DEPRESSIVE SUBTYPES AND DYSFUNCTIONAL ATTITUDES:
A PERSONAL CONSTRUCT VIEW

THESIS

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By

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The influence of cognitive organization, dysfunctional attitudes, and depressive "subtype" on the perceptions of negative life events is explored. BDI scores are used to delineate symptomatic and non-symptomatic groups. Construct content (sociotropic versus autonomous, as first defined by Beck) is used to identify predominant schema-type. Subjects completed a Problematic Situations Questionnaire with Dysfunctional Attitudes Scale. Results indicate that depressed individuals display more dysfunctional attitudes and negative affect in all types of negative situations; further the endorsement of dysfunctional attitudes is significantly more likely to occur in the context of schema-congruent situations. Findings are discussed a) in terms of the utility of personal constructs in the assessment of schema-type and b) in accordance with a person-event interactional model of depression.
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DEPRESSIVE SUBTYPES AND DYSFUNCTIONAL ATTITUDES:
A PERSONAL CONSTRUCT VIEW

Any comprehensive theory of psychopathology should consider inter-relationships between the individual's internal and external environments. Early conceptualizations of depression have to a large extent focused on the pathological aspects of one or the other. Empirical investigations of the cognitive model of depression have focused on "depressogenic schemata" (Hammen & Krantz, 1976), negative cognitive biases (Derry & Kuiper, 1981; Gotlib & McCann, 1984), and dysfunctional attitudes (Hammen, Marks, Mayol & Demayo, 1985); personal construct researchers have explored the roles of cognitive complexity and flexibility (Angelillo, Cimbolic, Doster & Chapman, 1985) and construct content (Space & Cromwell, 1980); while life-stress models have attempted to implicate the occurrence of negative life events in the onset of depression (Brown, 1979; Paykel, 1979). Theoretically, there is clearly a need for a more comprehensive perspective of this syndrome that would integrate the roles of both the individual and the environment (Robins & Block, 1988). The view of depression as a multiply caused disorder has lead researchers to examine interactions among these factors; recently, empiricists have attempted to discover which aspects of the depressed individuals intrapsychic and
interpersonal worlds can be identified in the etiology and maintenance of this syndrome (Hammen et. al., 1985; Kuiper, Olinger, & Air, 1988; Swindle, Cronkite, & Moos, 1989). The purpose of this study is to further investigate the nature of the depressed person's intrapsychic world and how this both affects and is affected by interpersonal events--specifically the interplay of cognitive complexity, flexibility, and dysfunctional attitudes, with specific life events will be explored.

The Cognitive Model

Based on clinical observation, Beck's cognitive formulation of depression proposes that dysfunctional cognitions are the basis of all behavioural, motivational, and affective manifestations of this syndrome (Beck, 1967, 1983). Depressive cognition appears to be characterized by a few stereotypical themes, perpetuated by the individual's utilization of illogical, unrealistic thought processes. Beck conceptualized these schemata as the "negative cognitive triad" of depression--general cognitive structures that contain negative ideations pertaining to the self, the world, and the future (Beck, 1967). Depressed affect is a consequence of utilizing these schemata to make perpetually negative perceptions and interpretations of reality. The cognitive model of depression maintains that dysfunctional thoughts occur first, followed by the affective manifestations of these thoughts (Coyne & Gotlib, 1983).
Beck did realize, however, that the interaction between cognition and affect will cause a "downward spiral" in the depression (Beck, Rush, Shaw, & Emery, 1979).

Empirical research has provided support for the existence of a negative cognitive bias which influences the processing of information pertaining to the self (Derry & Kuiper, 1981; Gotlib & McCann, 1984; Hammen & Krantz, 1976; McDowall, 1984; Nelson & Craighead, 1977). These studies support the notion that depression can be conceptualized as a primary disorder of thought with resultant disturbance of affect and behaviour in consonance with the cognitive distortions (Beck, 1967).

**PCT and Depression**

The Personal Construct Theory of George Kelly (1955) provides an additional and alternative approach to understanding the mediating role cognitive processes play in coping and adjusting to stressful life experiences. An important notion of his theory is that of "constructive alternativism" which maintains that the ways in which man interprets and construes events are always subject to change or replacement. The metaphorical stance of Personal Construct Theory is one of "Man as Scientist"--life is viewed as a process of proving (validating) and disproving (invalidating) hypotheses while revising one's cognitive orientation, both content and organization of one's cognitions, all the while (Patterson, 1967).
Kelly believed that, as a result of their developmental history, individuals create unique construction systems composed of interconnected, dichotomous constructs; and it is with the aid of this system that we are able to represent, interpret, react to, and act upon events within our world (Rasile, 1989). Emotionality is a reaction to or anticipation of an event(s) that does not "fit" our understanding of the world and the event itself is likely to have a substantial impact on our sense of our self and the world (Kelly, 1955). Life events are only threatening to the extent that they are construed as such.

Kelly reasoned that the experience of depression stems from an inability to understand or foresee future events (Neimeyer, 1983). This results from the cognitive processes of preemption and constriction, whereby an individual narrows the applicability of their constructs and/or limits the number of constructs they use. The process of constriction is believed to lead to a tendency to perceive events in an unvarying and stereotypical manner and has been found to be negatively related to overall adjustment (Angelillo et. al., 1985; Nicholson, 1985). Nicholson (1985) found that individuals who have less integrated and more disjointed construct systems, as measured by the REPtest, were not as well adjusted when compared with individuals who have flexible, well-integrated construct systems. A highly complex but poorly integrated construct
system leads to an inflexible interpersonal style; and an inability to adapt to or anticipate change (Angelillo, et. al., 1985; Landfield & Barr, 1976).

Along with the organization of the self-system in depression, research has also examined the relationship between depression and construct content. Similar to the cognitive model of negative schematic content, the personal construct model maintains that the content of a depressives constructs would be significantly more negative than normal (Ross, 1985). Research in construct content and depression has found that depressives have a significantly greater proportion of negative constructs (Oliver & McGee, 1982; Space & Cromwell, 1980).

