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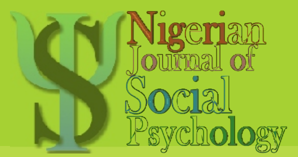

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Dysfunctional Attitudes as Predictors of Vulnerability to Depressive Symptoms

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Abstract

This study explored the cognitive vulnerability diathesis-stress model of depression (Beck, 1967). A total of 80 participants were assigned into 4 diagnostic groups according to the manifestations of depressive symptomatology using the Becks depression inventory, (BDI; Beck, Wards and Mendelson, 1961). The Dysfunctional attitude scale, (Weissman & Beck, 1978; Weissman & Brown, 1991; Weissman & Beck, 1979) was used to determine and compare the underlying characteristic cognitive contents of the 4 diagnostic groups. Results showed that the endogenous, n =20, and norendogenous depression groups, n=20, manifested higher dysfunctional Attitudes than the other psychiatric non depressed, n=20and normal control groups, n=20, giving a total 0f 80 participants for the study[3]. Dysfunctional attitude was positively correlated with depression in both genders- males having r= .68 and females, r=.72 at P value <0.01; age and education had interaction effect with significant effect7.749 @ P <.001proved to be vulnerability markers of depression.

Keywords: ***Dysfunctional attitude, Predictors, vulnerability, depression, gender, diathesis-stress model***

Introduction

Aaron T. Beck's (1967) cognitive model of depression states that emotional disturbances in general such as anxiety and depression, results from dysfunctional information processing. Beck (1967) observed that depressed patients made certain logical errors- among them over generalisation, arbitrary inference, and selective abstraction. Beck concluded that negative thinking was typical of the depressed patient – his negative bias in interpreting events might underlie his depressed moods.

According to Beck, Negative Cognitive Structures or Schemata develop early in the cognition of depressed individuals. Through interaction between the individual vulnerabilities and stressors in their environment, the individuals develop negative cognitive structures or schemata early in their lives.

Beck (1967)proposed the cognitive negative triad of depression, stating that the depressed individual is characterised by three errors in logic:-

- Negative views about the self

- Negative view about the world
- Negative views about the future.

  According to Beck, the cognitive negative triad involves automatic, spontaneous and seemingly uncontrollable negative thoughts about oneself. Example

  "I am worthless and ugly" or ' I wish I was different. In the world " – no one value me" or people ignore me all the time. The future- "I am hopeless because things will never change" or can only get worse".

The Diathesis-Stress Model of Depression

It is a cognitive theory that explains how a person's cognition processes environmental stressors, including

- Joblessness or unemployment
- Not being married/ disappointments
- Lack of money and food, hunger
- Lack of shelter and clothing
- Intimidation by the law enforcement and incarceration or detention and jail
- Wars, insurgency/ Boko Haram
- Devastation, natural disasters, PTSDs interact to produce vulnerabilities in the individual that is carrying a set of thoughts, depress ogenic attitudes that make them depressed when faced with negative events (eg., loss of or death of a loved one, failed marriage, disaster, etc) seen by the individual as a traumatic event. Assessment of thoughts in the depressed individual reveal that the stream of thought **i**ndepression reveal slow, sluggish and thought blocking, leading to slurred speech and lack of spontaneity. While their thought contents are filled with regrets, self blames, feelings of worthlessness, doubts and shame, hopelessness, chronic indecision, and sadness.

The form of thought of the depressed individual seem to be depress ogenic, defeatist, negativity, negative schemata, suicidal ideation, indecisions, immobility and paralysis of the will. Analysis of dysfunctional thought in depression according to Beck is as follows: The depressed individuals are always

- making a mountain out of an ant hill
- over generalisation
- making wrong inferences
- –commit three errors in logic
- verbalization
- Killing a fly with sledge harmer
- catastrophizing.

An inference from Becks theories of depression will mean that depressed individuals will manifest dysfunctional thoughts. Based on the foregoing, there is need to ascertain whether a group of individuals with depressive symptomatology will manifest negative cognitive thoughts and dysfunctional thoughts. A major concern for clinicians who deal with depression in the patients the treat is more often than no a number of patient treated with

pharmacothropic agents like antidepressants get well but often relapse soon after discharge. However, when these patients Psycho-social meliu are analysed properly, evidences will point to several distorted approach of reacting to these circumstances by these clients. More often than not , these individuals become ill not only because of the bad nature of their situations, but because of the negative meanings meaning and interpretations they give to their situations. When these thoughts are carefully analysed and changed to a more positive way, these patients get better and relapses are reduced. These clinical experiences warrant a more methodological process for investigation.

