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AN ANALYSIS OF THE ROLE OF FAMILIAL INTERACTION IN THE LEARNED HELPLESSNESS MODEL OF DEPRESSION IN DEPRESSED SUBJECTS

BY

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ABSTRACT

AN ANALYSIS OF THE ROLE OF FAMILIAL
INTERACTION IN THE LEARNED HELPLESSNESS MODEL
OF DEPRESSION IN DEPRESSED SUBJECTS

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The role of the parents in the existence of depressive affect and attributional style was examined employing two measures of depression and an attributional style questionnaire with 30 students and 59 parents. Depressed mothers had higher scores on both measures of depression than Nondepressed mothers; the fathers differed only slightly, although in the same direction. Depressed students and their parents also responded more similarly to each other on the attributional style questionnaire than did Nondepressed students and their respective parents. Although there was no clear correlational relationship among depressed parents and child, similarity in gender proved to be an important variable in affective state and attributional style.

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To my wife, Irma

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CHAPTER I

INTRODUCTION

In the area of Clinical Psychology, Seligman's (1979) theory of learned helplessness seems to be one of the most intriguing theoretical frameworks for the explanation of depression. Essentially, the learned helplessness model claims that depression is produced by the expectation that an outcome (generally an aversive one) is independent of one's response. Subsequently, the individual experiences reductions in motivation to control the outcome and an increase in anxiety which eventually leads to depression. In content, the theory provides an attributional framework for the etiology of depression. Unfortunately, the role of the family in the development of depression has not been approached by the theory; consequently, research has not been conducted in this area. It is the goal of this paper to compare the attributional style of depressed and nondepressed students and their parents so that the role of parent/child relationship can be elucidated.

In the area of learned helplessness, Glass's (1971) research on unpredictable vs. predictable (or steady) noise, was a major pioneering study. His results suggested that individuals find the inability to control their immediate environment quite disturbing. It was in the area of animal research, however, that the concept of learned helplessness was developed by Seligman (1967). One such study was that conducted by Seligman and Maier (1967) in which it was found that dogs, who were

exposed to a series of inescapable shocks and who were then given a chance to escape further punishment by the simple response of jumping to another experimental compartment, failed to learn the response. Rather, they failed to move and passively received the shocks. On the other hand, the dogs who were not previously exposed to the inescapable shocks quickly learned the task and were able to escape shock altogether. Seligman (1975) termed the former phenomenon "learned helplessness," in that animals learned that their responses were independent of reinforcement—that nothing they did would be effective in terminating the shocks. He hypothesized that they demonstrated lowered motivation which caused them to make few responses in the new situation and experienced reduced cognitive functioning, lowering their ability to learn an effective escape response.

That learned helplessness also occurs in humans was established shortly thereafter by Hiroto and Seligman (1975). Their study tested for the generality of the debilitation produced by uncontrollable events across tasks and motivational systems. Four experiments were conducted, the first of which involved pretreatment with inescapable, escapable, or control aversive tone, followed by shuttlebox escape testing. The second experiment involved pretreatment with insoluble, soluble, or control discrimination problems followed by anagram solution testing. The discrimination task used in this experiment was a four dimensional stimulus pattern which was composed of the following: (a) letter (A or T), (b) letter color (black or white), (c) letter size (large or small), and (d) border surrounding the letter (circle or square). In the soluble condition, one value of the dimensions was always correct. In the insoluble condition, however, no value was consistently correct.

The third experiment involved pretreatment with inescapable, escapable, or control aversive tone followed by anagram solution testing. The last experiment involved pretreatment with insoluble, soluble, or control discrimination problems followed by shuttlebox escape testing. Learned helplessness occurred in all four experiments. Both insolubility and inescapability produced failure to escape and failure to solve anagrams. It was suggested that inescapability and insolubility both engendered expectancies that responding was independent of outcome. Further studies, (Roth and Kubal, 1975; Miller and Seligman, 1975), also demonstrated that, as expected, the greater the subject's experience with unsolvable problems or other uncontrollable events, the greater their feelings of "helplessness" and the lower their performance on later tasks. As one can see, learned helplessness could be readily induced among human beings, as well as among members of various animal species. (Seligman and Beasley, 1975; Seligman, Maier, and Geer, 1968).

Before we discuss the reformulated model, it may be profitable to discuss the shortcomings of the original hypothesis. The learned helplessness theory has been criticized by a number of investigators; perhaps most notably by C. G. Costello (1978). In his review of a study by Miller, Seligman, and Kurlander (1975) Costello (1978) pointed out that depressed and nondepressed subjects did not differ significantly on whether success or failure were determined by what the subject did. He also indicated that no significant differences were found between depressed and nondepressed subjects in a discrimination learning task nor in a task measuring the latency to turn off an abusive noise. Costello also questions the use of anagrams to assess the effects of helplessness (Miller and Seligman, 1975), since differences between

depressed and nondepressed subjects may be due to lower motivation rather than helplessness. According to Costello (1978), Seligman has not directly investigated the antecedents of the depressed emotion. Rather, he has investigated performance deficits associated with depression that he postulates to be related to other antecedent conditions. Costello's critique was found by the author to be inaccurate on some points, in that the rendering of evidence was somewhat selective. For example, in his review of Miller and Seligman (1975), Costello states that things would have been more convincing if the study showed that helplessness produced dysphoric mood. He asserts that no such finding was obtained in the study. Costello failed to recognize, however, that inescapable noise delivered to nondepressed people produced increased depression ($p < .007$). As Seligman (1978) points out, "the main supporting evidence is systematically ignored; predictions are derived for the helplessness hypothesis which do not, in fact, follow and are then shown to be disconfirmed by the data; finally, statements are made that are simply false" (p. 170). In the same year, Seligman (1978) himself published the inadequacies of his theory, finding it inadequate on four different grounds: "(a) Expectation of uncontrollability per se is not sufficient for depressed affect since there are many outcomes in life that are uncontrollable but do not sadden us. Rather, only those uncontrollable outcomes in which the estimated probability of the occurrence of an aversive outcome is high are sufficient for depressed affect. (b) Lowered self-esteem, as a symptom of the syndrome is not explained. (c) The tendency of depressed people to make internal attributions for failure is not explained. (d) Variations in generality, chronicity, and intensity of depression are also not explained"

(pp. 64-65). Consequently, Abramson (1978) has produced a revision of the learned helplessness model which resolves a number of the inadequacies of the original hypothesis when applied to human helplessness and depression. Essentially, the new model provides a more accurate view of depression.