Life Events and Depression

There is a substantial amount of evidence implicating the role of environmental stressors in the development and maintenance of depression (Paykel, 1979). In fact, the etiology of reactive or exogenous depression is generally defined by the presence of a precipitating stressful life event (Hickox, 1985). Within the area of life-stress research, it has been found that negative life events in the areas of health, finances, and interpersonal relationships have depressogenic effects; chronic life strain associated with major social roles of spouse, parent, and provider are associated with depressive symptomatology, and frequent "daily hassles" are better predictors of subsequent
depression than are major life events (Billings & Moos, 1982, 1985; Swindle, Cronkite, & Moos, 1989). Depressed people also report a greater number of negative life events, daily hassles and minor frustrating events (Olinger, Kuiper & Shaw, 1987).

Although positive relationships between life events and illness onset have been found, there is no conclusive evidence that would allow us to assume that exposure to stress alone is sufficient explanation for the development of a depressive disorder (Wise & Barnes, 1986). Recent research has focused on an integration of the role of life events and cognitive style and coping behaviours and how they interact in various ways to precipitate the onset of depressive symptomatology (Billings & Moos, 1982; Hickox, 1985; Nicholson, 1983; Olinger et. al., 1987; Wise & Barnes, 1986). Cognition is believed to play a role in emotional responses to stressful events, and the etiology of depressive reactions is viewed as being mediated by cognitive factors (Brown, 1979; Hickox, 1985). Along this line, life events are stressful to the extent that an individual perceives them as threatening and interprets them in a negative manner. This then cues the subjective psychophysiological stress response, including but certainly not limited to both the affective and behavioural manifestations of depression (Hickox, 1985).
Dysfunctional Attitudes and Depression

The role of dysfunctional attitudes in the development and maintenance of depression has been given much attention within the last decade (Beck, 1983; Kuiper, Olinger, & Air, 1989; Kuiper, Olinger, & Martin, 1988). Dysfunctional attitudes are rigid and inappropriate rules for guiding one's life and constitute what is believed to be a cognitive predisposition or vulnerability to depression (Beck et. al., 1979). Research in this area has found that the existence of dysfunctional attitudes reliably distinguishes depressives from non-depressives (Kuiper, Olinger, MacDonald, & Shaw, 1985). Rush, Weissenberger, and Eaves (1986) have found that dysfunctional attitudes measured shortly after remission relate positively to subsequent depressive symptomatology. The presence of dysfunctional attitudes has been conceptualized as a "vulnerability marker" for depression (Kuiper et. al., 1985). If, based upon his/her attitudes, a person believes that an event is threatening to their self-image, subsequent emotional disturbance is more likely than if the event is not perceived to be threatening (Kuiper, et. al., 1988).

Several studies have in fact identified what appears to be a relationship between dysfunctional attitudes, events that impinge on these attitudes, and subsequent depression. Dysfunctional attitudes have been found to mediate the impact of negative life change on depression (Wise & Barnes, 1986). Olinger, Kuiper & Shaw (1987) found an interaction
between dysfunctional attitudes and negative events, where individuals with few dysfunctional attitudes experienced minimal levels of depression following the occurrence of negative life events. For individuals with many dysfunctional attitudes, there was a stronger relationship; an increase in events had a substantial impact on depression level. As hypothesized by these researchers, this evidence seems to indicate that the presence of life events per se are not sufficient to induce depression. The events must relate to and impact with an individual's vulnerability factor. In line with the cognitive model, the predisposing vulnerability factor may pertain to dysfunctional attitudes (Beck et. al., 1979).

**Sociotropic versus Autonomous Depression**

Beck's initial cognitive model was later revised, based on the clinical observation that depressives could be categorized as having problems involving sociality or problems involving autonomy (Beck, 1983). Beck labelled these depressive types the "sociotropic" and "autonomous" types respectively. The thematic content of "sociotropic" and "autonomous" cognitions, although still considerably idiosyncratic, was observed to focus on either a theme of "deprivation" (sociotropic) or "failure" (autonomous).

Beck proposed the possibility that these depressive types have specific sets of vulnerabilities that, if encountered, would precipitate a depressive episode. For
the dependent depressive, a precipitating event would involve a perceived loss in his social environment, such as marital separation. For the independent depressive, a precipitating event would involve a perceived inability to attain a goal, possibly from a physical disability or illness. Thus, for these subtypes there exist different vulnerability levels associated with the onset of depression; certain stressors impinge on these different vulnerabilities which trigger depressive episodes (Beck, 1983).

Several recent studies provide empirical support for Beck's notion that there are two types of depression, each characterized by specific vulnerabilities (Hammen, et. al., 1985; Hammen & Krantz, 1986; Hammen, Ellicott, Gitlin & Jamison, 1989; Robins & Block, 1988). Hammen et. al. (1985) assessed their subjects' schema type (i.e. the thematic content of their cognitions), and monitored life events and depressive outcomes (if any) over a four month time period. It was found that depressive outcomes were significantly more likely to occur after the occurrence of a schema-congruent negative life-event than a schema-incongruent negative life event. Thus, a sociotropic schema-type experienced a depression after the occurrence of a negative interpersonal event such as having a fight with a spouse, while an autonomous schema-type experienced a depression after the occurrence of a negative achievement event such as
failing a test (Hammen, et. al., 1985; Hammen et. al., 1989).

A study by Olinger et. al. (1986) also provides support for the notion that depressives have particular domains of functioning that are more and less vulnerable to depressive experiences. These researchers measured dysfunctional attitudes and current life events that were either relevant or irrelevant to these dysfunctional attitudes. If subjects characterized by dysfunctional attitudes were experiencing events that were relevant to these attitudes, they were significantly more depressed than individuals with the same level of dysfunctional attitudes who were not experiencing such events. For example, if subjects endorsed the item "If I fail at my work then I am a failure as a person" and reported that they had "a recent failure experience", they were significantly more depressed than those who endorsed the same attitude but had not experienced a recent failure. The researchers explained that this is because the latter individuals are fulfilling the self-esteem contingencies of their dysfunctional attitudes. If vulnerable individuals fail to meet the contingencies of their dysfunctional attitudes, they will become depressed (Olinger, Kuiper, & Shaw, 1986).

To summarize this review of the research literature, there are several findings that are pertinent to the present investigation. First, the content of depressive schemata is
relatively negative and dysfunctional in terms of adaptation. Second, the cognitive processes of depressed individuals are relatively non-integrated and inflexible. Third, there appears to be a link between both macro and microstressors and depression that is mediated by cognitive processes. Finally, there appears to be two distinct subtypes of depression, each characterized by areas of functioning that are more or less vulnerable to the onset of depression.

