

## GENDER DIFFERENCES IN ATTRIBUTIONAL PROCESS AS A FUNCTION OF DEPRESSION AND SELF-ESTEEM

Sarwat Sultan , Syed Muzaffar Hussain, Frasat Kanwal , Sumreen Kanwal Syed Zahid Ali

### Abstract

*This study examined the contribution of complex attribution process towards depression and self-esteem in relation to gender differences. The sample consisted of 200 adults; 100 men and 100 women ranging in age between 20-35 years. Attribution Complexity Scale, Generalized Contentment Scale for Depression, and the Index of Self-Esteem were administered to the participants along with a demographic variable sheet. Results indicated the significant positive correlation of complex attribution process with depression, and negative with self-esteem. Complex attribution style was found a strong predictor of depression and self-esteem. Findings further suggested that men and women differed in complex attribution process, and thus, interaction effect of gender and complex attribution was significant for both depression and self-esteem. Pertaining to gender differences, the study also revealed that females scored significantly higher than males on the variable of complex attributional process, depression, and self-esteem.*

Keyword: Attribution, Depression, Self-esteem, Gender

### Introduction

Human behavior is the result of the interaction between environment and person either directly or indirectly. Attribution is one vital aspect which interplays in this interaction of environment and person. It is a multidimensional concept which affects our life or adjustment from different aspects. To understand human behavior, it can be one of pertinent clues because attribution is a part of cognition of the environment (Anderson & Weiner, 1992). Attribution refers to how people explain the cause of another's or their own behaviors. It is the cognitive process by which people draw conclusions about the factors that influence or make sense of, one another's behavior. There are two types of attributions that people make; *dispositional attributions*, which ascribe a person's behavior to internal factors such as personality traits, and *situational attributions*, which attribute a person's behavior to external factors such as social influence from others (Luthons, 2005). In the real sense, attribution theory has been proposed to develop explanations of the ways in which we judge people differently, depending on what meaning we attribute to a given behavior. Basically, the theory suggests that when we observe an individual's behavior, we attempt to determine whether it was internally or externally caused.

That determination, however, depends upon largely three factors (1) distinctiveness, (2) consensus, and (3) consistency. All these three factors explain when individual observes behavior, he attempts to determine whether it is internally or externally caused (Robbins, 1999). The way we understand our environment, our actions and reactions of ourselves or others in form of casual explanations in return the way we behave. So not only our behavior or reaction but the individual modes of reactions to natural or stressful situation is contingent upon our perception of situation (Haefel et al. 2005).

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Bahauddin Zakariya University Pakistan

PhD Scholar, Universiti Utara Malaysia

Bahauddin Zakariya University Pakistan

Lecturer, Physio College of Rehabilitation Sciences

Medical Officer, Children Hospital, The Institute of Child Health, Multan

Corresponding Author: sarwatsultan@hotmail.com

This construct is considered a dispositional trait and is generally used to refer to a person's systematic way of ascribing the causes of good and bad outcomes. People differ in their attributional style and that attributional style differences contribute to motivational, performance, and affective reactions to various life experiences. Evidence suggests that attributional style first emerges as a vulnerability factor for depression during the transition from late childhood to early adolescence ([Abela, 2001](#); [Cole et al., 2008](#)). With the development of abstract reasoning and formal operational thought in early adolescence, youth begin to make generalizations from specific behaviors, conceptualize and their self-worth, and make social comparisons ([Garber & Flynn, 1998](#)). Indeed attributions not develop into relatively stable styles until late childhood or early adolescence ([Gibb & Alloy, 2006](#)).

Recent studies utilizing retrospective and longitudinal designs focused on the links between attributional style and severity of depression over time, as well as other factors that may influence the attribution-depression relationship ([Alloy et al. 2004](#)). The relationship between attributional style and depression has been studied extensively in conjunction with the reformulated learned helplessness model which is based on the premise that depression is the result of negative adaptation to an uncontrollable aversive event ([Abramson et al. 1983](#)). In their model, [Abramson et al.](#) hypothesized that a person prone to depression will tend to attribute bad outcomes to internal, stable, and global causes. The attributional style construct has been used extensively in research, particularly in studies investigating the correlates and antecedents of depression ([Graham, 1991](#)).

