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EFFECTS OF STRESSOR CONGRUENCE WITH SOCIOTROPY-AUTONOMY USING A MOOD INDUCTION PROCEDURE

A thesis presented in partial fulfilment of the requirements for the degree of Master of Science in Psychology at Massey University

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ABSTRACT

Aaron Beck's cognitive theory of depression suggests that depression results from the activation of underlying dysfunctional attitudes, by a congruent stressor. To test the notion of congruence, thirty-five male and sixty-one female university students were classified as sociotropic or autonomous using the Sociotropy-Autonomy scale. These subjects took part in a Velten Mood Induction procedure, in which half of the subjects received a congruent negative mood induction, and the other half received an incongruent negative mood induction. The dependent variables of interest were measures of negative affect and of dysfunctional thinking. Although both congruent and incongruent inductions led to an increase in negative affect and in dysfunctional thinking, the most significant increases were observed for the congruent group.

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INTRODUCTION

Depression

Most people's experiences include negative affective states, but not everyone experiences these states with the same frequency and intensity as persons suffering from clinical depression. Not all negative affect is inappropriate. Depression often accompanies a serious illness, and it can be considered a normal response to the misfortunes of life, such as a loss of any description. However, clinical depression is considered to be quite different to 'normal' sadness and grief.

Despite the fact that there is considerable agreement on the phenomenology of the clinical picture of depression, there is not yet a completely satisfactory explanation which can account for the mechanisms that underlie the wide variation in symptomatology and course (Kovacs & Beck, 1978). This incomplete understanding of the causal factors of depression is reflected in the fact that there are a large number of competing viewpoints and theories. For example, psychoanalytic theory views depression as resulting from early childhood needs not being met. The individual develops a tendency to be "excessively dependent on others for the maintenance of self-esteem" (Davison & Neale, 1990, p.225). Biochemical theories relate depression to neurotransmitter levels, especially low levels of norepinephrine and of serotonin.

It is believed that rates of depression have increased significantly over the past 25 years. Especially notable are the increases in incidence and severity of depression among young adults (Dean, 1985). It has been estimated that ten to fifteen percent of the general population will experience a depressive episode at some point in their life. It has also been noted that depressive disorders are the most frequent complaint presented by patients at initial contact with a mental health professional (Rush, 1982, cited by Becker & Heimberg, 1985).

The word 'depression' was found in medical dictionaries by 1860. The term suggested both "a physiological and a metaphysical "lowering" of emotional function" (Berrios, 1988). Accordingly, it could be used to describe either a condition or a symptom. By the turn of the century, the term had become a synonym of melancholia.

Early use of the word was mainly restricted to the description of a symptom. In 1921, Kraeplin used "depressive states" as a generic category, including various melancholic disorders (Kraeplin, 1921, cited by Berrios, 1988).

Arieti (1970, cited by Bemporad, 1988), was one of the first psychiatrists to propose that illness maybe the result of conflicting ideas, as opposed to conflicts between biological drives and social repression. Arieti suggested that there are unconscious cognitive schemata, learned in childhood, and later repressed. These schemata that appear predominantly in depression were thought to concern a devaluing of the self, and an overvaluing of others (Bemporad, 1988).

Several theories of depression focus on how the individual's cognitive responses to life events may predispose them to depression. Stressful life events play an important role in the theories, but it is the individual's perceptions of these events as opposed to the events per se, that occupies a central position.

One such theory of depression is the Hopelessness theory, recently reformulated (Abramson, Metalsky, & Alloy, 1989). The hypothesized causal chain begins with the perceived occurrence of negative life events, or the nonoccurrence of positive life events (Abramson et al, 1989).

According to the theory, there are at least three types of inferences people may make that determine whether or not they become hopeless when negative life events occur. First, there are inferences about why the event occurred. Termed causal attributions, depression is most likely to occur when the individual makes

stable, global attributions. (In other words, when the person attributes the cause of a negative event to enduring factors, which affect many outcomes.) Second, there are inferences about consequences that will result from the event. The person is likely to become depressed if he or she thinks that the event will result in negative and important consequences. Third, the person can make inferences about the self, given that the event occurred. Should he or she infer that the event occurred because of his or her negative personal characteristics, depression may follow.

This reformulation of the hopelessness theory of depression is similar to Beck's cognitive theory of depression (Beck, 1963, 1967). Both theories emphasize the importance of maladaptive inferences in depression, and both have diathesis-stress components, which suggest that certain individuals possess some kind of vulnerability to becoming depressed, and that this vulnerability is triggered by stress.

