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LOYOLA UNIVERSITY CHICAGO

SOCIOTROPY AND AUTONOMY AS MODERATORS OF THE EFFECT
OF NEGATIVE LIFE EVENTS ON DEPRESSION:
A TEST OF THE CONGRUENCY HYPOTHESIS

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
MASTER OF ARTS

DEPARTMENT OF COUNSELING PSYCHOLOGY

BY

MY HANH T. NGUYEN

CHICAGO, ILLINOIS

JANUARY 1997

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CHAPTER I

INTRODUCTION

Depression is one of the most ubiquitous emotions. The feelings of sadness, dejection, and helplessness may follow any experience of having lost someone or something that was an important source of security and satisfaction. Therefore, it is important to recognize that everyone is at risk of experiencing at least transient depressive feelings over the course of a lifetime. For the most part, the depressive feelings may come and go without becoming a matter of concern for the clinician. However, there seem to be a widespread increase in the frequency of depression in the general population and we are now entering an "age of melancholy" (Perris, 1987). To put depression in perspective as a clinical disorder, the lifetime risk for Major Depressive Disorder has varied from 10% to 25% for women and from 5% to 12% for men. The point prevalence for adults is from 5% to 9% for women and from 2% to 3% for men (Diagnostic and Statistical Manual of Mental Disorders-IV, 1994). Even to view depression within the guidelines of a clinical syndrome, it should be noted that depression is a pervasive condition and is worthy of further research.

For the most part, there is still a need for a

comprehensive theory that integrates findings from diverse fields of research to understand the different aspects of depression. These aspects include course, severity, reactivity to specific external events, biological variables, relations to personality characteristics and response to treatment. Although these numerous variables are recognized as relevant and worthy of further investigations, this study would like to examine a specific aspect of personality vulnerability that has been given much attention from researchers.

Investigators from diverse theoretical orientations have suggested that individual differences in personality may moderate the potential of negative life events to induce psychopathology. Two particular personality dimensions - representing ego-investment in interpersonal relationships and in autonomous achievement - have been extensively discussed as relating to increased depressive vulnerability in reaction to adverse experiences (see reviews by Blatt & Zuroff, 1992; Nietzel & Harris, 1990; Robins, 1994). These two personality dimensions have been contrasted against each other using various labels, including "dominant other" vs. "dominant goal" orientation (Arieti & Bemporad, 1980), "dependency" vs. "self-criticism" (Blatt, D'Afflitti, & Quinlan, 1976), and "sociotropy" vs. "autonomy" (Beck, 1983). Despite some significant

differences among these conceptual distinctions (see Blatt & Maroudas, 1992; Robins, 1994; Bartelstone and Trull, 1995), there is a great deal of overlap, suggesting a common theoretical stance. Most theoretical and empirical attention in this area has been given to Beck's sociotropy/autonomy dichotomy.

Sociotropy refers to the individual's degree of investment in positive interactions with other people. A highly sociotropic individual places great value on interpersonal relations and so tries to satisfy the needs for security and self-worth by pleasing others and winning their approval and acceptance. The highly sociotropic individual will often act in ways that please others in order to secure their positive reactions. Therefore, this individual is more likely to find negative interpersonal events distressing.

Autonomy refers to a person's need for independence and the attainment of individualized goals. Highly autonomous persons value independence, mastery and solitude. They are acutely concerned about the possibility of personal failure and often act in ways to maximize their control over the environment and thereby to reduce the possibility of failure. As a result, the highly autonomous individual is more likely to find negative life events that threaten one's independence, competence, and freedom of choice particularly

distressing.

Differential cognitive-affective reactions to adverse events as a function of sociotropy and autonomy can be distinguished from the coping strategies that people employ subsequent to such reactions. This is not to say that the two personality dimensions do not relate to differential coping (see Beck, 1983), but that their relation to initial reactions to negative life events is itself significant for understanding psychological adjustment.

Beck (1983) has suggested that the depressed person tends to reflect a predominance of one or the other dimension in their preoccupying concerns. In the wider population, however, the dimensions have been shown to be virtually uncorrelated as fairly stable dimensions of personality, suggesting that a person can be high or low on one or both dimensions. Beck's cognitive theory of depression proposes that the cognitive-personality constructs of sociotropy and autonomy interact with specific types of negative life events in precipitating depression (Beck, 1983.) According to this "congruency hypothesis," each of the two cognitive-personality dimensions presents a specific psychological vulnerability to negative life events that are thematically-related to the dimension. That is, a high degree of sociotropy puts an individual at increased risk for depressive reactions to a negative interpersonal

event involving rejection, conflict, or loss, but not to a negative achievement-related events, involving failure, constraint, or weakness. A high degree of autonomy should contribute to the opposite pattern of specific risk. For example, a high sociotropic individual would get more depressed over a romantic break-up than a loss of promotion at work. On the other hand, a high autonomous individual would be more likely to get depressed over a negative job evaluation than a conflict with a significant other.

Beyond its direct relevance for predicting the onset of clinical depression, the congruency hypothesis permits the more general suggestion that increases in depressive symptomatology in response to negative life events will in part be determined by the types of events and one's levels of sociotropy and autonomy, considered as continuous dimensions of personality rather than as discrete personality types. Specifically, the theory suggests that those higher on the sociotropy dimension will show enhanced psychological sensitivity to interpersonal stressor, in the form of showing greater increases in depressive symptoms in reaction to such stressor. In contrast, those higher on the autonomy dimension should show greater increases in depressive symptoms in response to achievement-related rather than interpersonal adversity. This reasoning represents the broadest interpretation of the congruency

hypothesis. It holds that even sub-clinical variation in negative thought and feeling over time can be in part explained by life events in interaction with sociotropy and autonomy.

CHAPTER II

LITERATURE REVIEW

Empirical tests of the congruency hypothesis - both in specific relation to diagnosed depression and, more generally, in relation to variation in subclinical levels of depressive symptoms - have included both concurrent and prospective studies. Unfortunately, the results have been less than consistent.