Gender differences exist in attributional style and response for positive and negative performance. Men tend to attribute negative performance to lack of effort whereas women attribute negative performance to lack of ability. Women always explain events with many causes which show that they have complex attributional style. Initially research reported differences in the attributions made about men versus women that are consistent with traditional gender-role stereotypes. Such stereotypes provide expectation of higher performance by men than women. People expect men to be more competent and successful than women. Earlier findings were consistent with gender-role stereotypes; women were found to be less self-serving in making self attributions than were men. They attribute success to luck good fortune or help from others more frequently than men, while men more often claimed credit for their accomplishments. Women are more willing to accept blame for failure or inappropriate behavior. They always explain their failure with many causes. Their complex attributional process leads them to psychological problems especially they feel trouble in their social interaction with people due to depression and low self-esteem ([Davila et al. 2005](#)).

Attributional complexity leads to low self-esteem and higher depression. Competition is a popular blame against for low self-esteem. It is easy for an adolescent to interpret a competitive loss with failure thereby damaging self-esteem. Behaviors are not the result of low self-esteem, but rather the result of social rejection which leads to low self-esteem. Depression and self-esteem may be viewed as a vicious cycle. The inability to relate positively in social situations may lead to low self-esteem which leads to depressions. The depression then leads to further inability to relate with others or be fully accepted in social groups which then adds to the feelings of low self-esteem ([Davila, 1995](#)).

Literature has revealed that depression is one of the most common clinical syndromes. According to World Health Organization (2001), it is estimated that by 2020, depression will be second to heart disease as the leading cause of death and disability. Women are two to three

times more likely to develop depression than men (Hasan, 2001). These alarming facts with general prevalence of depression necessitate the exploration of phenomena as people have complex inner woven style of understanding and often illogical astonishing reason of their own behavior. Attributional process contributes to depression. Individual with complex attributional process has a great risk of depression than of simple attributional process. The statistics that women are more likely to develop depression than men also provide the facts about the presence of complex attributional style in women.

Depression, Self-esteem and gender differences may have the greatest potential to influence attributions because they are inherently involved in any success or failure situation. They will also be most likely to influence which task or contextual factors have a role in the attribution made in a specific situation. Thus, investigating the relationship between attributional style, depression, self-esteem and gender differences seems a logical step in the process of expanding attribution research. Consistent with this, Lakdawalla and Hankin (2008) found that individuals who were high in negative cognitive vulnerability and emotionality were more likely to develop depressive symptoms over time if they had experienced stressors.

Although it appears important to investigate the relationships between these variables, the purpose of this research is not to provide evidence that substantiates preconceived ideas about gender-related traits and behaviors. Rather, it is an attempt to better understand the influence attribution process may have on depression, self-esteem and gender differences in conclusions men and women make about the causes of their successes and failures. Variables other than gender may be influencing attributions, but comparisons between the gender remain important. The relationship between attributional style and depression, self-esteem and gender differences is a pertinent and viable area of research that warrants continued investigation. Further study of the attributional process will provide a better explanation of the consequences that self-perceptions have on attributional response in a variety of situations and suggest intrapersonal changes that may positively impact attributions and ultimately contribute to psychological well-being (Gosling et al. 1998).

The present study is a step ahead in understanding the role of attributional complexity in determining the depression and self-esteem in relation to gender differences. It focuses on the complexity level of attributional process vs. simple dimension of attributional process in terms of gender analysis. In this way the present study explored the existence of differences of attributional complexity in adults regarding gender and its interrelationship with depression and self-esteem. Following hypotheses were formulated to achieve the objectives of present research.

1. Complex attributional process will be positively correlated with depression, while negatively correlated with self-esteem.
2. Complex attributional process will predict higher level of depression, and lower level of self-esteem.
3. The role of gender in complex attribution will explain differently the levels of depression and self-esteem.
4. Females will be found more likely to have complex attribution process, high depression, and lower level of self-esteem as compared to males.

### 1.1.1

### 1.1.2 Method

#### Participants

The sample comprised of 200 adults; 100 men and 100 women aged 20-35 years old (mean age = 27.33, SD = 6.57). Convenience sampling technique was used to select the participants from the different areas of Multan city. Participants were more or less similar with regard to socioeconomic class and cultural background, but were different on educational milieu.

#### Instruments

Following instruments were used to achieve the objectives of the present study.