In an attempt to conceptually and empirically integrate these findings, the present research attempts to identify the proposed subgroups of depressives and investigate whether each group is characterized by particular dysfunctional attitudes that are influenced by specific life events. Assuming that there are in fact "subtypes" of depressives--the sociotropic and the autonomous--it follows that these subtypes would be characterized by dysfunctional attitudes surrounding those events which are relevant to their self-worth. The dysfunctional attitudes of the sociotropic depressive would be characterized by themes of "loss" or "approval by others"; while the thematic content of the autonomous depressives attitudes would involve "failure" or "evaluation of performance". Further, certain situations will activate the dysfunctional cognitions of "disapproval" or "failure" to a greater or lesser degree. The purpose of this study was to further examine the interplay between the organization of the construct system,
negative life events, and dysfunctional attitudes in sociotropic and autonomous depression. The REPtest will be used to assess schema-type by having subjects code their constructs as either "sociotropic" or "autonomous".

**Hypotheses**

**Hypothesis One.** In line with previous research, depressed individuals will have construct systems that are more disjointed and less integrated, as measured by the FIC score and 0-score on the REPtest than non-depressed individuals.

**Hypothesis Two.** As has been found in past research, the content of the depressed groups constructs will be proportionately more negative than the non-depressed groups.

**Hypothesis Three.** Depressive subgroups, "sociotropic" and "autonomous", will endorse different dysfunctional attitudes in each situation dependent upon a) their self-schema subtype and b) the particular situation.

**Hypothesis Four.** Depressive subgroups will display different emotional reactions as a function of the situation. In terms of their emotional impact, a sociotropic will perceive sociotropic events more negatively than autonomous depressives; autonomous depressives will perceive autonomous events more negatively than sociotropic depressives.
METHOD

Subjects

The subject population used in this study consisted of 82 females and 59 males currently attending the University of North Texas who received extra credit for their participation. The age of subjects ranged from 16 to 49 years ($M = 24.4$). One subject was visually impaired and arranged to have the materials read to him.

Materials

Beck Depression Inventory. The BDI is a well-validated measure of relatively enduring mood (Beck, 1967, 1983; Beck et. al., 1979; Beck, Ward, Mendelsohn, Mock & Erbaugh, 1961). Beck's depth-of-depression scale cut points for the BDI are 0-9, no depression; 10-15, mild depression; 16-23, moderate depression; 24+ severe depression. Scores on the BDI represent the extent of depressive symptoms but are not necessarily indicative of the presence of the full clinical syndrome of depression (Beck, 1967). Cutoff scores for the "non-depressed" and "depressed" groups were 4 and 10 respectively.

Role Construct Repertory Test (REP). A copy of this test appears in Appendix C. The Role Construct Repertory Test (Landfield, 1971) is a modified form of Kelly's original test (1955). There are columns across the top of the matrix, in which subjects write in the first names of 15 significant others who perform various roles (mother,
father, friend). They then write a word or phrase in each row that describes an important way in which two of the people are alike in some way and different from a third person. This procedure is continued until fifteen comparisons and contrasts are elicited. Each of the ways in which two of the people are alike (comparisons) constitute one pole of a construct. Each of the ways in which these people are different from the third (contrasts) constitute the other pole of that construct. Subjects then go down each column rating each significant other on all 15 dimensions or constructs using a 13-point scale.

The two scores derived from computerized scoring that will be used in the data analysis are the Functionally Independent Construction score (FIC) and the Ordination score (O). The FIC-score is considered to be a measure of cognitive differentiation and the O-score is a measure of cognitive integration; both are measures of cognitive organization. These measures have been shown to have adequate reliability (Nicholson, 1983).

**Situations Questionnaire.** This is a six item task in which the subject is provided with a scenario of a situation that may or may not have happened to them in the past. Each situation was previously rated as reflecting either sociotropic themes or autonomous themes, and there are three situations of each type. The subject reads each situation, and reports his or her cognitive and affective responses,
"as if" he or she were in this situation. The statements that follow each situation are the items from two factors of the Dysfunctional Attitude Scale (Cane, Olinger, Gotlib & Kuiper, 1986). A copy of this modified version appears in Appendix D.

Dysfunctional Attitudes Scale (DAS). This is a 40-item inventory which requires subjects to rate their level of agreement (7-point Likert scale) with statements describing contingencies between behaviour and feelings of self-worth (i.e. If I fail at my work, I am a failure as a person). Possible mean scores range from 1 to 7, with higher scores indicating stronger agreement and more dysfunctional attitudes. It is explicitly designed to measure depressogenic schemata hypothesized by Beck (1967) to be basic factors in the onset and maintenance of depression. The DAS has adequate reliability and correlates highly with severity of depression (Norman, Miller, & Dow, 1988). For the purpose of this study, only those items which have been found to fall into one of two factors, "approval by others" or "performance evaluation", will be included in the tasks (Cane et al., 1986).

Rating of Constructs. This task involved rating each construct (pair) as positive (P) or negative (N), and as social (S) or achievement (A). Descriptions of the two ways in which we interpret our own and others behaviour, characteristics, and attitudes appears in the Appendix. The
social and achievement groupings are meant to reflect Beck's distinction of sociotopic and autonomous depressives. To create the groups, if a subject has more than 10 (out of 15) 'S' constructs, they are placed in the sociotopic group. Similarly, fewer than 10 'S' constructs results in placement in the autonomous group.

Procedure

The experimenter announced the study to two large classes, before the day of data collection. When subjects arrived, the experimenter gave a brief description of the study. Instructions to the subjects appear in Appendix A. Students were informed of confidentiality and any possible risks of the study via the informed consent form (see Appendix B). Subjects completed the Beck Depression Inventory, Role Construct Repertory Test, Problematic Situations Questionnaire with Dysfunctional Attitudes Scale, a Health Inventory, and the BEM Sex-Role Inventory. The BEM Sex-Role Inventory and the Health Inventory were part of a second study and will not be discussed further. The entire procedure took approximately 2 1/2 hours. After completion of all materials, subjects were debriefed and questioned as to their impressions of the procedure, for use in the development of further studies.

RESULTS

The present results were obtained using a college student population. While the groups were determined
according their scores on the Beck Depression Inventory, labels of "depressed" and "non-depressed" may be misleading in the clinical sense. Thus, the groups will be described as symptomatic and non-symptomatic.

Before any statistical analyses relevant to the hypotheses are reported, preliminary information on the data used in this study is in order. This includes information regarding a) the gender makeup of symptomatic/non-symptomatic and sociotropic/autonomous groups, and b) preliminary associations between depression and dysfunctional attitudes.