Hammen, Marks, Mayol, & deMayo (1985) followed ninety-three college over time with four monthly interview and questionnaire assessments of depression. Using a distinction offered by Blatt et al. (1976), the authors classified participants as primarily "dependent" or "self-critical" in their personal concerns. Dependent concerns are those pertaining mainly to social attachments and self-critical concerns are those pertaining mainly to individual achievement. As defined by Blatt et al., the dependent personality is highly similar to the sociotropic depressive subtype and the self-critical personality is highly similar to the autonomous subtype.

The authors predicted that the dependent subgroup would show significantly greater increase in depression in response to negative interpersonal events than in response

to other types of events. This was found to be the case. It was also predicted that the self-critical subgroup would show significantly greater increase in depression in response to negative achievement-related events than in response to other types of events. This was also found to be the case, that the pattern here was less pronounced.

Robins and Block (1988) tested the congruency hypothesis directly by looking at whether sociotropy and autonomy relate to depressive vulnerability to specific types of life events. They administered a battery of questionnaires to an unrestricted sample of undergraduate students. The questionnaires measured level of depressive symptoms, sociotropy and autonomy, and self-reported number of negative life events that had occurred in the three months prior to the time of testing.

The results revealed that sociotropy qualified the association of depression to frequency of recent negative social events, as predicted. That is, respondents higher in sociotropy showed a stronger positive association between level of depression and frequency of negative interpersonal events. However, in contrast to the congruency predictions, sociotropy interacted in the same way with negative achievement-related events. Moreover, autonomy did not qualify the association of either type of life event with depression. The weakness of these findings as support for

the hypotheses leaves it somewhat surprising that the authors interpreted the study as generally supporting "the utility of a person-event interaction approach to depression." However, limitations of the study suggest caution in over interpreting the significance of the results for the congruency hypothesis. First, the use of an adult life events checklist may have been somewhat inadequate in accommodating events specific to college students, especially in relation to achievement. This might explain the lack of findings for autonomy. Second, the authors do not report the degree of correlation between negative interpersonal and negative achievement events. A significant correlation here might account for the unexpected interaction between sociotropy and negative achievement events, as this interaction was not tested independently of the sociotropy x negative interpersonal events interaction.

In a pair of studies, Robins (1990) tested the hypothesis that depressed persons would report more recent threat from personality-congruent events than from incongruent events. In the first study, a clinically depressed sample and a non-depressed schizophrenic sample were compared in relation to the congruency hypothesis. The hypothesis was supported for sociotropy but not for autonomy in the depressed sample. That is, depressed patients high

in sociotropy reported more recent negative interpersonal events than negative autonomy events and interpreted these events more negatively than did depressed patients high in autonomy. However, no evidence of such congruence was found among nondepressed schizophrenic patients. Robins suggest that the congruence effect does not generalize to all psychopathologies. In the second study, significant personality-event congruence was found weakly (the trends were not significantly significant) in a sample of dysphoric students. This held for both high-sociotropy and high-autonomy dysphoric groups. However, no pattern of congruence was evident in a matched sampled of nondysphoric students. In neither study did nondepressed subjects show any evidence of personality-event congruence. A major limitation of this study is the use of personality categories in hypothesis-testing. That is, rather than look at the significance of sociotropy and autonomy as continuous dimensions of personality, participants were classified into groups (e.g., high sociotropy/low autonomy) using lax cutoffs and then means-testing was used to examine the hypotheses. The crudeness and loss of information inherent in this method could itself account for the absence of effects for the nondepressed group, whose variance on the other variables was quite low. The import of the findings for the validity of the theory is therefore left unclear.

Using undergraduate students, Clark and Oates (1995) investigated the relations of Beck's cognitive-personality constructs with specific types of negative life events in the onset of reactive depression. They also examined the influence of negative life event severity on personality and life event congruency, in line with their proposal that personality-based vulnerability may only be evident in the context of moderate or severe types of negative life events.

A significant interaction between autonomy and negative autonomy-related stressors was found, as predicted, in contrast to the failure of most other studies to clearly reveal this expected pattern. Surprisingly, however, sociotropy did not interact significantly with interpersonal daily hassles or life stressors.

Hammen, Ellicott, Gitlin, and Jamison (1989) assessed stressful life events and symptoms in samples of unipolar and bipolar outpatients for a six-month period following self-report assessment of sociotropy and autonomy. They found that exacerbation of depressive symptoms was associated more with subjects' experience from negative events that were thematically related to their predominant personality dimension than from events that were thematically unrelated. As the proportion of the samples experiencing significant relapse during the period of study were quite small, however, it was not possible to separately

analyze the effects for sociotropic and autonomous patient groups. Hammen, Ellicott, and Gitlin (1989) report similar findings with a longer follow-up.

Taken together, the studies described above do provide a degree of support for the congruency hypothesis. At the same time, the marked inconsistency in findings across studies is somewhat disquieting for the theory. Because this inconsistency is accompanied by significant variance across studies in basic design, measuring instruments, and sample type, however, the source of the disparate findings is left unclear. It therefore seems warranted to conduct further research testing the congruency hypothesis, but while giving special attention to methodological features suspected of potentially obscuring effects in previous research. If these more refined tests yield similarly inconsistent results, then a reexamination of the validity of the theory would be appropriate. Several methodological aspects could be argued to be especially relevant here.