#### Attributional Complexity Scale (ACS)

Attributional Complexity Scale (Fletcher, 1986) is a 7-point self reported scale, designed to measure the individual differences in attributional complexity. It consists of 7 subscales with 4 items each that measure motivation component, complex vs. simple, meta cognitions, interactions with others, abstract vs. casual, external causes, and past causes. The response options for each item are 0 to  $\pm 3$  as ‘-3’ for strongly disagree, ‘+3’ for strongly agree, and 0 for neither agree nor disagree. A total score is obtained by adding the scores on 28 items after reversing the score for these items; 1, 2, 5, 6, 8, 11, 13, 16, 17, 18, 22, 23, 26, and 28. The scoring range is between 0 to  $\pm 84$ ; higher score shows complex attributional process, and lower score reveals simple attributional process. The test-retest reliability of the scale is found to range from 0.79 to 0.84.

#### 1.2 Generalized Contentment Scale (GCS)

Generalized Contentment Scale (Hudson, 1982) is a 5-point rating scale designed to measure the degree, severity or magnitude of non-psychotic depression. It is a 25 item scale wherein each item is scored according to the following five categories; 1 = none of the time, 2 = a little of the time; 3 = some of the time 4 = a good part of the time; and 5 = most or all of the time. The responses on the reversed item are scored as 5 becomes 1, 4 becomes 2, 2 becomes 4, 1 becomes 5 and a score of 3 remains unchanged. A total score on the scale is some of the item scores subtracted from 25. Cut of the score is 30. That is it generally found that persons who obtain a score above 30 have a clinically significant problem in the area being measured. While those who score below 30 are generally free of such problems. The test-retest reliability of the scale is 0.72 and concurrent validity is 0.62

#### The Index of Self-Esteem (ISE)

The index of self-esteem is also developed by Hudson (1982). It is a 5- point rating scale ranging from rarely of the time to mostly of the time. Total number of items is 25 where in some Items are reverse-scored items. Reverse scoring changes the item score of 5 into 1, 4 into 2, 2 into 4, 1 Into 5 and 3 remains 3. The total score is computed as the sum of the item scores and then subtracted from 25. Clinically cut score is 30, if the person obtains a score above 30, the person will have significant problem in the area being measured. While those who score below 30 are generally free of such problems.

**Procedure**

A sample of 200 adults aged 20-35 years were approached through convenience sampling technique. A booklet comprising three scales; ACS, GCS & ISE along with a demographic variable sheet was given to participants after obtaining consent from participants. Subsequently, they were provided with an understanding of the purpose of study, and were given clear instructions about how to respond the questionnaires. They were allowed to ask the question from researcher in case of any ambiguity in understanding the questions. They were also assured about the confidentiality of their responses. All the information provided by participants was then statistically analyzed using SPSS-21.

**Results**

To analyze the hypotheses, zero-order correlation was measured to see the relationship among study variables (Table 1). Standard linear regression analysis was performed separately for each dependent variable to check the dependency of depression and self-esteem (dependent variables) upon complex attributional process (independent variable) (Table 2 & 3 respectively). The effect of gender along with complex attributional complexity on depression and self-esteem was also computed through Two-way ANOVA using 2(Gender; male & female) × 1(complex attribution) presented in Table 4.

**Table 1**

Descriptive Data and Correlation Matrix for the Scores of Attributional Complexity, Depression, & Self-esteem.

	M	SD	1	2	3
1. Attributional Complexity	42.61	6.01	-	.83**	-.68*
2. Depression	40.13	7.71		-	-.64*
3. Self-esteem	39.26	4.45			-

\* $p < 0.01$ , \*\* $p < 0.001$

Table 1 shows the mean, SD, and correlations for the scores of attributional complexity, depression, and self-esteem. Results indicate that attributional complexity is highly significantly positively correlated with depression, while significantly negatively associated with self-esteem. A significant negative relationship is also between depression and self-esteem.

**Table 2**

Standard Regression Model showing impact of complex attributional process on Depression

Predictors	B	Std. Error	Beta	t	p
(Constant)	6372.19	175.97		4.37	.013
Depression	.684	.0753	.831	7.02	.000***

$R^2 = 0.72$ , Adjusted  $R^2 = 0.69$ , ( $F(1, 198) = 38.49$ ,  $p < 0.001$ )

\*\*\* $p < 0.001$ .

**Table 3**

Standard Regression Model showing impact of complex attributional process on Self-esteem

Predictors	B	Std. Error	Beta	t	p
(Constant)	5844.30	182.56		2.64	.042
Self-esteem	.621	.0603	.689	5.11	.000***

$R^2 = 0.64$ , Adjusted  $R^2 = 0.63$ , ( $F(1, 198) = 37.32$ ,  $p < = 0.001$ )

\*\*\* $p < = 0.001$ .