Purpose of This Study

The purpose of study is to evaluate the Beck (1967) diathesis stress model. An inference from Beck's 1967 theory would imply that a group of depressed individuals would manifest a characteristically higher negative thoughts than others with different mental illnesses. Therefore, the primary objective of this study was to verify whether dysfunctional attitudes will predict the vulnerability of individuals' to depression.

Specifically the purpose of the study is to determine if problems to depression in patients could be predicted from manifesting of more dysfunctional thoughts.

Whether depressed individuals manifested more dysfunctional thoughts than others with different mental illnesses and normal individuals.

Whether people having high levels of dysfunctional attitudes would predict that those individuals would manifestation depressive symptomatology over time.

Whether gender, and age, in the face of challenging life experience would predict the individual down with depression.

To determine how environmental stress or would predict the depression and dysfunctional thoughts that produced the depression.

Literature Review

Beck's (1967) hypothesis of depression states that a group of depressed individuals are characterised by negative cognitive thoughts. According to Nollen-Heoksema, (2004), this implies that they became depressed because of the negative ways the perceive traumatic life experiences.

Thomas Szasz, (1972, 1961 eds.)in his hypothesis of Mental illness stated that the society rather than the individual shall be seen as mad, because it is the burden of the society, environmental stressors that provoke the illness. However, in a society the Borden of living is experienced by all members of that society, but the impacts on the individuals are not the same. The way the individual perceives them and the self verbalizations create the crushing impact on him. The learned helpless proposition by Seligman, (1975) points to this direction.

Many studies have been carried out to verify Becks theory and assertions. Zauszniewski and Ru-Rong (1999) in their study, depressive cognitions and psychosocial functioning: a test of Beck's cognitive theory using depressed inpatients, previously hospitalised and non

hospitalised outpatients and undiagnosed adults, regressions analysis indicated that negative views of self, world and future explained a substantial part of psychosocial functioning in all the 4 groups. In3 depression groups, views of self and the world had a greater impact on psychosocial functioning than did the view of the future, suggesting that Interventions to build self esteem and enhance self control may be most effective in improving psychosocial functioning in depressed adults.

Tsolakis (2025) critically evaluated Beck's cognitive model of depression. He analysed its foundational concepts, its application in modern mental health care, and its relevance in the context of current therapeutic practices. The findings of his efforts indicate that cognitive model has been a cornerstone in shaping therapeutic Interventions for depression as well as for other mental health disorders.

Alloy, Clements and Kolden, (1985)highlights three approaches to interpretations of Beck's cognitive models of depression. The first is a causal mediations model. This model emphasises a sequential structure of cognitive elements as they lead to Depressive symptomatology. Specifically, dysfunctional Attitudes come first and affect cognitive errors, which come second then affects the cognitive triad. The cognitive triad in turn affects the unset of negative automatic thoughts that lead to Depressive Symptoms. According to Possel(2017), the dysfunctional Attitudes in this sense, have direct effects on cognitive errors but not on the cognitive triad.

Brewin (1985) gave a second interpretation of the Beck's cognitive theory as a causal mediation model, where the steps of causal mediation models are reversed. In this approaches, symptoms of depression are viewed as a primary cause, leading to negative automatic thoughts, cognitive triad, cognitive errors and dysfunctional Attitudes in succession(Kwon & Oei, 1992).

A third approach to cognitive models of depression combines the causal mediational and symptoms model, giving rise to a bidirectional cognitive model. Beck acknowledged the bi-directionality of depressive symtoms and negative cognitive events, (Beck, 1967, 1996; Beck & Weishshaar, 2005). Beck, (1967) maintained that activating negative cognitive events leads to the appearance of symptoms of depression, conceived as a top down process, and this process activates and strengthens the pre-existing maladjustment attitudes and beliefs, which comprises a bottom -up process.