One major limitation of some of the previous studies is their reliance upon cross-sectional design using concurrent measurement (e.g., Bartelstone & Trull, 1995; Clark & Oates, 1995; Robins & Block, 1988). Whereas the congruency hypothesis defines processes of change that are expressed over time, the majority of studies to date have not tested the hypothesis using a longitudinal design. They have

instead opted for more economical but less focused designs relying on concurrent measurement. As Clark and Oates (1995) note, such designs preclude any safe inferences regarding the causal relations between personality, life events, and depression, as specified by the congruency hypothesis. Bartelstone and Trull (1995) and Robins and Block (1988) in fact cite this as a shortcoming of their own studies. It is possible that depression may "cause" differences in personality just as well as the other way around. Also, responses to life-events inventories then may reflect effects or symptoms of depression as much as causes of it. This being the case, further research should utilize prospective or longitudinal designs capable of providing clearer information regarding causality.

A second potential limitation in previous studies is the reliance upon standardized checklists to assess frequency of life events. It is not clear that such inventories are adequately and equally representative of negative life events for different types of people. Bartelstone and Trull (1995) recognize this problem in their study in pointing out that the range of life events indexed may have been restricted by the nature of the checklist used, thereby blunting the sensitivity of measurement.

As suggested before, standardized adult checklists may be especially inadequate in representing negative

achievement-related events specific to the lives of college students, the population utilized in the majority of previous studies. This inadequacy might account for past problems in confirming the predicted role of autonomy in relation to negative achievement-related events and depression.

One solution to this inadvertent restriction is to use open-ended self-report life event instruments, which allowing respondents to report personally significant life events in a generally unconstrained manner. At least when applied to short-term retrospective measurement, such instruments are likely to be superior and relatively unhampered by significant memory bias.

Purpose of Present Study

Before the congruency hypothesis can be said to be seriously challenged by empirical findings, it is necessary to conduct tests that are free of the limitations described above. If such tests do not provide adequate support for the theory, then the theory may have to be revised. For example, it may be that sociotropy and autonomy are poorly conceived dimensions of personality and may actually represent aspects of better understood dimensions such as extroversion, neuroticism, or self-esteem. Alternatively, it may be that the two dimensions are not as important for understanding depression as posited by Beck and others.

On the other hand, if more refined tests do clearly confirm the hypothesis, then it could be argued that the inconclusiveness of past findings is attributable more to methodological than theoretical weakness.

The present study is aimed at providing a sounder test of the congruency hypothesis. It examines the broad form of the hypothesis in an unrestricted sample while attempting to avoid the limitations described above. Specifically: 1) a longitudinal design is used to facilitate safer inferences about the causal direction of any associations found; 2) an open-ended life events record is used to allow unconstrained indexing of personally significant events; 3) transient mood effects that could add to measurement error are statistically controlled for; and 4) the personality dimensions of sociotropy and autonomy are examined as continuous variables rather than using scores to crudely create arbitrary groups.

In line with the congruency hypothesis, it is predicted that the association of frequency of negative interpersonal events with increases in depressive symptoms across a four-week period will be greater at higher levels of sociotropy. No such interaction is expected for negative achievement-related events and sociotropy. At the same time, it is predicted that the association of negative achievement-related events with increases in depressive

symptoms will be greater at high levels of autonomy.

To the knowledge of this author, no published studies have examined these continuous interactive effects in relations to change in depressive levels over a short time period. The few previous prospective studies have looked primarily at onset and recurrence of diagnosed depression over months rather than at graded changes in low levels of depression.

CHAPTER III

METHOD

Overview

College students were administered a questionnaire twice, with a four-week interval between sessions. The questionnaire included self-report measures of depressive symptomatology, sociotropy, autonomy, relative mood, and recent life events.

Change in level of depression from Time 1 to Time 2 was examined as a function of the personality dimensions measured at Time 1 and the number of negative life events that had occurred during the four-week interval. Analyses were conducted to see if sociotropy and autonomy moderated the effect of negative life events on depression as specified by the congruency hypothesis.

Participants

Sixty-five participants volunteered to take part in the study in response to the author's verbal invitation. Out of the sixty-five participants who picked up the questionnaire, forty-four returned the initial questionnaire. Twenty-eight of the original 44 took part in the second session four weeks later. The final participants were all females. Nearly all were graduate students in the School of Education

at Loyola University Chicago. The age range was 23-48. Participants were told that the study concerned recent experiences, attitudes and moods. Confidentiality and anonymity were assured by using a numbering system rather than the participants' names to identify questionnaires.

Measures and Procedure

Participants completed six measures, four of which are relevant here (see Appendix). The set of measures took approximately 30 minutes to complete.

Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). The BDI is a self-report inventory for measuring depression and consists of 21 items representing various depressive "symptom-attitude categories" (Beck, 1976) - behaviors, thoughts, and feelings associated with general depression. The reliability and validity of the BDI have generally been found to be adequate (see Beck, Steer, & Garbin, 1988, for a review). For example, Cronbach's coefficient alpha for the items has most often found to be greater than .80. Each item appears as 3-5 statements of graduated severity; respondents indicate which of the four levels corresponds to the way they presently feel. Higher scores represent greater levels of depression.

Sociotropy-Autonomy Scale (SAS; Clark & Beck, 1991). The SAS consists of 93 first-person statements representing

the personality dimensions of sociotropy and autonomy. Respondents indicate degree of agreement to the assertions using a 5-point Likert scale anchored with (1) strongly disagree and (5) strongly agree. Given the excessive length of the measure, the factor-analytic findings of Clark and Beck (1991) were used to select the 8 items most representative of the single factor of sociotropy and the 24 items (3 x 8) most representative of the three factors comprising autonomy. Sociotropy and autonomy scores represent the sum of responses on the two sets of items.

Life Events Record (LER; Tafarodi & Davies, 1995). The LER is designed to retrospectively assess the number and nature of positive and negative life events in the respondent's life. Given its reliance on accurate recall, it is best used for relatively short retrospective periods (up to six months). Respondents are required to recall all personally significant events that have occurred during a specified time period, indicating whether each was experienced as positive or negative. Each event is briefly described and the subjective intensity of its positive or negative impact is rated on a 9-point scale anchored by mild (1) and very strong (9). The total numbers of negative and positive events, and the sums of their rated intensities, can then be computed.