Table 2 and 3 indicate the results of regression analyses for the scores of depression and self-esteem. The value of  $R^2 = 0.72$  presented in Table 2 indicates that dependent variable of depression is 71% explained by independent variable of complex attribution. A significant  $F$ -value for the standard regression model ( $F(1, 198) = 38.49$ ,  $p < = 0.001$ ) also demonstrate that model predicts the outcome variable significantly well. Examination of t-value is also indicating that independent variables are significantly contributing in the prediction of dependent variable.

The values from Table 3 are also depicting the results in same direction. The level of self-esteemed is 64% explained by complex attributional process as indicated by the value of  $R^2 = 0.64$ . Regression model  $F(1, 198) = 37.32$ ,  $p < = 0.001$  show that complex attribution significantly contribute the model.

**Table 4**

Two-way ANOVA of Participants' 2(Gender; male & female)  $\times$  1(Complex Attribution) for their Scores on Depression

Dependent Variables	Source	F	p	Partial Eta Squared	Observed Power
Depression	Gender	8.52	.013	.714	.634
	Complex Attribution	10.32	.000	.849	.734
	Interaction Gender * Complex Attribution	11.372	.000	.971	.909
Self-esteem	Gender	8.52	.013	.714	.634
	Complex Attribution	10.32	.000	.849	.734
	Interaction Gender * Complex Attribution	7.739	.006	.662	.573

\* $p < = 0.05$ . \*\*\* $p < = 0.001$ .

Results in Table 4 show the main and interaction effects of gender, depression, and self-esteem. Examining the eta, observed power values, and F-values, it is demonstrated that gender and complex attribution are the significant predictors of depression and self-esteem when are entered independently in the model of analyses. Interaction effects of gender combined with complex attributional process are also significant to predict the depression and self-esteem. .

**Table 5**

*Means, Standard Deviations and t- value for the scores of males and females on ACS, GCS & ISE (N = 200)*

Scales	Females (N=100)		Males (N=100)		t	p
	M	SD	M	SD		
ACS	48.32	6.54	36.76	7.93	4.382	0.00**
GCS	41.22	8.32	33.04	6.75	3.142	0.00**
ISE	53.07	7.93	41.26	8.73	2.18	0.02*

*df = 198, \*p < 0.05, \*\*p < 0.01*

Table 5 indicates statistically significant differences in complex attributional process, depression, and self-esteem of males and females. Findings show that females tend to have more complex attribution process, high level of depression, and low level of self-esteem as compared to males.

**Discussion**

In our encounter to external world for coping to its demands and needs, our attributional process plays a vital role. The two most basic questions concerning how people go about making a particular attribution for a particular event (the attributional process) and what the effect of a particular attribution are likely to be on a person’s emotional, motivational and behavioral reactions to the event. So the need was felt to analyze the attributional process and its dimensions along with its relationships with depression and self-esteem in relation to gender differences. The distinction has proved useful in thinking about the voluminous attribution literature, as well as in dividing up the sequences of processes involved in attributions and actions. Attributional style differences play a major role in the development and maintenance of problem in living characterized by negative effect like depression and low self-esteem (Cristea, Kok, & Cuijpers, 2015).

The first hypothesis stated as complex attribution will be positively correlated with depression and negatively correlated with self-esteem, was supported by the findings of present study. The correlation findings revealed that attributional complexity is significantly positively related to depression and negatively to self-esteem. These findings are in consistent with the findings of study by Spence, Sheffield and Donovan (2002), who reported that basically, the attributional style predict increases in depressive symptoms 12 months prospectively, irrespective of the occurrence of negative life events, even after accounting for baseline depressive symptoms. People often find themselves in the position of having to describe the

reason for their actions, when motives for behavior are questioned, when actions lead to undesirable outcomes, or when a behavior is misunderstood by others, people try to clarify the causes of their actions and develop the complex attributional style predisposes them to react to losses in a depressive manner. He concluded that complex attribution leads to depression and low self-esteem.