Since one of the purposes of this study was to partially replicate an experiment by Seligman (1979) in which the revised theory is applied, a brief review of the new model is presented. The essence of the theory is that the attributions an individual makes for the noncontingency between his actions and outcomes determine his later expectations for future concontingencies. Such attributions also determine his expectations about future outcome contingencies in terms of the generality, chronicity, and to some extent, the intensity of helplessness deficits. First of all, Seligman distinguishes between personal and universal helplessness. Personal helplessness occurs when an individual comes to believe that no matter what he does, he cannot be successful at a given task. Such an individual makes an internal attribution for failure in that he expects that success is contingent on a response that he does not possess. In theory, internal attributions may be made to either stable or unstable factors. Stable factors are thought of as long-lived or recurrent, whereas, unstable factors are short-lived or intermittent. Thus, in a situation of personal helplessness the individual can attribute a bad outcome to either lack of ability (an internal-stable factor) or lack of effort (an internal-unstable factor). Universal helplessness occurs when an individual believes that neither he nor others can be successful at a given task. The individual is said to make external attributions for his failure, in that he expects

that success is not possible for anyone. Like internal attributions, external attributions may be made to either stable or unstable factors, such as the tasks being too difficult (an external-stable factor) or lack of luck (an external-unstable factor).

Another attributional dimension which Seligman (1978) lists is that of "global vs. specific" attributions. When helplessness deficits occur in a broad range of situations, the attributions will be global. Such attributions imply to the individual that when he confronts new situations, he will also be ineffectual. Thus, if the individual decides, after failing an exam, that his poor score was caused by his lack of intelligence (an internal-stable-global attribution) he will expect to fail in other exams as well. Deficits that occur in a narrow range of situations are defined as specific attributions. For example, if an individual fails in an anagram task he may feel that he is not good at solving anagrams (an internal-stable-specific attribution). If he attempts to play anagrams at another time, he will probably not be very successful; however, he would not have deficits in other areas because of his helplessness. The global-specific dimension is perhaps most clearly seen as a continuum that is orthogonal to the other dimensions. Its purpose is basically to more clearly characterize the attributions of people.

Perhaps the most important factor in the etiology of depression is whether the lack of control is attributed to internal or external factors. Specifically, attribution to internal-stable factors, or personal helplessness, is hypothesized to be the most damaging, since the lack of control is presumed to be both inherent to the individual and unchangeable. According to Seligman, "individuals who perceive

that desired outcomes are not contingent on acts in their repertoire, but are contingent on acts in the repertoires of others, will show lower self-esteem than individuals who believe that desired outcomes are neither contingent on acts in their repertoire nor on the acts in the repertoire of others" (p. 55). For example, an individual who fails an exam that all of his friends pass will experience greater deficits in self-esteem than an individual who fails an exam all of his friends fail. In general, if the individual makes internal attributions, self-esteem deficits will result. Such deficits will be more severe if stable, rather than if unstable attributions are made. However, if external attributions are made no deficits in self-esteem will occur. In summary, the individual can make either stable or unstable attributions which may each be either internal or external and which may eventually result in either global or specific attributions. It can generally be inferred that the attributions made predicts the recurrence of the expectation, but the expectation determines the occurrence of the helplessness deficits.

Of the shortcomings that were indicated for the old theory, all but the hypothesis that uncontrollability will produce learned helplessness is not directly remedied by the new model. Basically, expectation of uncontrollability by itself may not be sufficient to produce depression. Rather, Abramson, et al (1978) suggest that depression is comprised of four classes of deficits: (a) motivational, (b) cognitive, (c) self-esteem, and (d) affective. The first three are thought to be the result of uncontrollability whereas the affective deficits result from the expectation that bad outcomes will occur. The generality of the depressive deficits is dependent on the globality of

the attribution for helplessness, the chronicity will depend on the stability of the attribution for helplessness, and possible deficits in self-esteem will depend on whether an internal attribution for the non-contingency is made. Finally, the intensity of the deficits depends on the strength of the expectation of uncontrollability and in the case of affective and self-esteem deficits, on the importance of the outcome. Seligman suggests that learned helplessness describes a depression caused by belief in response-outcome independence, where the depressed individual shows passivity and a negative cognitive set and responds best to a set of specific anti-helplessness procedures in therapy (Seligman, 1978).

In support of the reformulated hypothesis, a number of studies have indicated that depressed students tend to attribute failure to internal factors significantly more often than to external factors, whereas the opposite is the case for nondepressed students (Rizley, 1978; Klein, Fencil-Morse and Seligman, 1976; and Kupier, 1978). Specifically, Rizley (1978) examined causal ascription for success or failure on a number guessing task. After the task, the subjects were directed to two attribution questionnaires, one inquiring about causal determinants of success and the other about causal determinants of failure. Depressed subjects attributed their failures to their own incompetence, whereas, nondepressed subjects attributed their failures to task difficulty. In addition, the former attributed success to the ease of the task. Hence, depressed subjects attributed their failure to internal factors as the new model predicts, whereas, nondepressed subjects attributed failure to external factors.

The reformulated hypothesis is further supported by a study by

Diener and Dweck (1978) which addressed achievement cognitions following failure for helpless and mastery oriented children. The task consisted of a discrimination problem in which the child searched for the one solution that was correct. A problem consisted of a set of stimulus cards with each card containing two figures that varied on three dimensions: color (red or blue), form (square or triangle), and a symbol in the center of the form (dot or star). At the completion of the task, the children were asked, "Why do you think you had trouble with these problems?" Over 50% of the helpless children responded that they were unable to do the problems because they were not smart enough. In contrast, none of the mastery-oriented children gave this response. The latter divided their explanation for their failure among lack of effort, bad luck, the fairness of the experimenter, and the increased difficulty of the task. In summary, helpless children blamed their failures on their own "lack of ability," even though both groups of children had learned the task equally well, had equal degrees of success during training, and had received equal amounts of failure feedback.

A final study which supports the reformulated model is one conducted by Miller and Norman (1981), in which the effects of attributions for success on the alleviation of mood and performance deficits of clinically depressed inpatients were investigated. Basically the patients were assigned to either an acutely depressed group in which the patients were exposed to a learned helplessness situation, or an improved group in which the patients were left alone. All subjects were then exposed to a task which was alleged to measure "social intelligence" in which all received 80% positive feedback. Concurrently, subjects were exposed to experimental manipulations designed to induce attributions

for the positive experience to one of four types of causes (internal-general, internal-specific, external-general, external-specific). Following this task, subject's mood, expectancies, and anagram performance were assessed. Results indicated that helpless and depressed subjects who received the internal attribution manipulations reported less depressed mood than subjects in the external attribution conditions. Similarly, subjects in the general attribution conditions performed better and reported higher expectancies for success on the anagrams than subjects in the specific attribution conditions. In summary, the attributional model of depression is supported by empirical data.