Relative Mood. A single item created by the author was

used to index mood at both times of measurement.

Participants indicated on a 9-point scale how good/bad they were feeling at the time they filled out the questionnaires, relative to how they have been feeling over the past few days. This items was intended to control for acute fluctuations in mood immediately prior to the time of measurement. Such fluctuations that could potentially bias responses on the other scales.

Participants filled out identical questionnaires on the two occasions, with the exception that the retrospective period for the LER was six months at Time 1 and four weeks (the interim) at Time 2. (In fact, only the interim-period measure was used in hypothesis-testing.) The short, four-week interval was decided on to minimize the role of memory bias in the retrospective reporting of life events during the critical period. Arbitrary numbers were assigned to the questionnaires to match them across sessions. This allowed participants to fill out the questionnaires honestly and accurately without concern over having their names associated with their responses.

CHAPTER IV

RESULTS

Two of the 28 participants with complete data were eliminated as univariate or multivariate outliers on the variables used in the analyses that follow, leaving a final sample of 26 subjects.

To facilitate testing of hypotheses, each LER event description was independently categorized by two coders as being interpersonal-related (I events), achievement-related (A events), or otherwise in nature. The otherwise category was used for any events that were not seen as being clearly either A or O. The coders were provided with written guidelines for what qualified as each type of event. These guidelines were based on the theory provided by Beck (1983).

The coders concurred on 90% of the events, arguably an adequate level of agreement. Discrepancies were resolved by the judgment of a third independent rater using the same guidelines. For each participant, the number of negative I events and the number of negative A events experienced during the four-week interim were computed and these frequency scores were used in the analyses described below.

To examine the predictive relations that make up the congruence hypothesis, standard (simultaneous) multiple

regression models were tested. Depression (BDI score) at Time 2 served as the dependent variable. The predictor or regressor variables included the following.

Depression (BDI score) at Time 1. By including this variable in the simultaneous regression, the other predictors could be tested for their predictive associations with that portion of the variance in depression at Time 2 that was independent of depression at Time 1. This independent variance represents the change in depression across the two measurements. Hence, the other predictors were essentially associated with the degree to which participants changed in their level of depression. Owing to its flexibility, this method of looking at change is more statistically sound than using a simple difference score (Time 2 minus Time 1) as the dependent variable (see Cronbach & Furby, 1970).

Negative I and A events. These two LER frequencies were entered as separate predictors in the regression models. This allowed the average impact of the two types of negative life events on depression to be independently gauged. Severity ratings were not used, as it was feared that such judgments may be highly susceptible to individual differences as a function of sociotropy and autonomy, resulting in clouded hypothesis-testing. The event frequencies themselves, however, would not be as susceptible

to as much influence.

Sociotropy and autonomy. The two SAS subscale scores were entered as separate predictors, allowing the average impact of the two personality dimensions on depression to be independently gauged.

Relative mood. Both mood at Time 1 and mood and Time 2 were entered as predictors to control for any transient mood effects, as described before. This ensured that all participants were effectively rendered equivalent on relative mood (relative to their individual baseline over the previous few days), thus refining the testing of other predictive relations.

Means and standard deviations for the above variables are given in Table 1. It should be noted that the mean BDI scores at Time 1 and Time 2 were below 9 , falling in the non-depressed category according to the norms of Beck, Ward, Mendelson, and Erbaugh (1961). This confirms the expected low levels of depression in the unselected student sample used, and affords generalizability of any findings to a wider non-clinical population. All other means were in the expected ranges.

TABLE 1
 MEANS AND STANDARD DEVIATIONS FOR ALL VARIABLES
 n=26

Variable	Mean	S.D.	Range
Depression at Time 1	6.96	6.07	0-26
Depression at Time 2	5.81	4.96	0-18
Autonomy	73.73	8.59	61-91
Sociotropy	26.12	5.05	17-36
Negative Interpersonal Events at Time 2	0.35	0.63	0-2
Negative Achievement Events at Time 2	0.92	1.02	0-3
Mood 1	4.81	1.74	2-8
Mood 2	5.42	1.58	1-8

Intercorrelations are given in Table 2. As found in past studies, sociotropy and autonomy were not significantly correlated, $r(26) = -.02$, $p > .05$, supporting their construal as orthogonal dimensions of personality. Not surprisingly, depression was moderately stable over the four-week interval, $r(26) = .62$, $p < .005$. The correlation of negative I and A events was marginal in significance, $r = -.40$, $p < .05$, allaying concerns about high collinearity for

these variables in the regressions.

TABLE 2
INTERCORRELATIONS BETWEEN VARIABLES

Variable	2	3	4	5	6	7	8
1. Depression at Time 1	.62**	.29	.34	-.22	.09	-.22	.03
2. Depression at Time 2		.01	.42*	.20	.06	-.34	-.48*
3. Autonomy			-.02	.00	-.19	.00	.22
4. Sociotropy				-.09	.19	-.13	-.07
5. Negative Interpersonal Events at Time 2					-.39*	-.30	-.19
6. Negative Achievement Events at Time 2						.06	-.23
7. Mood at Time 1							.25
8. Mood at Time 2							--

Note. *p < .05, **p < .005.

The specific predictions representing the congruency hypothesis were tested using two separate regression models, one testing the moderating role of sociotropy and the other the moderating role of autonomy. All variables were standardized prior to regression analysis.

Sociotropy

In the first model, depression at Time 2 was regressed on

depression at Time 1, sociotropy, negative I and A events, and relative mood at Times 1 and 2. Two additional predictor terms were constructed, to represent the interaction of sociotropy with negative I events and with negative A events. If sociotropy does indeed moderate the impact of negative interpersonal events on depression, as predicted, then the sociotropy x I events interaction should emerge as significant. At the same time, as sociotropy is not predicted to moderate the impact of negative achievement-related events on depression, the sociotropy x A events interaction should not emerge as significant.