Two chi-square tests of independence were performed on subject sex and group assignments (male/female vs. depressed/non-depressed and male/female vs. sociotropic/autonomous). The analyses revealed a significant relationship between sex and sociotropic/autonomous group assignment (chi-square = 3.94, df = 1, p < .05), with proportionately more females (n = 49) being sociotropic and more males being autonomous (n = 33). There was not a significant relationship between sex and depression (t = -1.64, df = 138, p > .05).

In line with past research, a comparison of dysfunctional attitudes (DAS) of symptomatic and non-symptomatic subjects revealed that symptomatic subjects do in fact have significantly more dysfunctional attitudes
(M = 5.8) than non-symptomatic (M = 4.4) (t = -3.72, df = 46, p < .001).

A between cells comparison revealed that the symptomatic group was significantly more depressed (M = 14.72) than the non-symptomatic group (M = 2.26), as measured by the Beck Depression Inventory (t = 15.28, df = 35, p < .001). A between groups comparison revealed that the sociotropic group had significantly more "S" constructs (M = 12.08) than the autonomous group (M = 7.89) (t = 16.81, df = 111, p < .001).

Hypothesis One

The first hypothesis of this study was essentially to replicate the finding that the construct systems of depressed individuals are more disjointed and less hierarchically integrated, as measured by the FIC-score and O-score on the REPtest. Contradictory results were found. Symptomatic subjects (M = 10.40) did not display more disjointed construct systems than their non-symptomatic counterparts (M = 10.04) (t = -.25, df = 35, p > .05). Further, they displayed more hierarchically integrated construct systems (M1 = 44.64, M2 = 39.91) (t = -2.93, df = 84, p < .01). Table 1 presents a summary of BDI and REP scores according to cell.
Table 1  
BDI and REP scores for Each Group

<table>
<thead>
<tr>
<th></th>
<th>Symptomatic</th>
<th>Non-symptomatic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BDI</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>14.72</td>
<td>2.26**</td>
</tr>
<tr>
<td>S.D.</td>
<td>4.47</td>
<td>1.47</td>
</tr>
<tr>
<td><strong>FIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>10.40</td>
<td>10.04</td>
</tr>
<tr>
<td>S.D.</td>
<td>6.47</td>
<td>6.59</td>
</tr>
<tr>
<td><strong>Ordination</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>44.64</td>
<td>39.91*</td>
</tr>
<tr>
<td>S.D.</td>
<td>5.90</td>
<td>9.11</td>
</tr>
<tr>
<td><strong># negative constructs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>3.97</td>
<td>3.85</td>
</tr>
<tr>
<td>S.D.</td>
<td>2.29</td>
<td>2.80</td>
</tr>
</tbody>
</table>

**" p<.001  
*p<.01

Hypothesis Two

Hypothesis two was also a replication of the previous finding that symptomatics use proportionately more negative construct poles than non-symptomatics. This hypothesis was not supported in the present study. The mean number of negative constructs for the symptomatic group ($M = 3.97$) was not significantly different from that of the non-symptomatic group ($M = 3.85$) ($t = .20$, df = 83, $p > .05$).

Hypothesis Three

It was predicted that individuals would endorse differing amounts and types of dysfunctional attitudes depending on a) whether they were symptomatic or not and b)
whether their schema-type (soc/aut) was congruent with the situation type (soc/aut). A 2 x 2 (cell by group) MANOVA was performed on the DAS scores in the two types of situations. Thus, two dependent variables were used in the analysis - sociotropic attitudes measured in sociotropic situations (SOCSOC) and autonomous attitudes measured in autonomous situations (AUTAUT). No multivariate interaction effect was found, Pillais $F(2, 81) = 1.76$, n.s., however, the univariate interaction with autonomous situational attitudes (AUTAUT) as the dependent variable revealed that autonomous individuals had more dysfunctional attitudes, an effect that was approaching significance, $F(2, 81) = 3.01, p < .1$. A multivariate main effect was found for cell, Pillais $F(2, 81) = 14.60, p < .001$. Univariate analyses indicated that higher levels of symptomatology were related to higher levels of dysfunctional attitudes in both sociotropic $F(2, 81) = 7.44, p < .01$ and autonomous types of situations $F(2, 81) = 29.49, p < .001$. A multivariate main effect was also found for group, Pillais $F(2,81) = 3.56, p < .05$. Univariate analyses indicate that group assignment affected dysfunctional attitudes in only autonomous situations $F(2, 81) = 7.03, p < .01$, in such a way that, irregardless of symptomatology, individuals with proportionately more autonomous constructs had more dysfunctional attitudes in autonomous situations than individuals with more sociotropic constructs. Figures One
and Two (Appendix F) illustrate these relationships between schema-type (sociotroic vs. autonomous), depression level (symptomatic vs. non-symptomatic), and dysfunctional attitudes in particular situations (AUTAUT vs. SOCSOC).

**Hypothesis Four**

It was predicted that symptomatics would endorse more negative emotional reactions to the situations that were schema-congruent, as opposed to those situations that were schema-incongruent. A 2 x 2 (group by cell) MANOVA was performed on the depression scores in the two types of situations. Multivariate analyses did not reveal any significant interaction effects, Pillais $F(2, 81) = .76$, $p > .05$. A multivariate main effect for depression level was found, Pillais $F(2, 81) = 10.56$, $p < .001$. Univariate analyses indicate that symptomatology as measured by the BDI affects depression level as measured in both autonomous $F(2, 81) = 14.28$, $p < .001$, and sociotropic situations $F(2, 81) = 18.57$, $p < .001$.

Because there was a significant difference between cells on situational depression level, a series of stepwise regressions were conducted which allowed us to examine the unique contributions of type and amount of dysfunctional attitudes, and amount of symptomatology to situational depression level. The standardized regression coefficients (betas) represent the predictive contribution of each variable controlling for all prior variables. As can be
seen in Table 2, sociotropic-relevant dysfunctional attitudes account for the highest percentage of variance in situational depression scores, followed by amount of overall depressive symptomatology. The contribution of autonomous-relevant attitudes was non-significant.