In the conclusion of his study, Seligman (1979) indicated that his new hypothesis does not rule out the alternative hypothesis that "depression causes people to attribute bad outcomes to internal, stable, and global causes." The question is thus one of temporality as to whether a particular attributional style, coupled with bad outcomes, leads to depression or whether depression leads to such an attributional style. If the former is true for the type of depression that learned helplessness describes, then the problem becomes one of identifying how one acquires such an attributional style. Perhaps one way to resolve this difficulty would be to determine whether a particular attributional style is found in the families of depressed students. If this is the case, then it is possible that learned helplessness is acquired from the family through modeling and other modes of learning. A study which is quite relevant to our thinking is one conducted by Brown and Inouye (1978), in which they tested the following hypothesis: (1) that learned helplessness could be induced through modeling and (2) that the effects are mediated by perceived similarity in competence. Subjects were

divided into two groups, such that subjects who perceived themselves as similar to the model were in one group and subjects who perceived themselves as dissimilar were in the other group. All subjects then observed a model fail at anagram tasks. Subjects were then given a similar series of tasks to do. Subjects who perceived the unsuccessful model to be of comparable ability persisted less throughout the task than those subjects who perceived the model as less competent. Finally, a similar pattern of results were obtained for the effects of perceived similarity in the subject's expectation of self-efficacy.

In childhood, it is very likely that individuals would tend to perceive themselves as similar to their parents. Thus, if parents consider themselves as being ineffectual, given the results of the latter study (Brown and Inouye, 1978), their children may develop a similar expectation and possibly persist less in solving problems. Such an attributional style may facilitate the development of depression. That depression tends to run in families is a consistent clinical observation (Baron, et al, 1981), and may be due to the learning of an attributional style which facilitates the onset of depression. If individuals learn an attributional style from their parents which facilitates the onset of depression, then depressed individuals and their families would tend to have similar attributional styles. To test this a correlational study of depressed and nondepressed students and their families was conducted in which the attributional styles of each was assessed.

In this experiment, two specific hypotheses were tested:

Hypothesis 1: The parents of depressed students will have higher scores on measures of depression than the parents of nondepressed students.

Hypothesis 2: The parents of depressed students will have attributional styles which are positively correlated with the attributional styles of their children.

CHAPTER II

METHODS

Subjects

The eighty-nine subjects who participated in this study were recruited, in part, from a pool of students enrolled in introductory psychology classes at Michigan State University. Thirty of these were undergraduate students and the remainder were composed of the parents of the students. It should be noted that the mother of one of the students in the Depressed group was deceased; thus, we had an uneven sample size. The subjects were recruited from a pool of 350 students who had completed the Beck Depression Inventory (Beck, 1972), the Depression Adjective Check List (Lubin, 1967), and a new attributional style questionnaire developed by Seligman (1979). The latter measures are found in Appendices A through C, respectively. Two measures of depression were used so that the accuracy of our criteria in discriminating between depressed and nondepressed subjects would be more precise. No systematic effects of gender have been found in the use of either of the scales; hence, sex differences were recorded but not controlled. In this regard the students were made up of 13 females and 2 males per Depressed and Nondepressed group.

Students who scored either 5 or below, or 9 or above on the Beck Depression Inventory (BDI), and with a score of either 4 or below or 13

and above on the Depression Adjective Check List (DACL), were invited to participate in the second part of the study. This involved having their parents take the same measures. The subjects who consented to participate in the second part were asked for their parent's address, and were asked to mention the study to their parents. The package that was mailed to the parents included a cover sheet that explained the purpose of the experiment and indicated that their children would receive research credit for their participation, a consent form for research, the questionnaire, and a self-addressed stamped envelope. Samples of the packet can be found in Appendices A through E.

Students with a BDI score or 9 or above and a DACL score of 13 or above were assigned to the Depressed group. Similarly, students with a BDI score of 5 or below and a DACL score of 4 or below were assigned to the Nondepressed group. Individual student scores, as well as those of their respective parents were coded, such that thirty distinct groups of three (child, father, and mother) were formed. Table 1 presents the BDI and DACL scores and the sex characteristics of the Depressed and Nondepressed groups.

TABLE 1

Mean Beck Depression Inventory and Depression Adjective Check List Characteristics of the Two Experimental Groups

Group	N	Mean BDI	Mean DACL	Sex
Depressed	44	10.75	11.21	27 F, 17 M
Nondepressed	45	4.09	4.82	28 F, 17 M

As was indicated earlier, all students received research credit for completing the scales and additional research credit for their parents' participation. Basically, research credit is a form of extra credit that can be used to increase one's grade in an introductory psychology course.

Instruments

The Beck Depression Inventory is a self-report instrument that measures depth of depression. The scale is comprised of 21 clinically derived categories of attitudes and physical symptoms specific to depression (Beck, 1972). Each category contains a set of graded self-report statements, that are rated from 0 (neutral) to 3 (maximal severity). Individual scores which range from 0 to 63, are determined by the number and severity of the symptoms reported. A form of this instrument is found in Appendix A.

Analyses of the reliability and validity of the BDI have yielded impressive results (Beck, 1972; Beck & Beamsderfer, 1974; Metcalfe & Goldman, 1965). The scale was internally consistent, with a split-half reliability of .93 (all items were significantly related to the total score at the .001 level). Highly significant test-retest correlations have also been found in studies involving large psychiatric populations. In one study, correlations between diagnostician's ratings and BDI scores were found to be .67 (Beck, 1972). Convergent validity of the inventory has been established by its high correlations with other measures of depression. BDI scores correlate well with scores on Lubin's Depression Adjective Check List (r = .66) and the MMPI D-Scale (r = .75) (Beck, 1972). Beck and his colleagues (1961) also reported that the inventory is sensitive to changes in the severity of depression over time. In regard to construct validity, the BDI has successfully been used as a

criterion measure of several hypotheses about depression. In essence, the Beck Depression Inventory is a reliable and valid self-report measure of depression that is easily administered.