The resulting standardized regression coefficients and corresponding significance tests are presented in Table 3. The significance of depression at Time 1 as a predictor confirms the stability of depression over time, as reflected in the zero-order correlation already noted. Relative mood at Time 2 also emerged as significant, confirming its importance as a control variable. The negative sign of the coefficient reveals that the worse mood was at the time of measurement, relative to how it had been over the previous few days, the greater was the increase in depression above Time 1 level. Frequency of negative I events also emerged as significant, with higher frequencies relating to greater increase in depression. More importantly however, this average association was moderated by sociotropy, as

reflected in the significant sociotropy x I events interaction.

TABLE 3
RESULTS FOR REGRESSION EXAMINING SOCIOTROPY
IN RELATION TO DEPRESSION AT TIME 2

Variable	Beta	Standard Error	t	p
Depression at Time 1	.63	.13	4.9	.0001
Sociotropy	.20	.12	1.7	.11
Negative Interpersonal Events at Time 2	.33	.14	2.3	.03
Negative Achievement Events at Time 2	-.05	.14	-.38	.71
Interaction btwn Sociotropy x Negative Interpersonal Events	.31	.14	2.17	.04
Interaction btwn Sociotropy X Negative Achievement Events	.20	.12	1.6	.13
Mood at Time 1	.10	.13	.77	.45
Mood at Time 2	-.46	.13	-3.63	.002

Note. The overall R-squared for the model was .80, which was highly significant, $F(17) = 8.31$, $p < .0001$

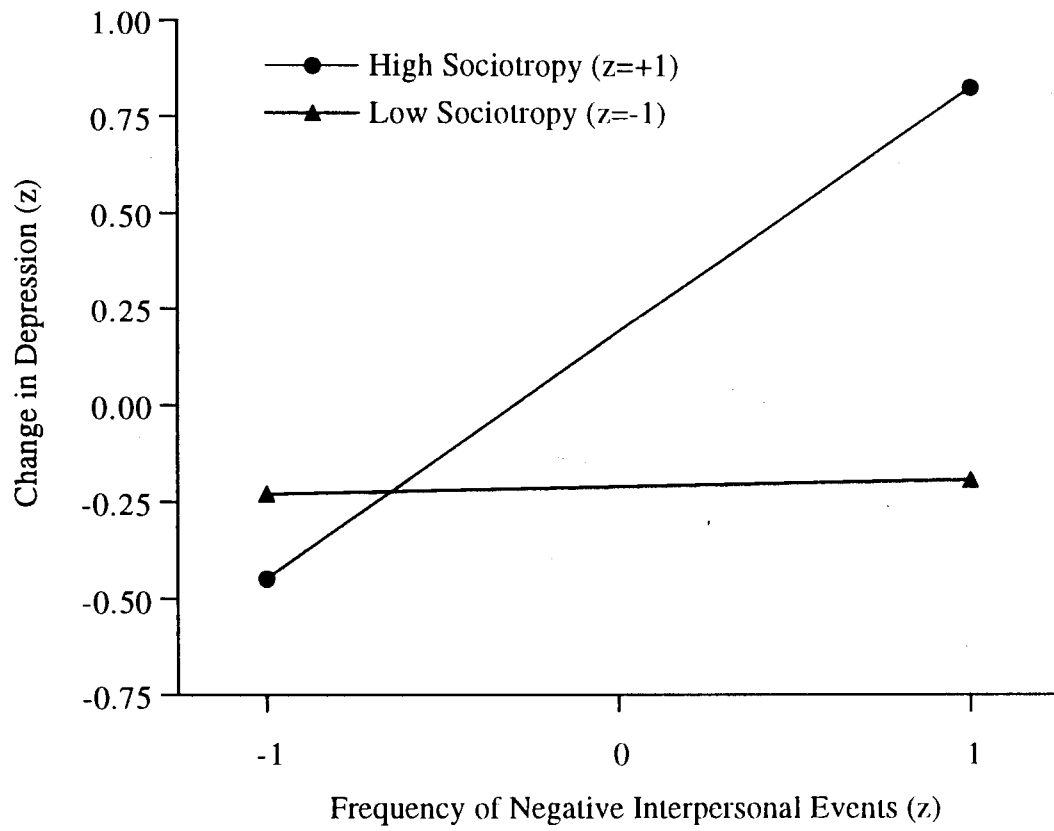
The form of this interaction can be seen in Figure 1. Here, the slope representing the association of negative interpersonal events with increase in depression is plotted separately for those low (one S.D. below the sample mean, or $z = -1$) and those high (one S.D. above the sample mean, or $z = +1$) in sociotropy. The resulting pattern fits with the predicted role of sociotropy. Specifically, those high in sociotropy ($z = +1$) showed a stronger positive association of negative I events with increased depression from Time 1 to 2 than that shown for those low in sociotropy ($z = -1$). In fact, simple slope testing revealed that the slope of linear association was significant for high sociotropy, $t(17) = 2.81$, $p = .01$, whereas that for low sociotropy was not, $t(17) = .12$, $p = .91$. Thus, it appeared that higher frequencies of negative I events did not relate to greater increase in depression for those low in sociotropy.

Also as predicted, the sociotropy x A events interaction was not significant, suggesting that the moderating effect of sociotropy holds only for thematically-matched negative life events.

Autonomy

A second, parallel regression model was constructed to examine the moderating role of autonomy. Depression at Time 2 was regressed on depression at Time 1, autonomy, negative I and A events, and relative mood at Times 1 and 2. Again

FIGURE 1



two additional predictor terms were constructed, this time representing the interaction of autonomy with negative I events and with negative A events. If autonomy does indeed moderate the impact of negative achievement-related events on depression, as predicted, then the autonomy x A events interaction should emerge as significant. At the same time, as autonomy is not predicted to moderate the impact of negative interpersonal events on depression, the autonomy x I events interaction should not emerge as significant.