Table 2

Results of Stepwise Multiple Regressions of Situational Depression Scores on Situational Attitudes and Overall Depression

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Variable Entered</th>
<th>Beta</th>
<th>MultR</th>
<th>RSq</th>
<th>RSq Change</th>
<th>FChange</th>
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<tbody>
<tr>
<td>SOCDEP</td>
<td>SOCSOC</td>
<td>.31</td>
<td>.46</td>
<td>.21</td>
<td>.21</td>
<td>36.71**</td>
</tr>
<tr>
<td></td>
<td>BDI</td>
<td>.29</td>
<td>.54</td>
<td>.29</td>
<td>.08</td>
<td>17.06**</td>
</tr>
<tr>
<td></td>
<td>AUTAUT</td>
<td>.09</td>
<td>.55</td>
<td>.30</td>
<td>.005</td>
<td></td>
</tr>
<tr>
<td>1.00AUTDEP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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** p<.001
* P<.05

DISCUSSION

The current study examined the relationship between depression, schema-type, and situation-specific dysfunctional attitudes. The method used for sociotropic versus autonomous schema-assessment was the REPtest, an instrument that measures ones' self-construct system.
Much of the research on personal constructs and psychopathology has found that individuals with poor premorbid adjustment display relatively complex but poorly integrated construct systems (Nicholson, 1983). This looseness of construct organization is associated with rigid, unchanging patterns of behaviour and a generally poor level of psychological adjustment (Angelillo et al., 1985; Landfield & Barr, 1976). Contrary to this past research, the data from the present study did not support the hypothesis that depressed individuals' have more disjointed and less integrated construct systems. In fact, the symptomatic individuals in this research actually displayed equal amounts of construct differentiation and higher amounts of construct integration. Higher level of construct integration is believed to be related to an ability to make discriminations within one's constructs, and more effective decision making (Landfield & Barr, 1976). This would lead one to believe that the symptomatic individuals in this sample are more adaptable and more psychologically adjusted than the comparison group.

Although these findings are inconsistent with the previously validated model of complexity and adjustment, one must first consider whether the scores on the Beck Depression Inventory reflect reactive or insidious processes. In comparison studies, depressed samples included more severe, pathological levels of depression.
found in inpatient populations (Angelillo, et al. 1985; Nicholson, 1983). The contradictory findings in the present study may be due to differences in the kind of depression that is being measured. The depression in the college student sample is likely to be more reactive in nature, and may not involve a complete disruption of the self-system. It may reflect a qualitatively as well as quantitatively different process. Given this possibility, the present findings may not compare with findings from studies using clinical populations. Several studies have in fact warned researchers of the limits of generalizability of findings when college student populations are used (Gotlib, 1984), and the present results may bear witness to this problem.

Further evidence can be seen in past research where it has been shown that higher levels of construct integration are related to increased emotional vulnerability (Doster, 1985). Thus, to clarify this process/reactive distinction, it may be that the individuals in this study have adequate coping skills under normal circumstances. However, they may also have idiosyncratic domains of functioning that, when challenged, make them more vulnerable and susceptible to disorientation. The major area of investigation in this research was whether or not depressive subtypes—sociotropic and autonomous—were characterized by relatively specific, schema-congruent dysfunctional attitudes. As with
previous research, the results of this study indicate that depressives do have more dysfunctional attitudes than non-depressed individuals, and these attitudes may be exacerbated by the occurrence of negative life events (Kuiper, et. al. 1988; Swindel et. al., 1989). Due to the fact that they tend to perceive potential or actual events that are within the realm of their dysfunctional attitudes as having greater emotional impact, depressives react more negatively to the occurrence of negative events (Kuiper, et. al., 1985). However, depression cannot be realistically treated by simply removing life stressors. Consequently, researchers have attempted to find personality markers that might identify which depressive is sensitive to what event, in an effort to target possible personality variables for change (Hammen, et. al.,1985; Hammen et.al., 1989; Kuiper et. al., 1988).

Although there has been much speculation as to what mechanisms are involved in the onset of depression, whether the sociotropic or autonomous type, research to date has made little attempt to identify and sort out the variables involved in this process (Robins & Block, 1988). The present study addressed some of the possible variables involved in this process. The most promising area of investigation, which has gained empirical support in the last few years, involves Beck's hypothesis of the sociotropic and autonomous subtypes, each of which appears
to be more or less sensitive to the occurrence of particular events (Beck, 1983). There seems to be some indication that this person-event interaction may be highly specific, and personal construct research may prove to be quite fruitful in delineating the specificities of such an interaction. An individual's construct system influences perceptions in such a way that, when prone to depression, one's personal constructs—whether sociotropic or autonomous—may interact with depression to produce more dysfunctional attitudes.

The results do support a person-event interactional approach to dysfunctional attitudes. The specific interactions of schema-type and events conformed to the predictions in only some respects however. When exposed to an autonomous situation, subjects who were depressed were particularly likely to have more dysfunctional attitudes if they were also high in autonomy. Consistent with the proposed model, this increase in dysfunctional attitudes occurred to a greater degree than would be predicted from the additive effects of each variable alone.

There is no evidence supporting the notion that sociotropy may also be a vulnerability factor, however. Although this finding is contrary to previous research, several explanations are plausible. First, the instrument utilized for the assessment of schema-type, the REPtest, elicits units of meaning that encompass various social roles (Kelly, 1955). As such, it may be that the definition of
social used in the rating procedure was not sensitive enough to distinguish between normal social involvement and adaptability and the excessive dependency and need for interpersonal closeness characteristic of the sociotropic individual. Second, due to the nature of the sample, the construct of sociotropy may be less salient and/or carry more ambiguous meaning than the construct of autonomy. All of the respondents were college students, a major theme for whom would likely be academic/vocational success and interpersonal concerns would be less prominent. Thus, the identification of dysfunctional beliefs within this realm may have been influenced by the relative lack of construct salience.

Although sociotropy as a personal construct did not relate to or impinge upon a dysfunctional attitudes, dysfunctional attitudes that were interpersonal in nature, whether relevant to the situation or not, were related to situational depression level. In line with past research it seems that individuals who have rigid and inflexible attitudes towards relationships are more susceptible to a depressive experience than individuals who do not have such inflexible attitudes (Hammen et. al., 1985; Kuiper et. al., 1985; Robins & Block, 1988; Rush, Weissenberger, & Eaves, 1986). Specific situations activate these negative thinking patterns which, in turn, may have the capacity to predict future depression (Riskind & Rholes, 1985).
In addition to this person-event interaction however, the present study seems to have identified a subgroup of individuals who have rigid and inflexible attitudes surrounding personal achievement but are not as prone to a depressive experience. The difference between these individuals seems to be in the content of their cognitions. Each type may employ these dysfunctional schemas to process environmental information pertaining to the self, but one type is more emotionally vulnerable to a negative experience than the other. Although dysfunctional attitudes have been identified as "vulnerability markers" for depression, it may be that sociotropic dysfunctional attitudes, in particular, are vulnerability markers for depression. Autonomous dysfunctional attitudes may be vulnerability markers for other kinds of emotional experience, i.e. guilt or anger.