Hypothesis

1. There will be no statistically significant relationship between dysfunctional attitudes and the manifestation of depression in the groups with varied forms of mental illness and the normal control groups.
2. There will be no statistically significant relationships in gender, age and educational in the patient's manifestations of depressive symptomatology.

Methods

Participants

The participants for this study were 60mentally ill patients who attend and access treatment in the Federal Neuropsychiatric Hospital, Enugu, and psychiatric unit of the Federal Teaching Hospital, Abakaliki South East of Nigeria between 2001 to 2020. 40 were out patients and 20 inpatients and 20 normal persons.

Those eligible for inclusion in this study were patients with mental illnesses that had no evidence of organic brain damage or mental retardation, who were between the ages 16 to 60 years or more, had at least attended and completed primary school level education who could read and understand the questionnaires and inventory for the study. The patients that participated in the study were approached soon after admissions when they have been stabilised to be able to respond to interview questions and the questionnaires. While the out patients were reached on their first presentation for treatment. Patients diagnosis was not considered before inclusion in the sample because there was need to obtain the broadest representation of psychiatric conditions. During clinical assessment, patients completed cognitive assessment tests within 72 hours of their admission. Non depression normal control participants were 20 community volunteers who were randomly selected from Uwani community in Enugu, non tutorial employees of the University of Nigeria Enugu campus(UNEC) and Nsukka campuses and some junior staff of AEFUTHA. These participants represented a range of occupational status, including custodial and clerical staff, food and housing service staff, petty traders, business people, students and other non employees in order to provide a good match for the in- and out patients participants. A series of screening questions were asked and the Beck depression inventory (BDI) administered to them to exclude already depressed individuals. Normals who scored above 9 on the BDI were excluded.

Selection and putting participants into any of the research group was based on the manifestations of clinical symptomatology of depression and other forms of mental illnesses were based on the description of the schedule for affective disorders and schizophrenia, life time version, (SADS-L; Endicott &Spitzer, 1981).

Measures

The Instruments used for this study are 1. Beck Depression Inventory (BDI; Beck, 1965) is a 21 item inventory designed to assess the levels cognitive, affective and behavioural components of the individual experiences of depression. It has been used widely in the clinical diagnosis of depression in the clinic as well as in research both in Nigeria and other countries.

Dysfunctional Attitude Scale, (DAS; Weissman and Beck,1978, and1979; Weissman and Brown 1991) is a 50item questionnaire original designed to access the cognitive vulnerability markers of an individual that interact with environmental stressors to produce clinical symptomatology. DAS is found to load factors with reported alpha coefficients .80 or greater.

A standardisation and reliability test was conducted with the DAS on a Nigerian Sample yielding a split half reliable index coefficient of = .76

Procedures

The participants were divided into 4diagnostic groups. The selection and putting participants into any of the four (4) clinical/ research group was done by clinical interviewing by highly trained clinical psychologists and residents in Psychiatry based on the diagnostic and statistical Manual for Mental illness (DSM iv; APA,2000). The participants who meet up the diagnostic criteria for any of 4 diagnostic disorders were placed in the group. The professionals selected all those who met the diagnostic criteria for depression during interviewing and had no other forms of mental illness. They were further assessed by administering the BDI on them.

The 4 research groups are

i. The 2 depression groups N= 40
ii. The non depression other psychiatric patients N=20
iii. The non psychiatric normal control groups N=20.

Every participant was met early on contact. Before any treatment began the patients in the groups were administered the two questionnaires. And scores on both scales scored for every participant.

Design and statistics

There are two parts to this section. The first aspect is a comparative study of the three clinical groups compared with the normal group on their levels of dysfunctional attitudes and manifestation of depressive symptoms. The second aspect sought to look for the effects gender: 2 levels-male and female; and age: 2 levels- young and middle adults, and the older adults; education- 2 levels low and higher education will have on people with dysfunctional thinking in engendering depression in them. The study is a non experimental,4 independent group,3 factorex post factorial design.

The result of the study was analysed using the person r correlation coefficient to find relationship between DAS scores and BDI scores for both genders, while the multiple regression analysis was used to compute the result for the4 groups, 3 factorial designs viz-age, gender and educational variables.