The resulting standardized regression coefficients and corresponding significance tests are presented in Table 4. The only significant predictors were depression at Time 1 and relative mood at Time 2, both related as in the previous regression. Neither an average association or A events with change in depression nor an association moderated by autonomy was evident. Significantly, the congruency prediction was not confirmed for autonomy.

TABLE 4
RESULTS FOR REGRESSION EXAMINING AUTONOMY
IN RELATION TO DEPRESSION AT TIME 2

Variable	Beta	Standard Error	t	p
Depression at Time 1	.73	.15	4.74	.0002
Autonomy	-.11	.16	-.67	.51
Negative Interpersonal Events at Time 2	.29	.17	1.68	.11
Negative Achievement Events at Time 2	-.007	.16	-.05	.96
Interaction btwn Autonomy x Negative Inter- personal Events	-.04	.14	-.27	.79
Interaction btwn Autonomy X Negative Achieve- ment Events	-.04	.18	-.20	.84
Mood at Time 1	.02	.16	.13	.90
Mood at Time 2	-.42	.15	-2.8	.01

Note: The overall R-squared of the model was .708, which was highly significant, $F(17) = 5.15$, $p = .002$

CHAPTER V

DISCUSSION

The personality dimensions of sociotropy and autonomy were examined as potential moderators of the impact of negative life events on level of depression. In line with the congruency hypothesis, it was predicted that increases in self-reported level of depression as a result of negative interpersonal events occurring within a four-week interval would be greater for those participants higher in sociotropy. It was also predicted that increases in depression as a result of negative achievement-related events would be greater for those higher in autonomy. The study was designed to overcome several limitations in past research on the topic, affording a more refined test of the hypothesis.

The results supported the predicted moderating role of sociotropy but not autonomy, offering partial support for the congruency hypothesis. Furthermore, the significance of sociotropy was specific to the interpersonal domain; it did not moderate the impact of negative achievement-related events. Finally, neither autonomy nor sociotropy were independently associated with change in depression. Given the use of standardized variables in the analysis, this

implies that, on average, neither personality dimension can be judged to be depressogenic in and of itself. Rather, it is only in conjunction with negative interpersonal events that sociotropy becomes a vulnerability factor for depression.

The present pattern of results is consistent with most previous findings in the area. Sociotropy has been repeatedly found to be a significant moderating factor in depressive reactions to life stress (e.g., Hammen et. Al., 1989; Robins, 1990; Robins & Block, 1988). The role of autonomy, however, has been less clear. In fact, only one previous study (Clark & Oates, 1995) has clearly confirmed its predicted moderating influence.

Given the effort to use an improved methodology in this study, the absence of effects for autonomy is notable. It presents the possibility that the failure of most past studies to confirm the predictions relating to autonomy may be due to more than just methodological problems. For example, it may be that high autonomy is misconceived as being primarily a vulnerability factor for depression. Rather, the autonomy and self-determination it implies may actually promote adaptive coping with achievement-related stressors. If so, high autonomy may play a stress-buffering role in addition to any vulnerability it relates to. This could well offset its positive association to changes in

depression and could result in null findings such as those yielded in the present study.

Another possible explanation for the repeated failure to confirm the moderating role of autonomy relates to the dimensionality of this construct. As Clark, Beck, and Brown (1992) point out, autonomy appears to be a more complex aspect of personality than sociotropy. In line with this claim, several researchers have found a multiple factors in the autonomy subscale of the SAS. Two studies have found four separate dimensions, interpretable as achievement, need for control, competitiveness, and counter dependency, to make up autonomy (Nietzel & Harris, 1990; Robins and Block, 1988). Elsewhere, three dimensions, interpretable as solitude, independence, and individualistic achievement, have been found (Clark & Beck, 1991). This multidimensionality offers up the possibility that the separate aspects of autonomy may hold divergent independent and interactive associations with other psychological variables, including depression. If so, the failure to find an overall moderating role for autonomy would not be particularly surprising. In the present study, examination of the dimensions of autonomy considered separately was prohibited by the limited degrees of freedom. In future research, however, larger samples could be used to overcome this problem and thereby enable the separate aspects of autonomy

to be simultaneously tested against the congruency hypothesis.

Finally, Nietzel and Harris (1990) suggest that the clearer role of sociotropy in depression may be due to differences in coping strategies. That is, highly sociotropic individuals may display poorer coping strategies in response to congruent life events and so experience longer and more severe depressive reactions. In contrast, highly autonomous individuals may be challenged by achievement-related stressors as predicted, but may respond more effectively and therefore enjoy quicker recovery from setbacks. This adaptation would be reflected in less pronounced increase in depressive symptoms and would to some extent obscure the moderating role of autonomy. To explore this possibility, future research is needed to examine how high sociotropy/low autonomy and low sociotropy/high autonomy persons differentially cope with negative life events.

In ascribing wider significance to the present findings, it is important to recognize several limitations of the study. First, the use of a non-clinical sample limits generalizability to clinical depression. In fact, the direct import the findings is for understanding temporal variation in normal levels of depressive thoughts and feelings. Furthermore, the use of graduate students as

participants results in a highly selective sample that may differ from other generally non-depressed populations in potentially important ways (e.g. depth of self-awareness). Caution must therefore be taken not to over interpret the theoretical implications of these findings for depression. Replication of the findings with other populations, including clinical populations, would aid in extending the generality of the conclusions reached here.

The small size of the sample reinforces the need for replication. In addition, the exclusively female sample leaves unknown the significance of gender for the processes at issue. Further research is therefore needed to see if the effects observed here differ significantly for men vs. women.

The prospective design used in this study avoids some of the interpretational limitations of cross-sectional designs. Even so, the four-week interval between the two assessments is a very brief period of time to observe both major changes in depressive symptoms and the occurrence of significant negative life events. This would imply a relatively insensitive, low-power test of the congruency hypothesis. That the hypothesis was partially confirmed through this study perhaps attests to the strength of the phenomenon in relation to sociotropy. The failure to confirm the expected role of autonomy, however, may relate

to the difficulty of discerning more subtle effects within such a short time period. This issue could only be addressed through prospective studies of greater duration.