Hypothesis two regarding the dependency of depression and self-esteem on complex attribution has also been supported by the findings of this research. Findings suggested that complex attribution is a significant predictor for depression and self-esteem. These findings are in line with the empirical findings from the study of Abramson et al who argued that a complex attributional style forms the basis of maladaptive patterns, including vulnerability to depression and low self-esteem. The present research also supports the argument by Abramson et al that people become depressed, when they attribute negative life events to simple and complex causes. Consistent with this, [Lakdawalla and Hankin \(2008\)](#) found that individuals who were high in negative cognitive vulnerability and emotionality were more likely to develop depressive symptoms over time if they had experienced stressors. Whether self-esteem collapses, too, depends on whether they blame the bad outcome on their own inadequacies. The depressive-prone individual is also thought to show a depressive attributional style. When person are with this complex attribution, become unhappy, experience stressors, and depression, and their self-esteem is also shattered. In fact, Abramson et al have proposed that hopelessness depression constitutes a distinct type of depression, with its own set of causes (negative inferential style combined with stress), symptoms (passivity, sadness and low self-esteem), and appropriate treatments. It has been found that depressives are more likely to explain negative events by means of complex attribution than control group.

Beck (2011) postulated complex negative attributional style predicts depression. People who attribute their failures or causes of their behaviors also report the symptoms said to be the part of low self-esteem. Beck (1998) advocated a cognitive theory of depression showing that adults with depression have certain automatic negative thoughts and dysfunctional attitudes. It has been proved those individuals with depression exhibit negative views of self, experiences, and the future. Part of the theory states that individuals who cognitively distort information and events in a variety of ways are more prone to depression. Several studies have examined the interaction between explanatory style and negative events. Consistent with the reformulated learned helplessness model, results from these studies suggest that a complex attributional style may increase the risk of experiencing depressive deficits in response to bad events. The model specifies who is at risk for development of symptoms of depression and indicates that the chronicity of those symptoms is determined mainly by the complexity of the explanation for the event that was originally related to onset of depressive deficits. Finally, it is found, the more the complex explanation, the greater the duration of the episode of depression.

Every culture has its own norms, rules, and ethics which may be acceptable within a culture or not applicable and acceptable to another culture. Our Pakistani culture is blend of religious, moral, and social values. Although emerging new trends is changing person's perception and was of thinking but ethnic group influences, prevailing literacy rate, cultural pressures, familial supports and strains with unique cultural structure reveal that our people have simple as well as complex causal structure but their complex structure is more related with depression and self-esteem. Attributional style differences play a major role in the development and maintenance of problems in living characterized by negative effect and motivational deficits.



The two most widely research problems are depression and self-esteem (Anderson, 1992). People probably learn an attributional style from their parents and according to Peterson and Seligman et al. (1984) the traumatic events (e.g., the loss of parents during childhood), information from teachers at school, or vicarious learning could lead an individual to develop an attributional style that predisposes them to react to losses in a depressive manner.

Moreover, the present study has provided the results for significant difference of complex attributional style in men and women. It was hypothesized that gender will function differently in prediction of depression and self-esteem by complex attributional process. Results indicated the main effects of gender and complex attribution on depression and self-esteem that showed differences in men and women' attribution process and its impact on depression and self-esteem. Awareness of the tendency for stressful life events and negative style to interact in ways that exacerbate the risk of major depressive episodes may be an especially important consideration in working with female clients. Their vulnerability makes them potentially more prone to seeing themselves as to blame when bad things happen. Females may be especially vulnerable in marital and family relations, a context in which men tend to receive more benefit and women tend to bear more responsibility for keeping the family and/or household running smoothly (Bianchi, Milkie, Sayer, & Robinson, 2000). The reason might be in the fact that complex attributional style is a personal and individualistic characteristic on the whole. It has specific association with gender in our culture. One possible reason for this can be the individual differences, personality traits, social situations, and pressures which every individual faces with their own coping capacities. These factors have strong influence equally for men and women so complex attributional process or simple attributional process is an individual characteristic. Research finding suggests that when people try to understand reasons for their own or another person's behavior, they focus either personal factors or situational factors. They may or may not correctly attribute the reasons for the behavior to these two types of factors. Women usually attribute the events through complex causal explanation, and thus experience depression and self-esteem. Women draw the consequences for any event with the blend of situational (external) and dispositional (internal) factors. This complex blend of internal and external factors develops a tendency towards complex process of attribution that always results in depression and low self-esteem for them. The available evidence of the present research suggests that investigation of dimensions contributing to these causal structures may be a useful means of obtaining a more complete understanding of the association between depression, self-esteem and causal attribution.

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