The Depression Adjective Check List is a brief, self-report measure of depressed mood. The DACL consists of 7 different versions, each of which contains 22 positive adjectives and 10 negative adjectives. The instructions for taking the test are "to check all the words that describe how you feel now — today." Individual scores are determined by the total number of plus (+) adjectives checked and minus (0) adjectives not checked. Lubin (1967) reported mean scores associated with clinical ratings of depression for psychiatric patient samples, that ranged from 13.90 to 20.39 for depressed patients. A form of this instrument is found in Appendix B.

The DACL appears to possess impressive reliability and validity (Lubin, 1967). The scale had an internal consistency of .81 and a split-half reliability of .92. Intercorrelations of the check lists for combined groups is .85. Lubin reported correlations of .59 to .71 between total DACL scores and diagnosticians' ratings of depression. The same study reported patients' self-ratings of depression correlated .95 with total DACL score, which was significant at the .01 level. DACL scores also correlated well with the MMPI D-Scale ($\underline{r}$ = .66)(Beck, 1972). In summary, the Depression Adjective Check List is an instrument that appeared to provide brief, reliable and valid measures of depression.

The attributional style questionnaire is a brief, self-report scale that measures tendencies to explain negative events and positive events in terms of internal (vs. external), stable (vs. unstable) and global (vs. specific) causes. The scale consists of 12 hypothetical

situations, 6 of which describe good outcomes and the remaining 6, bad outcomes. Of the 12 situations, 6 have an affiliation and 6 have an achievement orientation. Thus, the scale consists of four subscales; (a) Achievement situations with a good outcome, (b) Achievement situations with a bad outcome, (c) Affiliation situations with a good outcome (i.e., you meet a friend who compliments you on your appearance), and (d) Affiliation situations with a bad outcome. For each situation, the subjects are asked to name the one major cause of the outcome described. The subjects are then asked to rate each cause on a 7-point scale for degree of internality, stability, and globality. In addition, subjects are asked to rate, on a 7-point scale, how important each situation would be if it happened to them.

Analysis of the reliability and validity of the scale was conducted on a sample of 130 undergraduate students. The internal reliability of each subject was estimated using Cronbach's coefficient alpha, in which alpha coefficients of .75 and .77 were estimated for the composite attributional style scales for good events and bad events, respectively. Ratings of internality, stability, and globality for achievement events were significantly correlated with the respective ratings for attribution events with a mean correlation of .37 (.05 level). Consequently, there was no evidence for the discriminability of achievement from attribution areas. Since the scale has been developed only recently, an index of its concurrent validity with similar scales has not been found (Semmel et al., 1980).

In summary, the attributional style questionnaire designed by Seligman provides a brief and reasonable measure of attributional style in terms of the dimensions of internality, stability, and globality.

Procedure

When the subjects reported to the experiment, they were handed the attributional style questionnaire. The subjects were run in groups, which averaged 25 students per session. Before the subjects were told to begin, however, they were given the following instructions:

> This experiment involves comparing the similarity between students and their parents in their responses to psychological tests. Thus, a necessary requirement of this experiment is that both of your parents take the same tests that you will be taking. Since the time to complete all of the measures takes no more than 15 minutes, we hope that your parents will be able to give a small portion of their time by participating. As was previously indicated, the second part of the experiment involves having your parents take the same scales used. In this regard, you will be contacted as to how these scales will be made available to you. Do you have any questions?
>
> The scales are self-explanatory. Please begin.

After the students had completed the scales, they were thanked and given research credit for their participation. After the questionnaires for each group had been scored, those students who satisfied the criteria for participation in the second part of the study were contacted and were asked for permission to contact their parents and their parent's address. After the experimenter received the parents' questionnaire, the appropriate student was contacted and was given a time during which he could receive his research credit. Since deception was not a part of this study, debriefing was not necessary.

Dependent Measures

Three dependent measures were employed to examine the presence of depression and the attributional style of depressed and nondepressed subjects. The first dependent measure was the Beck Depression Inventory

which assessed the existence of long-term depression in the subjects. The second dependent measure was the Depression Adjective Check List which assessed the existence of short-term depression in the subjects. The third dependent measure assessed whether the subject tended to make internal or external, stable or unstable, and global or specific attributions in the hypothetical situations presented by the attributional style questionnaire (Seligman, 1978).

CHAPTER III

RESULTS

In order to assess the similarity among student and respective parents in affective state, t-tests were computed for the mean scores of all students, mothers, fathers, and parents in the Depressed and Nondepressed groups. In addition, Pearson correlation coefficients were computed to determine the relationship among family members on their responses to the attributional style questionnaire. Finally, t-tests were computed on the differences between the means of the subjects' responses to the attributional style questionnaire. In this way, an additional measure was provided to assess parent-child similarity in attributional style.

Table 2 shows that the mean scores for the parents of depressed students were consistently higher than those of the parents of the Nondepressed group. T-tests were then computed between Depressed and Nondepressed parents on the two measures of depression, as found in Table 3. It was found that the mothers of depressed children differed signigicantly ($p < .05$, one-tailed test) from the mothers of nondepressed children on both indices of depression. The analysis of the fathers' responses indicated that the fathers in the Depressed group had slightly higher scores on both measures than the fathers in the Nondepressed group. Although these differences were not statistically significant, they were in the predicted direction. Lastly, a comparison of the

TABLE 2

Means for All Subjects on the Beck Depression Inventory and Depression Adjective Check List

Measure	BDI	DACL
Depressed Group		
Children	17.20	18.00
Fathers	5.73	7.27
Mothers	9.21	8.14
Parents of Depressed Children	7.52	7.71
Nondepressed Group		
Children	2.07	3.40
Fathers	5.40	6.67
Mothers	4.80	4.33
Parents of Nondepressed Children	5.10	5.50

TABLE 3

T-tests for Family members Scores on the
Beck Depression Inventory and Depression Adjective Check List

A.	Nondepressed vs. depressed on BDI	t	(df = 27)
	Fathers	.24	
	Mothers	2.30*	
B.	Nondepressed vs. depressed on DACL		
	Fathers	.33	
	Mothers	2.23*	
C.	Nondepressed vs. depressed parents on BDI and DACL	2.78**	(df = 116)

*p < .05
**p < .01

combined scores of the parents of the depressed children were found to differ significantly from the combined scores for the parents of the second group. Consequently, the data partially supported the first hypothesis in that the mothers of depressed students had significantly higher scores on measures of depression than the mothers of nondepressed students.