Though a prospective correlational study provides greater clarity in regard to causal relations, ambiguities remain. For example, it is known that the accurate self-report of negative life events can be facilitated by negative mood (see Segal, 1988). If so, it is entirely possible that participants with higher levels of depression at Time 2 reported more negative events than participants with lower levels of depression in part because of superior memory for such events. This tendency could inflate the estimated coefficients for frequency of negative life events in the regression models, exaggerating its causal relation with change in depression. More importantly, however, this inflation would not effect the estimated coefficients for the interaction terms, leaving critical hypothesis-testing free of this form of bias.

Further examination of the significance of sociotropy/autonomy for depression seem warranted. Such research may help illuminate distinct depressive pathways involving personality/life event interactions, and thereby permit a greater theoretical understanding of the disorder.

Clinical Implications

Contributions could be realized at the applied end as

well. As Beck (1983) has pointed out, a client's standing on the two dimensions could be used to inform the therapist's intervention strategy, as it would reflect likely vulnerabilities to be addressed. In addition to differing vulnerabilities, the client's response to the same type of therapeutic interventions may also differ. Thus, a better understanding of these dimensions could allow a better targeted course of therapy.

According to Beck (1983), individuals in the autonomous mode may be pessimistic or indifferent to therapy. It is important to recognize that the client may feel defeated, incompetent, or useless. The therapist would need to emphasize a collaborative relationship designed to restore the individual's sense of competence and his optimism regarding important goals. In contrast to the highly sociotropic client, there may be less emphasis on introspective work and the main thrust may be to clarify the client's goals. The outcome of the therapy could be the development of flexibility and adaptability for the individual to cultivate an internal sense of freedom.

On the other hand, the relationship and introspective work are more important for individuals in the sociotropic mode. The highly sociotropic individual is more inclined to seek help and be open to the therapist's explanations and clarifications. Interpretations are much valued by the

client and may facilitate the process of change. The therapeutic work can focus on the client's definition and understanding of his acceptability and lovableness since rejection and abandonment are of primary concern for this client (Beck, 1983). Again, further understanding of these personality dimensions could contribute to and facilitate the therapeutic process.

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APPENDIX A

SOCIOTROPY-AUTONOMY SCALE

Please indicate how much you agree with each of the 32 statements below. Be as honest and as accurate as possible. Do not skip any statements. Respond to the statements in the order they appear. Use the following scale:

1	2	3	4	5
strongly disagree				strongly agree

Indicate your responses by placing a number (1-5) in the space provided before each statement.

1. _____ I find it difficult to be separated from people I love.
2. _____ It is important to be liked and approved of by others.
3. _____ I find it hard to pay attention to a long conversation, even with friends.
4. _____ I would rather take personal responsibility for getting the job done than depend on someone else.
5. _____ When I achieve a goal I get more satisfaction from reaching the goal than from any praise I might get
6. _____ I like to be certain that there is somebody close I can contact in case something unpleasant happens to me.
7. _____ It is more important that I know I've done a good job than having others know it.
8. _____ I am very uncomfortable when a close friend or family member decides to "pour their heart out" to me.

9. _____ I prefer to "work out" my personal problems by myself.
10. _____ It is very important that I feel free to get up and go wherever I want.
11. _____ I value work accomplishments more than I value making friends.
12. _____ The possibility of being rejected by others for standing up for my rights would not stop me.
13. _____ I don't enjoy what I am doing when I don't feel that someone in my life really cares about me.
14. _____ I often find myself thinking about friends or family.
15. _____ It is more important to be active and doing things than having close relations with other people.
16. _____ It is important to me to be free and independent.
17. _____ I enjoy accomplishing things more than being given credit for them.
18. _____ I am usually the last person to hear that I've hurt someone by my actions.
19. _____ I prefer learning from my own mistakes rather than being corrected by others.
20. _____ I get lonely when I am home by myself at night.
21. _____ People rarely come to me with their personal problems.
22. _____ When I have a problem, I like to go off on my own and think it through rather than being influenced by others.
23. _____ I set my own standards and goals for myself rather than accepting those of other people.
24. _____ I prize being a unique individual more than being a member of a group.
25. _____ If somebody criticizes my appearance, I feel I am not attractive to other people.

26. _____ I tend to be direct with people and say what I think.
27. _____ I tend to fret and worry over my personal problems
28. _____ Sometimes I hurt family and close friends without knowing that I've done anything wrong.
29. _____ I become particularly annoyed when a task is not completed.
30. _____ If I think I am right about something, I feel comfortable expressing myself even if others don't like it.
31. _____ Often I fail to consider the possible negative consequences of my actions.
32. _____ When I am having difficulty solving a problem, I would rather work it out for myself than have someone show me the solution.

LIFE EVENTS RECORD

Now think back over any significant events—both **positive** events and **negative** events—that have occurred in your life during the past **FOUR WEEKS**. Significant events are things that happened that **affected you** in a memorable way (for example: failing a test, losing a friend, damaging your car, winning a prize, getting a job, joining a club, etc.). It does not matter that other people might find the same events insignificant for them. Briefly (in a sentence) describe each of your significant events below. Space is provided for up to ten events. For each event you describe, indicate whether it had a positive or negative psychological impact on you by placing a mark (x) in one of the two spaces. Then, decide how strong or **intense** an impact the positive or negative event had on you, using the following scale:

1	2	3	4	5	6	7	8	9
very mild			moderate			very strong		

Indicate the intensity rating by placing a number (1-9) in the space provided.