Several important limitations of this study should be noted. First, the present results offer correlational data for a contextualistic model. Although several additional and interesting findings are offered, further clarification necessitates the use of a longitudinal design in which personal constructs, depression, and life events can be documented on an ongoing basis. Longitudinal information will provide both researchers and clinicians with more accurate predictions of emotional vulnerability over time.

Second, the participants in this study were university students. It is by no means evident that the perceptual and
cognitive processes involved in judging the impact of a negative event are similar to an older, more diverse, group. Furthermore, the range of self-reported depression level was quite circumscribed - only mild to moderate. As previously mentioned, the null results found with the REPgrid measures may have been due to subclinical depression levels. It would definitely be of some import then if the present results could be replicated on community based and/or clinical populations.

The findings of the present study address only a few aspects of this extremely complex and problematic syndrome. This study, along with others, presents evidence that the most accurate view of depression would seem to be contextualistic in nature. To this end, further research could also include and examine the influence of such things as parenting style, coping skills, physical health and social support on depression.
APPENDIX A

INFORMED CONSENT
RESEARCH CONSENT FORM

I, ________________________, agree to participate in a study involving self-perceptions, personal attitudes, and emotions. This study is part of some research being done by Alison J. Longhorn, a PhD. student in Clinical Psychology at the University of North Texas. I understand that I will be expected to participate in a number of experimental tasks including the completion of forms, checklists, and questionnaires that relate to my attitudes, perceptions and feelings about people and situations. I understand that all information obtained in this study is confidential to the extent that my personal identity cannot be determined as I will not be requested to provide information of this sort. Under this condition, I agree that information obtained from this study may be used in any way thought best for the field of psychology (i.e. publication, further research).

I understand that there is no personal risk or discomfort directly involved with this research and that I am free to withdraw my consent and discontinue participation in this study at any time.

_________________________________    ___________________________________________
Date                                      Participant
APPENDIX B

DEMOGRAPHIC INFORMATION
Background and History Information

ID  
Sex  
Age  Race  (white, black, hispanic, asian, other)Education  
How would you describe your overall physical health in the past year?
   Excellent  
   Very Good  
   Good  
   Poor  
   Very Poor  
How many times have you seen a physician (for other than a "check-up") in the past year?
   One  
   Two  
   Three  
   Four  
   More than 4  
Which of the following have occurred more frequently than is usual for you over the past year? (please circle)
- headaches
- heart palpitations
- bowel disturbances
- stomach trouble
- taking sedatives
- fatigue
- aches, pains
- sinus problems
- heart problems
- skin problems
- fainting spells
- dizziness
- no appetite
- ear problems
- eye problems
- allergies
- numb or tingling limbs
- sexual problems
- drug/alcohol problems
APPENDIX C

THE REP TEST
APPENDIX D
SITUATIONS QUESTIONNAIRE
TASK TWO
The REP Test
Instruction Sheet
This questionnaire is composed of three sheets: (1) the Response sheet (2) the Role Specification sheet (3) the instruction sheet. Read all directions before beginning. If the directions are not completely clear, ask for more information.

Start with the Role Specification Sheet. Beginning with your mother's name, write the names of the people described on the Response Sheet, in the numbered blanks, starting in the top left-hand corner. If you have two people with the same name use a last initial as well. If you cannot remember a person's first name write his/her last name or something about him/her that will clearly bring the person's identity to your mind.

Once you have listed all fifteen people at the top of the appropriate columns, take your Response Sheet. Notice that three cells in each row have circles in them, and one of these circles is always under your name. For instance in Row 1, there are circles in columns 1, 7, and 15. This means that you are to consider the two people whose names appear in columns 1 and 7, as well as yourself. Are the two people alike in some one way and different from you? Are you and one of these people alike in some one way and different?

Once you see a way in which either the two people are alike and different from you or a way in which you and one of the two people are alike and different from the third, write this down in column 1, row 1. Then if you can think of the way either you or one of the people are different, write this down in column 2, row 1.

After you have completed all the rows and have a list of fifteen pairs of words, now go down each row, rating each of the fifteen people using the 13-point rating scale between column 1 and column 2. For instance, if in the first row you have the descriptors "humorous" and "serious", consider each person and rate them on the extent to which they are either "humorous" or "serious". You might rate someone a +5 or +6 if you perceive them as very serious; if they are only moderately serious you might choose a rating of +3 or +4; if they are just a little serious you might choose to rate them a +2 or +1. If a person in a row cannot be accurately described by a rating on either description, i.e. they're neither humorous nor serious, put a 0 in the appropriate box. After finishing ratings in row 1, proceed to row 2, etc.
Role Specification Sheet

Do the best you can to find people who fit the descriptions below. If you have to depart too far from the type designated in order to fill every diagonal, star those names which do not fit very well.

1. Your mother (or the person who has played the part of your mother).

2. Your father (or the person who has played that part).

3. Your brother nearest your own age, or the person who has played the part of your brother.

4. Your sister nearest your own age.

5. Your spouse or closest present girl- (boy-) friend. Do not repeat the name of anyone listed above.

6. Your closest present friend of the same sex as yourself. Do not repeat names.

7. A person with whom you have worked or associated who, for some unexplainable reason, appeared to dislike you. Do not repeat names.

8. The person with whom you usually feel most uncomfortable. Do not repeat names.

9. The person you have met whom you would most like to know better.

10. The teacher whose point of view you have found most acceptable. Do not repeat names.

11. The teacher whose point of view you have found most objectionable. Do not repeat names.

12. The most unsuccessful person you know personally. Do not repeat names.

13. The most successful person you know personally. Do not repeat names.

14. The happiest person you know personally. Do not repeat names.

15. Yourself.
TASK THREE
Situations Questionnaire

The following items describe a variety of situations you might encounter, which may or may not be problematic for you. Some of the situations may be familiar to you and some may not. We are interested in your reaction to the situation.