However, there are distinct differences between the hopelessness theory and Beck's (1967) theory. The hopelessness theory proposes the existence of a particular subtype of depression - hopelessness depression, but Beck has not elaborated a cognitively caused subtype of depression. Beck's theory describes the formal characteristics of depressive cognitions, whereas the hopelessness theory does not. Beck also emphasizes negative bias in depressive thinking; the hopelessness theory allows for the possibility of distortions in both depressive and non-depressive cognition.

Beck's Cognitive Theory of Depression

Aaron Beck's central thesis is that depressed individuals feel as they do because they commit characteristic errors in thinking (Beck, 1967). His position is not that depressives think poorly or illogically in general, rather, they "draw illogical conclusions or negatively evaluate themselves, their immediate world, and their future" (Davison & Neale, 1990, p.226). This three-way negative outlook is referred to as the cognitive triad (Beck, 1963).

This cognitive triad is made up of three parts. The first concerns the depressed individual's view of the world. He or she has a defeated attitude towards his or her immediate surroundings, and sees others as rejecting, tasks as insurmountable, and activities as not worth the effort. The second part is the individual's view of the self. The depressed person has a very low opinion of self. They devalue their abilities, attractiveness, and effectiveness, and are sure that success will never be achieved because they are so inept and boring (Bemporad, 1988). Finally, the depressed individual has a pessimistic view of the future. The belief is that the future is hopeless, and nothing will ever improve.

According to Beck, depressed individuals have acquired, during childhood and adolescence, negative schemata. A commonly accepted definition holds that "schemata consist of organized elements of past reactions and experiences that form a relatively cohesive and persistent body of knowledge, capable of guiding subsequent perception and appraisals" (Segal, 1988, p.148). These may develop through parental loss, criticism by teachers and other authority figures, or rejection by peers. These schemata fuel, and are fuelled by, certain cognitive distortions. A distortion can be defined as a "judgment or conclusion that disagrees or is inconsistent with some commonly accepted measure of objective reality" (Alloy & Abramson, 1988, p.226). Some of the principal cognitive distortions of the depressed individual are; arbitrary inference, where a conclusion is drawn in the

absence of sufficient evidence; overgeneralization, where a sweeping conclusion is made on the basis of a single event; and magnification, where, for example, a person believes his or her car is ruined due to a tiny scratch on the door.

These errors in thinking serve to confirm the depressed individual's self-deprecatory schema. The negative schemata held by a depressed person are able to be activated whenever the individual encounters a situation which resembles the conditions in which the schema was learned. For example, if a person has been neglected by a parent, a subsequent situation which is interpreted as a rejection, may activate that schema. Therefore, it can be said that these schemata make an individual "vulnerable" to depression.

Cognitive structures are considered relatively enduring characteristics. They are "organized representations of prior experience" (Kovacs & Beck, 1978, p.526). A schema acts like a template - it screens and evaluates incoming stimuli. The schemata which are active in depression are believed to be initially latent cognitive structures. They are activated when the vulnerable individual is faced with certain stressors. Following their activation, depressogenic schemata gradually replace more appropriate ways of organizing and evaluating information.

According to Kovacs and Beck (1978) there are several characteristics of schemata that predispose an individual to depression. They relate to aspects of the person's prior experience; they organize information about events that are perceived as subtractions from one's personal domain; and they generally involve inflexible or absolute rules of conduct and evaluation. Most of these schemata involve erroneous conclusions stemming from the individual's prior experience, and situations resembling the circumstances under which they developed are likely to activate them.

Cognitive theory does not assume, however, that a well-adjusted, non-depressed individual necessarily thinks rationally. In fact, a study by Kumari and Blackburn (1992), investigated the question of how specific automatic thoughts are to a depressed population. Results revealed that basic cognitive distortions do in fact occur in a normal population, but these distortions differ from those found in depressed persons. While normal subjects expressed themes of a hostile world, depressed subjects expressed significantly more thoughts involving self-depreciation, hopelessness, and illness (Kumari & Blackburn, 1992).

In Beck's (1967) theory, schemata are not only invoked to explain the systematic errors or cognitive distortions of depressed persons, but are also expected to account for the ongoing vulnerability to depression.

The more frequently a construct is activated, the more accessible it becomes. Cognitive theory proposes that a greater accessibility of negative constructs is characteristic of depression. This may be due either to differences between depressed and normal individuals in the constructs that are stored in memory, or to a difference in the ease of which certain constructs are tapped (Segal, 1988). It may be that persons prone to depressive episodes more readily access negative self-schemata, than do those persons not as vulnerable to becoming depressed.