t=2.483$ ). Further the mean values ( $M=12.16$ ) depicts that person high on ruminative response style also scored high on depression. This proves that ruminative response style plays an important role in depression.

**TABLE 2** - The table depicting Mean, S.D. & t values of high and low scoring groups of Ruminative response style (RRS) on depression-

	RRS	N	Mean	S.D.	t	Level of Significance
1.	Low	76	9.59	4.745	2.723	.007**
2.	High	74	12.16	6.679		

It is evident from table 2 that there exists a significant difference between high and low ruminative response style scoring groups on depression which is significant at 0.01 level ( $t=2.483$ ). Further the mean values ( $M=12.16$ ) depicts that person high on ruminative response style also scored high on depression. This proves that ruminative response style plays an important role in depression.

**TABLE 3** – The table depicting the interactive effect of dysfunctional attitude and ruminative response style on depression –

Source	Type III Sum of Squares	df	Mean Square	F	Level of Significance
Corrected Model	573.423	3	191.141	6.042	.001
Intercept	17943.627	1	17943.627	567.217	.000
a (DAS)	181.445	1	181.445	5.736	.018
b (RRS)	215.732	1	215.732	6.820	.010
a*b	140.909	1	140.909	4.454	.037
Error	4618.637	146	31.635		
Total	22883.000	150			
Corrected Total	5192.060	149			

It is evident from table 3 that depression is explained by two variables (dysfunctional attitude and ruminative response style) using two way analysis of variance. Results revealed that there exists a significant interactive effect of both variables on depression at 0.01 level ( $F= 4.454$ ). This means that if both cognitive vulnerabilities (dysfunctional attitude and ruminative response style) are taken together then there are more chances of development of depressive symptoms in late adolescents.

## DISCUSSION

The study made an attempt to examine the main and interactive effect of both cognitive vulnerabilities (dysfunctional attitudes and ruminative response style) on depression in a sample of late adolescents. Findings revealed that the interactive effect of both variables on depression is significant. Thus it is evident that dysfunctional attitudes are the cognitive distortions that interact with stressful events to produce depressive symptoms. Individuals who use dysfunctional attitudes are at risk for the development of depressive symptoms. The present study provides evidence to support the findings of earlier studies linking dysfunctional attitudes with depressive symptoms in late adolescents (e.g., Abela & Hankin, 2009; Abela & Skitch, 2007). Findings from research with both adults and adolescents revealed that dysfunctional attitudes place individuals at increased risk for the development of depressive symptoms and recurrence of depressive disorders (Farmer, Harris, Redman, Mahmood, Sadler, & McGuffin, 2001; Lewinsohn, Joiner, & Rhode, 2001; Weich, Churchill, & Lewis, 2003).

In adolescents, a ruminative response style function to drain cognitive resources and prevent active problem-solving behaviors leading to increase in depressive symptoms as well as prolonged periods of depressed mood. The findings of this study also are consistent with the findings from other studies that found a strong association between a ruminative response style and increases in depressive symptoms (Abela, Brozina & Haigh, 2002; Burwell & Shirk, 2007). Individuals who continue to ruminate about the negative event encounter are unable to direct their attention away from their negative emotional state and fail to take any type of action to relieve their symptoms or change their situation for the better.(Nolen-Hoeksema, 1991; Abela et al., 2002). This research further revealed that the association between ruminative response style and increases in depressive symptoms was not moderated by initial symptom

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## CONCLUS

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levels, suggesting that rumination (i.e., inability to abandon negative thought processes) plays a role in both the development and maintenance of depressive symptoms. Thus it is evident from the findings from the present study that if both cognitive vulnerabilities are taken together i.e. dysfunctional attitude and ruminative response style it will lead to the development of depressive symptoms in late adolescents.

## CONCLUSION

The present study indicates that following cognitive vulnerabilities characterized by negative patterns of thinking have a significant effect on development of depressive symptoms were 1) dysfunctional attitudes (negative biases about self or events) and 2) ruminative response style (attention is fixated on one's emotional state). The findings also revealed that there is a significant interactive effect of both variables on depression and ruminative response style has a profound effect on its further development. This study provides important information about the unique contribution of cognitive vulnerabilities to prevalence and number of depressive symptoms in late adolescents. This knowledge is needed to increase awareness that screening and preventative efforts need to be initiated early before adolescents develop persistent negative patterns of thinking and multiple depressive symptoms. The results of this research will have the potential to yield teachers, clinical psychologists and counselors important insights into how cognitive vulnerabilities contribute to the development of depressive symptoms in adolescents.

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