Whether or not the situation is familiar to you, take a moment and imagine yourself actually in the situation. The more vividly you get a mental picture and place yourself in the situation, the better. Notice your reactions in this situation. After each situation are statements which may or may not exemplify your own personal thoughts and feelings, were you actually in the situation. What you are asked to do is place a number by each statement which indicates to what extent that response would be true for you. The rating scale is as follows:

1 - not at all
2 - very slightly
3 - slightly
4 - moderately
5 - somewhat considerably
6 - considerably
7 - very considerably

For example, a situation may be: You make a failing grade on a test. A statement which follows this situation may be: If I fail at my work, I am a failure as a person. A feeling which follows this situation may be: depressed. Imagine yourself in this situation: how you would think? Would this statement be characteristic of your reaction to a considerable extent? (7) or not at all (1)? or is it somewhere in between? (2-6) How would you feel? considerably depressed (7)? not at all (1) or somewhere in between (2-6)?

REFER BACK TO THIS PAGE IF YOU FORGET WHAT EACH NUMBER MEANS
1. You made a date to meet a good friend at his/her house. You are busy at the time and forget it completely. In fact, you don't remember until you get a phone call from your friend. You apologize, and your friend understands. But by this time, it is too late to get together today, and your friend is disappointed.*REMEMBER HOW YOU DESCRIBED YOURSELF ON THE REP TEST - TO WHAT EXTENT WOULD THE FOLLOWING ATTITUDES AND FEELINGS CHARACTERIZE YOUR RESPONSE IN THIS SITUATION?*

| My value as a person depends greatly on what others think of me. |
| If I fail partly, it is as bad as being a complete failure. |
| What other people think about me is very important. |
| If other people know what you are really like, they will think less of you. |
| If others dislike you, you cannot be happy. |
| If I fail at my work, then I am a failure as a person. |
| It is awful to be disapproved of by people important to you. |
| If I do not do as well as other people, it means I am an inferior human being. |
| My happiness depends more on other people than it does on me. |
| If you cannot do something well, there is little point in doing it at all. |
| I do not need the approval of other people in order to be happy. |
| If I do not do well all the time, people will not respect me. |
| If you don't have other people to lean on, you are bound to be sad. |
| People who have good ideas are more worthy than those who do not. |
| I can find happiness without being loved by another person. |
| If a person asks for help, it is a sign of weakness. |
| I cannot be happy unless most people I know admire me. |
| People will probably think less of me if I make a mistake. |
| Being isolated from others is bound to lead to unhappiness. |
| If I am to be a worthwhile person, I must be truly outstanding in at least one major respect. |
| If I ask a question, it makes me look inferior. |
| I cannot trust other people because they might be cruel to me. |
| If someone disagrees with me, it probably indicates that he does not like me. |
| It is difficult to be happy, unless one is good-looking, intelligent, rich, and creative. |
| Making mistakes is fine because I can learn from them. |
| depressed angry guilty |

2. Your spouse (boyfriend/girlfriend) does something slightly annoying and you overreact by losing your temper. *REMEMBER HOW YOU DESCRIBED YOURSELF ON THE REP TEST - TO WHAT EXTENT WOULD THE FOLLOWING ATTITUDES AND FEELINGS CHARACTERIZE YOUR RESPONSE IN THIS SITUATION?*

| My value as a person depends greatly on what others think of me. |
| If I fail partly, it is as bad as being a complete failure. |
| What other people think about me is very important. |
| If other people know what you are really like, they will think less of you. |
| If others dislike you, you cannot be happy. |
| If I fail at my work, then I am a failure as a person. |
| It is awful to be disapproved of by people important to you. |
| If I do not do as well as other people, it means I am an inferior human being. |
| My happiness depends more on other people than it does on me. |
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| If I do not do well all the time, people will not respect me. |
| If you don't have other people to lean on, you are bound to be sad. |
| People who have good ideas are more worthy than those who do not. |
| I can find happiness without being loved by another person. |
| If a person asks for help, it is a sign of weakness. |
| I cannot be happy unless most people I know admire me. |
| People will probably think less of me if I make a mistake. |
| Being isolated from others is bound to lead to unhappiness. |
| If I am to be a worthwhile person, I must be truly outstanding in at least one major respect. |
| If I ask a question, it makes me look inferior. |
| I cannot trust other people because they might be cruel to me. |
| If someone disagrees with me, it probably indicates that he does not like me. |
| It is difficult to be happy, unless one is good-looking, intelligent, rich, and creative. |
| Making mistakes is fine because I can learn from them. |
| depressed angry guilty |
3. You do something that unintentionally hurts a family member's/friends feelings. REMEMBER HOW YOU DESCRIBED YOURSELF ON THE REP TEST - TO WHAT EXTENT WOULD THE FOLLOWING ATTITUDES AND FEELINGS CHARACTERIZE YOUR RESPONSE IN THIS SITUATION?

- My value as a person depends greatly on what others think of me.
- If I fail partly, it is as bad as being a complete failure.
- What other people think about me is very important.
- If other people know what you are really like, they will think less of you.
- If others dislike you, you cannot be happy.
- If I fail at my work, then I am a failure as a person.
- It is awful to be disapproved of by people important to you.
- If I do not do as well as other people, it means I am an inferior human being.
- My happiness depends more on other people than it does on me.
- If you cannot do something well, there is little point in doing it at all.
- I do not need the approval of other people in order to be happy.
- If I do not do well all the time, people will not respect me.
- If you don't have other people to lean on, you are bound to be sad.
- People who have good ideas are more worthy than those who do not.
- I can find happiness without being loved by another person.
- If a person asks for help, it is a sign of weakness.
- I cannot be happy unless most people I know admire me.
- People will probably think less of me if I make a mistake.
- Being isolated from others is bound to lead to unhappiness.
- If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.
- If I ask a question, it makes me look inferior.
- I cannot trust other people because they might be cruel to me.
- If someone disagrees with me, it probably indicates that he does not like me.
- It is difficult to be happy, unless one is good-looking, intelligent, rich, and creative.
- Making mistakes is fine because I can learn from them.
- depressed  angry  guilty

4. You set an important personal goal for yourself and, (finish a project for school or home, lose weight, save money) although some progress is made, you fail to reach it in a prescribed amount of time. REMEMBER HOW YOU DESCRIBED YOURSELF ON THE REP TEST - TO WHAT EXTENT WOULD THE FOLLOWING ATTITUDES AND FEELINGS CHARACTERIZE YOUR RESPONSE IN THIS SITUATION?