In regard to parent/child similarity in attributional style, Pearson correlation coefficients were performed on the Depressed and Nondepressed groups. Tables 4 and 5 provide the summarized data, and indicate that there were significant differences between the two groups. In the Nondepressed group there was one significant correlation between child and father; however, this may be due to chance. Since thiry-two correlation coefficients were computed, one would expect at least one correlation to be significant due to chance alone. In Table 4, however, there were seven significant correlation coefficients for the Depressed group. Of these seven significant correlations, three were found to be negative (which occurred on the internally-positve and internally-negative situations). The implication is that, for the Depressed group, the parents and children were not as similar in attributional style as was hypothesized. The results may be due to either individual differences or differences in level of depression or perhaps to differences in type of depression.

Another statistical analysis was used to clarify the findings of the correlational analysis. This analysis involved *t*-tests that were computed on the differences between the means for the family members' responses to the questionnaire, as shown in Table 6. The purpose of

TABLE 4

Pearson Correlation Coefficients for the Attributional Style Questionnaire (Internal Situation) for Depressed Group

Depressed Subjects						
Attribute	Internally Positive			Internally Negative		
Subject	Child	Father	Mother	Child	Father	Mother
Totally due to other person or circumstance	4.6	5.0 r = .095 p = .368	5.0 r = .019 p = .473	4.0	4.13 r = .693 p = .002**	4.33 r = -.256 p = .178
Will never again be present	5.0	4.8 r = .482 p = .034*	4.67 r = -.084 p = .383	4.73	5.53 r = .503 p = .028*	5.47 r = .018 p = .474
Influences just this particular situation	4.4	3.8 r = -.174 p = .268	3.8 r = .142 p = .306	3.47	3.4 r = -.492 p = .031*	3.2 r = -.431 p = .05*
Not at all important	3.33	4.27 r = -.166 p = .277	3.67 r = .354 p = .097	5.2	4.67 r = -.283 p = .153	4.33 r = -.335 p = .111

Pearson Correlation Coefficients for the Attributional Style Questionnaire (External Situation) for Depressed Group

Depressed Subjects						
Attribute	Externally Positive			Externally Negative		
Subject	Child	Father	Mother	Child	Father	Mother
Totally due to other person of circumstante	5.2	5.67 r = .052 p = .427	4.47 r = -.431 p = .05*	3.33	2.93 r = .117 p = .339	3.33 r = .029 p = .459
Will never again be present	6.2	6.33 r = .602 p = .009**	6.2 r = -.196 p = .242	5.4	5.67 r = .386 p = .078	5.4 r = -.097 p = .366
Influences just this particular situation	1.8	2.33 r = -.042 p = .441	2.33 r = .000 p = .5	4.0	3.67 r = .057 p = .42	4.07 r = -.114 p = .342
Not at all important	5.8	6.13 r = .415 p = .062	5.53 r = .095 p = .368	4.6	4.2 r = .313 p = .128	4.27 r = -.358 p = .095

* < .05
** < .01

TABLE 5

Pearson Correlation Coefficients for the Attributional Style Questionnaire (Internal Situation) for Nondepressed Group

Nondepressed Subjects						
Attribute	Internally Positive			Internally Negative		
Subject	Child	Father	Mother	Child	Father	Mother
Totally due to other or circumstance	3.2	5.4 r = .116 p = .34	4.8 r = -.05 p = .428	3.8	3.2 r = .344 p = .105	3.27 r = -.276 p = .16
Will never again be present	3.47	5.4 r = .218 p = .217	4.6 r = -.004 p = .495	5.87	5.87 r = .065 p = .409	4.87 r = -.236 p = .198
Influences just this particular situation	4.33	3.93 r = .197 p = .241	3.93 r = .369 p = .088	4.07	3.47 r = -.362 p = .093	4.13 r = .358 p = .095
Not at all important	3.47	3.47 r = .318 p = .124	3.33 r = -.078 p = .392	4.87	5.0 r = -.202 p = .235	4.0 r = .24 p = .194

Pearson Correlation Coefficients for the Attributional Style Questionnaire (External Situation) for Nondepressed Group

Nondepressed Subjects						
Attribute	Externally Positive			Externally Negative		
Subject	Child	Father	Mother	Child	Father	Mother
Totally due to other or circumstance	4.6	6.2 r = -.403 p = .068	4.53 r = -.181 p = .259	3.47	3.73 r = -.100 p = .361	3.07 r = .234 p = .201
Will never again be present	5.67	6.4 r = -.094 p = 3.7	5.93 r = -.198 p = .239	5.13	5.67 r = -.489 p = .032*	5.0 r = -.196 p = .242
Influences just this particular situation	2.13	1.53 r = -.235 p = .2	1.60 r = -.243 p = .191	4.47	5.07 r = .152 p = .294	4.8 r = .079 p = .39
Not at all important	6.07	6.07 r = .067 p = .406	5.53 r = .136 p = .315	4.0	3.67 r = -.110 p = .35	3.33 r = -.020 p = .47

*p < .05

these tests was to assess the level of similarity among parent/child. For the Depressed group, the t-test was .787 for Children vs. Fathers (or level of similarity among children and fathers) and .171 for Children vs. Mothers. This suggests that the students responded most like their mothers, since the value of t was lower for this comparison. A t-test was computed to determine whether the depressed children were significantly more similar to their mothers than their fathers. As indicated in Table 6, in Child vs. Father vs. Mother vs. Child, the children were in fact significantly more like their mothers in attributional style than their fathers. The same pattern of results were found for the Nondepressed group, although the t-test analysis for this group did not reveal a significant difference in similarity between child and parent. It should be noted that the majority of the students were female (87% in each group); thus, gender may have contributed to the similarity in response. The final part of the analysis involved testing whether the depressed students identified more with their parents than the nondepressed students. In this case, t-tests were computed between Child vs. Parent in the Depressed group and Child vs. Parent in the Nondepressed group. The results were not significant for either group.

A separate analysis was conducted on the students' responses to the attributional style questionnaire in an effort to test Seligman's theory of depressive attributional style, which was outlined earlier in this study. The analysis involved a comparison of the students' responses to the four different situations (i.e., internally-positive) with a t-test. The summarized data appear on Table 7 and indicate the existence of two significant differences for depressed and nondepressed students.

