LEVELS OF EXPLANATORY STYLE AND EXPLANATORY FLEXIBILITY IN TREATMENT-SEEKING PATIENTS

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INTRODUCTION

• The reformulated learned helplessness (Abramson, Seligman, & Teasdale, 1978) and hopelessness theories (Abramson, Metalsky, & Alloy, 1989) are cognitive vulnerability-stress models of depression, which follow from the original learned helplessness theory (Seligman, 1974).

➢The attributional component of the reformulated learned helplessness theory, referred to as **attributional style** or **explanatory style**, is defined as an individual's habitual way of assigning causes to negative events. Individuals who attribute negative life events to internal, stable, and global causes are more vulnerable to depression.

➢Hopelessness theory retains the causal attribution component, referred to as **generality**, but de-emphasizes the internality dimension.

➢Explanatory style is commonly assessed with the *Attributional Style Questionnaire* (ASQ; Peterson, et al., 1982) – a self-report inventory which instructs respondents to identify the one major cause for hypothetical negative events and then to rate the internality, stability, and globality of the cause.

➢The **generality** score is computed by averaging the values of the stability and globality items associated with negative events to product a score that ranges from one to seven.

• Two studies have also examined the association of explanatory style for negative events in individuals with either a depression or anxiety diagnosis (Alloy, Reilly-Harrington, & Fresco, 2006; Heimberg, Vermilyea, Dodge, Becker, & Barlow, 1987).

➢Heimberg and colleagues (1987) compared adult outpatients who earned either a diagnosis of dysthymia or anxiety (e.g., social phobia, panic disorder, or panic disorder with agoraphobia) to adults with no current diagnoses (normal controls). All patients, irrespective of a current diagnosis, endorsed a more pessimistic explanatory style (e.g., internal, stable and global attributions) for negative events as compared to normal controls. None of the depressed and anxious groups differed from one another.

➢By contrast, Alloy et al. (2006), in a sample of 114 college students with current major depression, a current anxiety disorder, current depression and anxiety, or no lifetime history of psychopathology, found that elevations in pessimistic style were present only in individuals with current depression (irrespective of current anxiety status).

• **Explanatory flexibility** (Fresco, Heimberg, Abramowitz, & Bertram, 2006; Fresco, Rytwinski, & Craighead, in press) has been identified as a cognitive process relevant to depression.

➢It is defined as the degree of variability an individual displays in assigning causes to negative events. It is operationalized as the intra-individual standard deviation from the stability and globality of causes attributed to negative events on the *ASQ*.

➢Low explanatory flexibility (rigidity) is associated with higher rates of subsequent depression, particularly when confronted with negative life events.

➢With respect to anxiety, explanatory flexibility has also shown relevance to generalized anxiety disorder (Fresco, Mennin, Heimberg, & Hambrick, under review).

PURPOSE

• First, we sought to examine levels of pessimism (explanatory style) and explanatory flexibility, as measured by the *ASQ*, in distinct diagnostic groups of patients from an outpatient clinical sample.

• Second, we sought to identify any differential patterns of endorsement for both pessimism and explanatory flexibility among the different diagnostic groups.

METHOD

Procedure

Clients presenting for treatment at the Kent State University Psychological Clinic completed the *ASQ* and were evaluated by clinic therapists with the Structured Clinical Interview for DSM-IV-TR Axis I Disorders (*SCID*; First et al., 2002). Interviewers in the clinic were all second or third year doctoral students trained in diagnostic assessment with the SCID and were receiving weekly supervision in diagnostic case formulation. Interviewers were kept blind to ASQ responses.

Participants

• 131 consecutive patients (42 men, 89 women)
• Age ranged from 18 to 42, (M = 22.61, SD = 4.629)
• The following groups were developed based on current/primary *SCID* diagnostic information:
  • Major Depressive Disorder (MDD) or primary Depression NOS (n = 58)
  • Generalized Anxiety Disorder (GAD) (n = 29)
  • Other (Other anxiety disorders, dysthymia, eating disorders, NOS) (n = 26), and Adjustment Disorders (AD) (n = 12).
  •In the event of having both MDD and GAD, the patient was placed in the MDD group (n = 14).

• Given previous findings showing relevance of MDD and/or GAD to the study of explanatory style and explanatory flexibility, patients were grouped into the MDD or GAD group if they had a non-primary, current diagnosis of MDD (n = 9) or GAD (n = 5).

RESULTS

• Findings revealed significant main effects for diagnostic group with pessimistic explanatory style [$F(3,117) = 6.48$, $p < .001$, Cohen's $f = .41$] and explanatory flexibility [$F(3,117) = 4.30$, $p < .006$, Cohen's $f = .33$] as the dependent measures.

• Follow-up pairwise comparisons revealed that the MDD (M = 4.62, SD = .75) and GAD (M = 4.86, SD = .76) groups evidenced the highest levels of pessimistic explanatory style as compared to the Other (M = 4.17, SD = .86) and Adjustment Disorder Groups (M = 3.86, SD = 1.13).

• With respect to explanatory flexibility, the MDD (M = 1.26, SD = .49), GAD (M = 1.21, SD = .37), and Adjustment Disorder (M = 1.17, SD = .30) groups evidenced similar levels of low explanatory flexibility as compared to the Other group (M = 1.58, D = .40).

DISCUSSION

Participants with MDD and GAD were both relatively pessimistic and rigid as assessed with the *ASQ*. Participants with Adjustment Disorder evidenced relatively low levels of explanatory flexibility, but without a corresponding pessimistic explanatory style. These findings are consistent with previous theory in explanatory flexibility which posits that highly flexible individuals may evaluate each event objectively and attribute causes to events depending on the content of the events themselves (thus, making their attributions across events more unique and varied). Although not an a priori prediction individuals with an Adjustment Disorder diagnosis were found to display relatively low levels of explanatory flexibility. It is possible that these individuals were so overwhelmed by the acute psychosocial stressor they were experiencing, that it became more difficult to incorporate content specific information, thus causing their attributions to be less varied and more rigid.

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