For example: If you feel that a recent illness had a **very** bad effect on how you thought and felt about things, you might rate the intensity as 8 or 9. If it had only a **slight** effect on you, you might rate the intensity as 1 or 2. Similarly, if winning \$1000 dollars in a lottery made you extremely happy for days, you might rate the intensity as high—8 or 9. If it made you happy, but less extremely so, you might rate the intensity as 5 or 6. **Be as honest and accurate as possible.**

Event 1 Impact: ___ Negative ___ Positive Intensity ___

Description: _____

Event 2 Impact: ___ Negative ___ Positive Intensity ___

Description: _____

Event 3 Impact: __Negative __Positive Intensity_____

Description: _____

Event 4 Impact: __Negative __Positive Intensity_____

Description: _____

Event 5 Impact: __Negative __Positive Intensity_____

Description: _____

Event 6 Impact: __Negative __Positive Intensity_____

Description: _____

Event 7 Impact: __Negative __Positive Intensity_____

Description: _____

BECK DEPRESSION INVENTORY

For each of the 21 sets of statements below, mark (X) the box in front of the statement that best reflects how you are feeling lately. Mark only ONE statement in each set. Be as honest and as accurate as possible. Do not skip any sets. Respond to the sets in the order they appear.

1. 9 I do not feel sad.
 9 I feel blue or sad.
 9 I am blue or sad all the time and I can't snap out of it.
 9 I am so sad or unhappy that it is very painful.
 9 I am so sad or unhappy that I can't stand it.

2. 9 I am not particularly pessimistic or discouraged about the future.
 9 I feel discouraged about the future.
 9 I feel I have nothing to look forward to.
 9 I feel that I won't ever get over my troubles.
 9 I feel that the future is hopeless and that things cannot improve.

3. 9 I do not feel like a failure.
 9 I feel I have failed more than the average person.
 9 I feel I have accomplished very little that is worthwhile or that means anything.
 9 As I look back on my life all I can see is a lot of failures.
 9 I feel I am a complete failure as a person (parent, husband, wife).

4. 9 I am not particularly dissatisfied.
 9 I feel bored most of the time.
 9 I don't enjoy things the way I used to.
 9 I don't get satisfaction out of anything any more.
 9 I am dissatisfied with everything.

5. 9 I don't feel particularly guilty.
 9 I feel bad or unworthy a good part of the time.
 9 I feel quite guilty.
 9 I feel bad or unworthy practically all the time now.
 9 I feel as though I am very bad or worthless.

6. 9 I don't feel I am being punished.
 9 I have a feeling that something bad may happen to me.
 9 I feel I am being punished or will be punished.

- 9 I feel I deserve to be punished.
9 I want to be punished.
7. 9 I don't feel disappointed in myself.
9 I am disappointed in myself.
9 I don't like myself.
9 I am disgusted with myself.
9 I hate myself.
8. 9 I don't feel I am any worse than anybody else.
9 I am very critical of myself for my weaknesses or mistakes.
9 I blame myself for everything that goes wrong.
9 I feel I have many bad faults.
9. 9 I don't have any thoughts of harming myself.
9 I have thoughts of harming myself but I would not carry them out.
9 I feel I would be better off dead.
9 I feel my family would be better off if I were dead.
9 I would kill myself if I could.
10. 9 I don't cry any more than usual.
9 I cry more now than I used to.
9 I cry all the time now. I can't stop it.
9 I used to be able to cry but now I can't cry at all even though I want to.
11. 9 I am no more irritated now than I ever am.
9 I get annoyed or irritated more easily than I used to.
9 I feel irritated all the time.
9 I don't get irritated at all at the things that used to irritate me.
12. 9 I have not lost interest in other people.
9 I am less interested in other people now than I used to be.
9 I have lost most of my interest in other people and have little feeling for them.
9 I have lost all my interest in other people and don't care about them at all.
13. 9 I make decisions about as well as ever.
9 I am less sure of myself now and try to put off making decisions.
9 I can't make decisions any more without help.
9 I can't make any decisions at all any more.

14. 9 I don't feel I look any worse than I used to.
9 I am worried that I am looking old or unattractive.
9 I feel that there are permanent changes in my appearance and they make me look unattractive.
9 I feel that I am ugly or repulsive looking.
15. 9 I can work about as well as before.
9 It takes extra effort to get started at doing something.
9 I don't work as well as I used to.
9 I have to push myself very hard to do anything.
9 I can't do any work at all.
16. 9 I can sleep as well as usual.
9 I wake up more tired in the morning than I used to.
9 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
9 I wake up early every day and can't get more than 5 hours sleep.
17. 9 I don't get any more tired than usual.
9 I get tired more easily than I used to.
9 I get tired from doing anything.
9 I get too tired to do anything.
18. 9 My appetite is no worse than usual.
9 My appetite is not as good as it used to be.
9 My appetite is much worse now.
9 I have no appetite at all any more.
19. 9 I haven't lost much weight lately.
9 I have lost more than 5 pounds.
9 I have lost more than 10 pounds.
9 I have lost more than 15 pounds.
20. 9 I am no more concerned about my health than usual.
9 I am concerned about aches and pains or upset stomach or constipation or other unpleasant feelings.
9 I am so concerned with how I feel or what I feel that it's hard to think of much else.
9 I am completely absorbed in what I feel.
21. 9 I have not noticed any recent change in my interest in sex.
9 I am less interested in sex than I used to be.
9 I am much less interested in sex now.
9 I have lost interest in sex completely.

RELATIVE MOOD ITEM

We would like to know how you are feeling at this moment. Please rate your present mood in comparison to how you have felt on average over the past few days. Indicate your response by circling a number (1-9) on the scale below.

1	2	3	4	5	6	7	8	9
feeling much worse than average				feeling about average				feeling much better average

VITA

The author, My Hanh T. Nguyen, was born in Vietnam and emigrated to the U.S. when she was five years old. She has lived in Houston, Texas for most of her life.

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APPROVAL SHEET

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree Master of Arts.

8-30-96
Date


Director's Signature