TABLE 6

T-test on the Difference Between the Means for the Subject's Responses to the Questionnaire

A.	Depressed Families	t	(df = 15)
	Children vs. Fathers	.787	
	Children vs. Mothers	.171	
	Child vs. Father vs. Mother vs. Child	10.132**	(df = 30)
B.	Nondepressed Families		
	Children vs. Fathers	1.619	
	Children vs. Mothers	.582	
	Child vs. Father vs. Mother vs. Child	1.310	
C.	Depressed Child vs. father vs. Nondepressed Child vs. father	.764	(df = 30)
	Depressed Child vs. Mother vs. Nondepressed Child vs. Mother	.550	(df = 30)

**p < .001

Note. The means that were used in the above analysis were arrived at by computing the differences between the mean scores of depressed and non-depressed students and their respective parents on each of their responses to the attributional style questionnaire. This resulted in 16 mean differences which were then summed for both groups so that two means representing the level of similarity between child and parent were arrived at.

These differences occurred on an internally-positive situation in which the subject was asked to rate whether "the situation was totally due to others or circumstances," or whether "the situation would never again be present." Contrary to Seligman's hypothesis, the depressed students were more likely to rate the internally-positive situation as being due to themselves and as likely to recur. In essence, the analysis of the students' responses to the attributional style questionnaire suggested that, for this population, there were no significant differences in attributional style for nondepressed and depressed students.

In summary, the results of this study partially supported the first hypothesis in that mothers of depressed students had higher scores on measures of depression than mothers of nondepressed students. The difference between the means for the fathers was not significant, although it was in the predicted direction.

The second hypothesis tested was that the parents of depressed students would have attributional styles that were positively correlated with the attributional styles of their children. Although more significant correlations were found for the Depressed group, almost half were negative correlations which would argue against our second hypothesis. In addition, a separate analysis of the students' responses to the questionnaire showed that there were few differences between groups, which is contrary to what Seligman has theorized. Further analysis of the subjects' responses to the questionnaire indicated that the students responded more like their mothers than their fathers, with the depressed students being significantly more like their mothers than their fathers. Thus, although no clear correlational relationship existed among parent and child in their responses to the attributional

TABLE 7

T-test for the Means of the Depressed and Nondepressed Students on Their Responses to the Questionnaire

A. Internally-positive situation	t	(df = 28)
Totally due to other or circumstances	2.34*	
Will never again be present	2.04*	
Influences just this situation	.10	
Not at all important	.18	
B. Internally-negative situation		
Totally due to other or circumstances	.05	
Will never again be present	1.71	
Influences just this situation	.91	
Not at all important	.50	
C. Externally-positive situation		
Totally due to other or circumstances	.91	
Will never again be present	1.01	
Influences just this situation	.53	
Not at all important	.71	
D. Externally-negative situation		
Totally due to other or circumstances	.20	
Will never again be present	.44	
Influences just this situation	.95	
Not at all important	.86	

* .05

style questionnaire, similarity in gender proved to be an important variable in level of depression and attributional style.

CHAPTER IV

DISCUSSION

The guiding premise of this study was that depressed students will resemble their parents in regard to affective state and attributional style. The goal of this paper, therefore, was to determine the relationship between depressed and nondepressed students and their parents on measures of depression and attributional style. The main hypothesis of the present study was that the parents of depressed students would have higher scores on measures of depression than the parents of nondepressed students and that they would ahve an attributional style which was positively correlated with the attributional style of their children. A comparison of the combined scores on the BDI and the DACL for the parents of both groups of students was made with a t-test. The means of the Depressed group were found to be significantly higher than those of the Nondepressed group. A t-test was also computed between depressed and nondepressed mothers and fathers. It was found that the mothers of depressed children differed significantly ($p < .05$) from the mothers of nondepressed children on both indices of depression. There were no significant differences between the means for the fathers; however, the means of the fathers of Depressed children were higher in both measures than the means of the fathers of the other group. As a result, our first hypothesis was partially supported with mothers of depressed students showing significantly higher scores on measures of depression than mothers of nondepressed students.

In regard to familial similarity in attributional style, Pearson correlation coefficients were performed for the Depressed and Nondepressed groups. Although more statistically significant positive correlations were found in the Depressed group, the same group had an almost equal number of negative correlations. It is possible that the outcome was the result of individual differences, although differences in level of depression and type of depression could also have played a part. Perhaps the latter explanation is the most plausible, as few significant differences were found between depressed and nondepressed students in attributional style. Since the questionnaire was formulated to test the type of depression that is described by the learned helplessness model, it is possible that the questionnaire may not be sensitive to other types of depression, and that learned helplessness may be of limited clinical value.

In an analysis of the similarity in response among family members, it was found that both depressed and nondepressed students responded most like their mothers on the attributional style questionnaire, with depressed students being significantly more similar to their mothers than their fathers. The children also had BDI and DACL scores that were consistently like their mothers in both direction and magnitude. Since the majority of the students were female, it is feasible to speak of the interaction between the two groups as possibly due to similarity in gender. This hypothesis could not be more fully analyzed because there were only 2 males in each group of students. As Brown and Inouye (1978) and Kovacs and Beck (1978) posit, a maladaptive attributional style may be learned for a person with whom we identify and perceive as similar to ourself. Our findings suggest that this may be true. An alternative hypothesis which

is also plausible is that females may receive a different type of evaluative feedback in the classroom than males. Dweck et al., (1978) observed teacher-pupil evaluation in an elementary school and found some interesting results. Their study revealed that both the contingencies of feedback in classrooms and the attributions made by the teachers were ones that would render negative evaluation more indicative of ability for females than males. For example, negative evaluation of females' performance referred almost exclusively to intellectual inadequacies, whereas 45% of males' work-related criticism referred to nonintellectual aspects. Moreover, teachers attributed the males' failures to lack of motivation significantly more than they did the females' failures. The pattern of feedback was quite general across children within the classrooms. In addition, none of these patterns varied as a function of the ability level of the class. The implications are important in that it is possible that these differences, although agent specific and manipulable at grade school age, may become more generalized and stable in later years.

In summary, our postulate that the parents' of a depressed individual would have common characteristics received some support. The question of whether an attributional style leads to depression, or that depression causes a maladaptive attributional style, was not clearly answered. Perhaps a maladaptive attributional style may be maintained in a family and predispose one to depression. The present study only supports this view. The clinical implications of this is the recognition that children of depressed individuals (particularly same-sex children) may be at risk for becoming depressed or for acquiring maladaptive cognitions from their parents.