Results

Results showed that mean scores for the 2 depression groups N=40 had DAS X=153.88; SD= 56.89

BDI X =23.8750 SD= 20.66

r= .7184 for female, @ P< 0.01

r =.68males at P <0 0.00 on the participants BDI scores revealed a main effects for assigning to diagnostic groups. Mean BDI scores of bipolar- manic and normal groups were lower than those for all depressive groups. There were no mean differences in BDI scores among depression groups. A one way regression analysis on DAS scores showed a main effect for the diagnostic group $F(4, 80)= 13.21$, $p< 0.0001$. All depression groups exhibited more Dysfunctional Attitudes than did the bipolar-manic patients and normal control. The unipolar depressive patients with personality disorders exhibited more Dysfunctional Attitudes than did the chronic/dysthemic depressives ($P<0.01$), than the substance abusing depressive ($P<0.05$), and the bipolar depressive trend, ($P= 0.07$). 7

A multiple regression analysis for gender, age and education was computed to see how these variables affected the relationship between dysfunctional attitudes and depression symptoms and their interactive effects in the participants.

Result of analysis of the three variables- gender, male female; age, youth and adult; and education, high and low levels revealed a main effects as shown below:

F(3,80); = 3.121, at P= .03 < .05

1 Gender, F(1, 80)=0.78, P=.78>.05

2. Age, F(1, 80) = 7.749;P=.00<.001

3. Education, F(1, 80) =.520; P=47=>.05

Interaction effect 2 way interaction

4 Age and Education F(1,80) =4.525; P= .03<.05

Result interpretation: Gender is not significant. Therefore, the null hypothesis is rejected and the alternate is accepted. This imply that gender will not affect the relationship between Dysfunctional Attitudes and depression. That means that dysfunctional attitudes will predict whether one will become depressed on not irrespective of being a male or female.

2. Age F (1, 80) = 7.79, P= 00 < 0.01 was significant. This means that age affected the relationship between Dysfunctional Attitudes and depression symptoms.

3. Education F(1,80)=.520; P =.47>.05 is not significant. This implies that the positive correlation existing between dysfunctional attitudes and depression persist even when education vary.

Interaction effect: the 2- way interaction effect for age and education was significant F(1,80) =4.525; P =.03 <.05. The null hypothesis is rejected. That means age and education will affect the causal relationship between dysfunctional attitudes and depression.

Discussions

The purpose of this study was to verify Becks 1967 hypothesis of depressive cognitive negativity, in the process determine whether dysfunction attitudes was a primary etiology of depression. The results to a large extent have proved Beck right. However, it has not out

rightly prove that dysfunctional attitudes caused the depression. The result indicates that people high in dysfunctional attitudes are very much prone to depression. It is very much likely to predict individuals who manifest high dysfunctional attitudes will become depressed in the face of challenging environmental stressors.

Implications of the Study//Conclusion

The first implication of the results of this study is preventive. Since it has been proved that dysfunctional thoughts are highly implicated in depression, and following a postulation in science that the theoretical adequacy of any discipline is its predictive validity. The results of this study thus become relevant in the sense that that it gives us a warning signal or a red flag for dictating on time those candidates likely to go into depression. This gives an ample opportunity to the relations and significant others the chances to look for early interventions.

The study has great implication for therapy. Firstly, depressed patients with high manifestations of dysfunctional thoughts are indicated for good therapeutic outcome on effective doses of CBT in line with previous studies and world best clinical practice experiences and in our centre at Alex- Ekwueme Federal University Teaching Hospital, Abakaliki, AEFUTHA.

Secondly, this study has put in proper perspective the imperative of under taking a proper analyses of the dysfunctional thought which must serve as guide to the clinician's decision in choosing the CBT procedures as a treatment protocol.

Limitations of the Study

There are obvious limitations to this study. The small number of size of participants, n= 80 is great limitation to this study, as this may not permit generalisation of the results, since this number is not representative enough of the general population.

The second limitation of this study is the correlation nature of the study. Since correlation is not causation, the outcome of this study does not emphasised that dysfunctional attitudes in itself was the cause of the depression. Since it could as well be argued that the dysfunctional thoughts could be part of depressive symptoms. Despite these limitations, however, these findings still represent an attempt to verify the negative cognitive theory of depression in this part of country, leaving opportunity for a more sophisticated designs for further studies in this area.

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