- My value as a person depends greatly on what others think of me.
- If I fail partly, it is as bad as being a complete failure.
- What other people think about me is very important.
- If other people know what you are really like, they will think less of you.
- If others dislike you, you cannot be happy.
- If I fail at my work, then I am a failure as a person.
- It is awful to be disapproved of by people important to you.
- If I do not do as well as other people, it means I am an inferior human being.
- My happiness depends more on other people than it does on me.
- If you cannot do something well, there is little point in doing it at all.
- I do not need the approval of other people in order to be happy.
- If I do not do well all the time, people will not respect me.
- If you don't have other people to lean on, you are bound to be sad.
- People who have good ideas are more worthy than those who do not.
- I can find happiness without being loved by another person.
- If a person asks for help, it is a sign of weakness.
- I cannot be happy unless most people I know admire me.
- People will probably think less of me if I make a mistake.
- Being isolated from others is bound to lead to unhappiness.
- If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.
- If I ask a question, it makes me look inferior.
- I cannot trust other people because they might be cruel to me.
- If someone disagrees with me, it probably indicates that he does not like me.
- It is difficult to be happy, unless one is good-looking, intelligent, rich, and creative.
- Making mistakes is fine because I can learn from them.
- depressed  angry  guilty
5. You have recently managed to "bite off more than you can chew" and seem to have many responsibilities - school, work, home. After several weeks of this, your boss at work warns you that if your work performance does not improve he will be left with no other choice but to demote you. *REMEMBER HOW YOU DESCRIBED YOURSELF ON THE REP TEST - TO WHAT EXTENT WOULD THE FOLLOWING ATTITUDES AND FEELINGS CHARACTERIZE YOUR RESPONSE IN THIS SITUATION?*

- My value as a person depends greatly on what others think of me.
- If I fail partly, it is as bad as being a complete failure.
- Other people think about me is very important.
- If other people know what you are really like, they will think less of you.
- If others dislike you, you cannot be happy.
- If I fail at my work, then I am a failure as a person.
- It is awful to be disapproved of by people important to you.
- If I do not do as well as other people, it means I am an inferior human being.
- My happiness depends more on other people than it does on me.
- If you cannot do something well, there is little point in doing it at all.
- I do not need the approval of other people in order to be happy.
- If I do not do well all the time, people will not respect me.
- If you don't have other people to lean on, you are bound to be sad.
- People who have good ideas are more worthy than those who do not.
- I can find happiness without being loved by another person.
- If a person asks for help, it is a sign of weakness.
- I cannot be happy unless most people I know admire me.
- People will probably think less of me if I make a mistake.
- Being isolated from others is bound to lead to unhappiness.
- If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.
- If I ask a question, it makes me look inferior.
- I cannot trust other people because they might be cruel to me.
- If someone disagrees with me, it probably indicates that he does not like me.
- It is difficult to be happy, unless one is good-looking, intelligent, rich, and creative.
- Making mistakes is fine because I can learn from them.

6. You have been given an assignment for school (your job) that is not due for several months. You could do it as well and as quickly right away as you could do it just before the deadline, so you decide you would do it right away. A month has passed however, and you have not done any work on the assignment. *REMEMBER HOW YOU DESCRIBED YOURSELF ON THE REP TEST - TO WHAT EXTENT WOULD THE FOLLOWING ATTITUDES AND FEELINGS CHARACTERIZE YOUR RESPONSE IN THIS SITUATION?*

- My value as a person depends greatly on what others think of me.
- If I fail partly, it is as bad as being a complete failure.
- Other people think about me is very important.
- If other people know what you are really like, they will think less of you.
- If others dislike you, you cannot be happy.
- If I fail at my work, then I am a failure as a person.
- It is awful to be disapproved of by people important to you.
- If I do not do as well as other people, it means I am an inferior human being.
- My happiness depends more on other people than it does on me.
- If you cannot do something well, there is little point in doing it at all.
- I do not need the approval of other people in order to be happy.
- If I do not do well all the time, people will not respect me.
- If you don't have other people to lean on, you are bound to be sad.
- People who have good ideas are more worthy than those who do not.
- I can find happiness without being loved by another person.
- If a person asks for help, it is a sign of weakness.
- I cannot be happy unless most people I know admire me.
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- If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.
- If I ask a question, it makes me look inferior.
- I cannot trust other people because they might be cruel to me.
- If someone disagrees with me, it probably indicates that he does not like me.
- It is difficult to be happy, unless one is good-looking, intelligent, rich, and creative.
- Making mistakes is fine because I can learn from them.
APPENDIX E

RATING OF CONSTRUCTS
Now go back to your response sheets of the REP test. Look at the words that you used to compare and contrast people. What you are to do now is rate these words in terms of the meaning that they have for you.

Positive/Negative Each of us describe both ourselves and others in positive and negative ways. Go down the list of words that you created and rate each word as to whether it has a positive or negative meaning for you. For instance, if I used the words "friendly" and "hostile" to compare and contrast people, I may rate "friendly" as positive and "hostile" as negative. You may have two words that are both positive or both negative. Please rate the positive versus negative meaning of the words as you perceive them.

Social/Achievement When we describe ourselves and other people we can often categorize these descriptions into one of two categories: 1) in terms of our/their interpersonal behaviour or 2) in terms of our/their achievements. Rate each pair of words as either "social" or "achievement", according to whether the description was based on your perception(s) of the interpersonal behaviour of these people (and yourself) or the accomplishments of these people (and yourself). For example, I may have used the words "critical" and "uncritical" to compare and contrast three people. When I came up with these words I was thinking of how well I get along with the person who is not critical and how the person who is critical scares me. This description would be rated as "social". I may have used the same two words and, rather than reflecting my perceptions of their interpersonal behaviour, they reflected my perceptions of their accomplishments. For instance, I may perceive that myself and another person are both very critical of our work, while the third person is not critical at all. This description would be rated as "achievement". Please rate each pair of words, so that you have 15 ratings. If you cannot possibly give a pair either of the two ratings, leave it blank.
APPENDIX F

FIGURES
Figure 1. Relationship between schema-type (group), symptomatology (depressed/non-depressed), and level of dysfunctional attitudes in sociotropic situations (score) (SOCSOC)
Figure 2. Relationship between schema-type (group), symptomatology (depressed/non-depressed), and level of dysfunctional attitudes in autonomous situations (score) (AUTAUT)
REFERENCES