In retrospect, our findings may have been more meaningful if we had used a larger sample size and if sex had been balanced for each group. However, it was difficult to find students who met the criteria for depression on both measures, and the majority of depressed students were female. Perhaps if more precautions had been taken, a more useful design could have been arrived at. Another part of this study that could have been improved upon was the attributional style questionnaire. It was selected because it had been developed and used by Seligman and his associates in studying learned helplessness. It is possible that the situations in the questionnaire may not have been as useful in tapping depressive attributional style as another measure (i.e., Rosenberg's Self-esteem Scale). It is recommended that future studies investigate the process of identification in the family of depressed adults more closely. One way that this could be accomplished is through a longitudinal study in which the level of depression and types of attributions could be assessed at specific times. It would also be beneficial to include a play session between depressed parent and child so that the mode of interaction could be more clearly specified. Perhaps this study will provide impetus for further research in which the role of the family, in the etiology of depression, will be further elucidated.

APPENDICES

APPENDIX A

BECK D. I.

Instructions: Please read each set of statements completely, then circle the I of the one which most represents how you feel right now. For example, read all the statements in Category "A." reflect for a minute, then choose one of them and circle it. Then continue to the next set until you have chosen one statement for every letter through "U."

A. I do not feel sad
I feel blue or sad
I am blue or sad all the time and I can't snap out of it
I am so sad or unhappy that it is quite painful
I am so sad or unhappy that I can't stand it

B. I am not particularly pessimistic or discouraged about the future
I feel discouraged about the future
I feel I have nothing to look forward to
I feel that I won't ever get over my troubles
I feel that the future is hopeless and that things cannot improve

C. I do not feel like a failure
I feel I have failed more than the average person
I feel I have accomplished very little that is worthwhile or that means anything
As I look back on my life all I can see is a lot of failures
I feel I am a complete failure as a person (parent, husband, wife)

D. I am not particularly dissatisfied
I feel bored most of the time
I don't enjoy things the way I used to
I don't get satisfaction out of anything any more

E. I don't feel particularly guilty
I feel bad or unworthy a good part of the time
I feel quite guilty
I feel bad or unworthy practically all the time now
I feel as though I am very bad or worthless

F. I don't feel I am being punished
I have a feeling that something bad may happen to me
I feel I am being punished or will be punished
I want to be punished

G. I don't feel disappointed in myself
I am disappointed in myself
I don't like myself
I am disgusted with myself
I hate myself

H. I don't feel I am any worse than anybody else
I am critical of myself for my weaknesses or mistakes
I blame myself for my faults
I blame myself for everything bad that happens

I. I don't have any thoughts of harming myself
I have thoughts of harming myself but I would not carry them out
I feel I would be better off dead
I would kill myself if I had the chance

J. I don't cry anymore than usual
I cry more now than I used to
I cry all the time now
I used to be able to cry but now I can't cry at all even though I want to

K. I am no more irritated now than I ever am
I get annoyed or irritated more easily than I used to
I feel irritated all the time
I don't get irritated at all at the things that used to irritate me

L. I have not lost interest in other people
I am less interested in other people now than I used to be
I have lost most of my interest in other people and have little feeling for them
I have lost all my interest in other people and don't care about them at all

M. I make decisions about as well as ever
I try to put off making decisions
I have great difficulty in making decisions
I can't make any decisions at all any more

N. I don't feel any worse than I used to
I am worried that I am looking old or unattractive
I feel that there are permanent changes in my appearance and they Make me look unattractive
I feel that I am ugly or repulsive looking

O. I can work about as well as before
It takes extra effort to get started at doing something
I don't work as well as well as I used to
I can't do any work at all

P. I can't sleep as well as usual
I wake up more tired in the morning than I used to
I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
I wake up every day at an early time and can't get more than 5 hours sleep

Q. I don't get any more tired than usual
I get tired more easily than I used to
I get tired from doing anything
I get too tired to do anything

R. My appetite is no worse than usual
My appetite is not as good as it used to be
My appetite is much worse now
I have no appetite at all any more

S. I haven't lost much weight
I have lost more than 5 pounds
I have lost more than 10 pounds
I have lost more than 15 pounds

T. I am no more concerned about my health than usual
I am concerned about aches and pains or unset stomach or constipation
I am very worried about physical problems and it's hard to think about much else
I am so worried about my physical problems and it's hard reached the point where I can't thind of anything else

U. I have not noticed any recent change in my interest in sex
I am less interested in sex than I used to be
I am much less interested in sex now
I have lost interest in sex completely

APPENDIX B

CHECK LIST

DACL FORM A

By Bernard Lubin

Name_____ Age_____ Sex_____

Date_____ Highest grade completed in school_____

DIRECTIONS: Below you will find words which describe different kinds of moods and feelings. Check the words which describe How You Feel Now - - Today. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly and check all of the words which describe how you feel today.

1. ☐	Wilted	17. ☐	Strong
2. ☐	Safe	18. ☐	Tortured
3. ☐	Miserable	19. ☐	Listless
4. ☐	Gloomy	20. ☐	Sunny
5. ☐	Dull	21. ☐	Destroyed
6. ☐	Gay	22. ☐	Wretched
7. ☐	Low-spirited	23. ☐	Broken
8. ☐	Sad	24. ☐	Light-hearted
9. ☐	Unwanted	25. ☐	Criticized
10. ☐	Fine	26. ☐	Grieved
11. ☐	Broken-hearted	27. ☐	Dreamy
12. ☐	Down-cast	28. ☐	Hopeless
13. ☐	Enthusiastic	29. ☐	Oppressed
14. ☐	Failure	30. ☐	Joyous
15. ☐	Afflicted	31. ☐	Weary
16. ☐	Active	32. ☐	Droopy

APPENDIX C

Name _____

Date _____

Phone # _____

DIRECTIONS

Please try to vividly imaging yourself in the situations that follow. If such a situation happened to you what would you feel would have caused it? While events may have many causes, we want you to pick only one - the major cause if this event happened to you. Please write this cause in the blank provided after each event. Next we want you to answer some questions about the cause and a final question about the situation. To summarize, we want you to:

1) Read each situation and vividly imagine it happening to you.

2) Decide what you feel would be the major cause of the situation if it happened to you.

3) Write one cause in the blank provided.

4) Answer three questions about the cause.

5) Answer on question about the situation.

6) Go on to the next page.

YOU MEET A FRIEND WHO COMPLIMENTS YOU ON YOUR APPEARANCE.

1) Write down the *one* major cause _____

2) Is the cause of your friend's compliment due to something about you or something about the other person or circumstances? (Circle one number)

Totally due to the other person or circumstances	1	2	3	4	5	6	7	Totally due to me

3) In the future when you are with your friends, will this cause again be present? (Circle one number)

Will never again be present	1	2	3	4	5	6	7	Will always be present

4) Is the cause something that just affects interacting with friends or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

5) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU HAVE BEEN LOOKING FOR A JOB UNSUCCESSFULLY FOR SOME TIME.

6) Write down *one* major cause _____

7) Is the cause of your unsuccessful job search due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

8) In the future when looking for a job, will this cause again be present? (Circle one number)

Will never again be present	1	2	3	4	5	6	7	Will always be present

9) Is the cause something that just influences looking for a job or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

10) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU BECOME VERY RICH.

11) Write down the *one* major cause _____

12) Is the cause of your becoming rich due to something about you or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

13) In your financial future, will this cause again be present?

Will never again be present	1	2	3	4	5	6	7	Will always be present

14) Is the cause something that just affects obtaining money or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

15) How important would this situation be if it happened to you?

Not at all important	1	2	3	4	5	6	7	Extremely important

A FRIEND COMES TO YOU WITH A PROBLEM AND YOU DON'T TRY TO HELP THEM.

16) Write down the *one* major cause _____

17) Is the cause of your not helping your friend due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

18) In the future when a friend comes to you with a problem, will this cause again be present? (Circle one number)

Will never again be present	1	2	3	4	5	6	7	Will always be present

19) Is the cause something that just affects what happens when a friend comes to you with a problem or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

20) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

'OU GIVE AN IMPORTANT TALK IN FRONT OF A GROUP AND THE AUDIENCE REACTS NEGATIVELY

21) Write down the *one* major cause _____

22) Is the cause of the audience reacting negatively due to something about you or something abou other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

23) In the future when giving talks, will this cause again be present? (Circle one number)

Will never again be present	1	2	3	4	5	6	7	Will always be present

24) Is this cause something that just influences giving talks or does it also influence other areas of yo life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

25) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU DO A PROJECT WHICH IS HIGHLY PRAISED.

26) Write down the *one* major cause _____

27) Is the cause of being praised due to something about you or something about the other people o circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

28) In the future when doing a project, will this cause again be present?

Will never again be present	1	2	3	4	5	6	7	Will always be present

29) Is this cause something that just affects doing projects or does it also influence other areas of yo life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

30) How important would this situation be if it happened to you?

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU MEET A FRIEND WHO ACTS HOSTILELY TOWARD YOU

31) Write down the *one* major cause _____

32) Is the cause of your friend acting hostile due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

33) In the future when interacting with friends, will this cause again be present? (Circle one number

Will never again be present	1	2	3	4	5	6	7	Will always be present

34) Is the cause something that just influences interacting with friends or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

35) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU CAN'T GET ALL THE WORK DONE THAT OTHERS EXPECT OF YOU.

36) Write down the *one* major cause _____

37) Is the cause of your not getting the work done due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

38) In the future when doing the work that others expect, will this cause be present? (Circle one numb

Will never again be present	1	2	3	4	5	6	7	Will always be present

39) Is the cause something that just affects doing work that others expect of you or does it also influence other areas of your life? (Circle one number).

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

40) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOUR SPOUSE (BOYFRIEND/GIRLFRIEND) HAS BEEN TREATING YOU MORE LOVINGLY.

41) Write down the *one* major cause _____

42) Is the cause of your spouse (boyfriend/girlfriend) treating you more lovingly due to something abou you or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

43) In future interactions with your spouse (boyfriend/girlfriend) will this cause again be present?

Will never again be present	1	2	3	4	5	6	7	Will always be present

44) Is this cause something that just affects how your spouse (boyfriend/girlfriend) treats you or does also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

45) How important would this situation be if it happened to you?

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU APPLY FOR A POSITION THAT YOU WANT VERY BADLY (e.g., IMPORTANT JOB, GRADUAT SCHOOL ADMISSION, etc.) AND YOU GET IT.

46) Write down *one* major cause _____

47) Is the cause of your getting the position due to something about you or something about oth people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

48) In the future when applying for a position, will this cause again be present? (Circle one number

Will never again be present	1	2	3	4	5	6	7	Will always be present

49) Is the cause something that just influences applying for a position or does it also influence oth areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

50) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU GO OUT ON A DATE AND IT GOES BADLY.

51) Write down the *one* major cause _____

52) Is the cause of the date going badly due to something about you or something about other people c circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

53) In the future when dating, will this cause again be present? (Circle one number)

Will never again be present	1	2	3	4	5	6	7	Will always be present

54) Is the cause something that just influences dating or does it also influence other areas of your lif (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

55) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU GET A RAISE.

56) Write down the *one* major cause _____

57) Is the cause of your getting a raise due to something about you or something about other people circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

58) In the future on your job, will this cause again be present?

Will never again be present	1	2	3	4	5	6	7	Will always be present

59) Is this cause something that just affects getting a raise or does it also influence other areas of yc life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

60) How important would this situation be if it happened to you?

Not at all important	1	2	3	4	5	6	7	Extremely important

MICHIGAN STATE UNIVERSITY

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PSYCHOLOGY RESEARCH BUILDING

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APPENDIX D

November 13, 1981

Dear Parents:

The following questionaires are part of an experiment that we are conducting, and that your child has participated in this term. The study involves comparing your attitudes and social perceptions to those of your child. The relationship that ensues will provide us with information regarding the effect your views have on your child.

We hope that you will grant us a small part of your time by filling out the questionaires. We would also like you to know that your participitation will lead to your child receiving an hour of research credit towards his grade. If you decide to participate, please fill out the questionaires seperately and do not confer on your responses. After you have completed them, either return them to us in the enclosed envelope, or through your child. Thank you very much for your help.

Sincerely yours:

Charles E. Gutierrez
Experimenter

Dr. Dozier W. Thornton
Chairperson

APPENDIX E

DEPARTMENTAL RESEARCH CONSENT FORM

1. I have freely consented to take part in a scientific study being conducted by: Charles E. Gutierrez

   Under the supervision of: Dr. Dozier W. Thornton

2. The study has been explained to me and I understand the explanation that has been given and what my participation will involve.

3. I understand that I am free to discontinue my participation in the study at any time without penalty.

4. I understand that the results of the study will be treated in strict confidence and that I will remain anonymous. Within these restrictions results of the study will be made available to me at my request.

5. I understand that my participation in the study does not guarantee any beneficial results to me.

6. I understand that, at my request, I can receive additional explanation of the study after my participation is completed.

Signed: _____

Date: _____

TITLE OF RESEARCH PROJECT: Parent-Child Similarities

REFERENCES

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