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CAUSAL ATTRIBUTIONS, REAL LIFE-EVENTS AND
PERSONALITY CHARACTERISTICS: A PRELIMINARY STUDY

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Summary.—The learned-helplessness model has been given much attention recently. In this article some issues are briefly reviewed, the main purpose of this study was, however, to determine the relationship between causal attributions and personality characteristics, symptoms and feelings of well-being. Although causal attribution style is considered a trait-like concept, this can not be substantiated by the results of the current study. It is concluded that a refinement of the learned-helplessness model and its assessment methods is necessary to test the role of causal attributions in psychological functioning more adequately.

The provocative paper of Abramson, Seligman, and Teasdale (1978), which discussed the reformulated hypothesis of learned helplessness has stimulated research on life-events, causal attributions, and depression. The model proposes that depressive people attribute undesirable uncontrolled events as internal, stable, and global, and on the other hand attribute desirable uncontrolled events as external, unstable, and specific. As a result of this so-called attributional style, which implies cross-situational consistency, some people are more prone to become depressive after being exposed to undesirable life-events than others. Recently several self-report instruments have been developed to assess attribution style (Gong-Guy & Hammen, 1981; Peterson, Semmel, Baeyer, Abramson, Meralsky, & Seligman, 1982; Russel, 1982; Girodo, Dotzenroth, & Stein, 1981) either to measure causal attributions on hypothetical- or on real life-events and by that means test the hypothesis of learned helplessness. Apart from the 'traditional' attributional dimensions several authors elaborated the model using other cognitive variables as chance, intention, and expectation (Gong-Guy & Hammen, 1980).

Several observations can be made about the existing literature. First, only few studies confirm hypothesis (Raps, Peterson, Reinhard, Abramson, & Seligman, 1982; Seligman, Peterson, Kaslow, Tanenbaum, Alloy, & Abramson, 1984). Most studies, however, do not corroborate the hypothesis of learned helplessness (Hammen & Cochran, 1981; Manly, McMahan, Bradley, & Davidson, 1982; Hargreaves, 1985; Mukherji, Abramson, & Martin, 1982). It is then of importance to note that there is almost no evidence in favor of the cross-situational consistency in causal attributional style (Arntz, Gerlisma, &

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Albersnagel, 1985; Cutrona, Russel & Jones, 1985; Miller, Klee, & Norman, 1982). Second, causal attribution style assessed by using hypothetical events do not predict attributions on actual life-events (Cutrona, *et al.*, 1985; Miller, *et al.*, 1982) and more important, depressives and normals only differed on their real life-events attributions scores (Miller, *et al.*, 1982) and not on hypothetical events. Third, the reformulated learned-helplessness hypothesis (Abramson, *et al.*, 1978) deals with undesirable uncontrolled events. The Attributional Style Questionnaire (Peterson, *et al.*, 1982), the most frequently used assessment instrument, contains, however, both uncontrolled and controlled events. Cutrona, *et al.* (1985) concluded about this confusing matter: "we therefore will deal with the attributional style concept in broad terms as applying to any positive or negative event because this is the usage employed by other researchers including Seligman and his colleagues" (p. 1043). Hammen and Mayol (1982) nevertheless classified life-events in several categories and among these were undesirable control and undesirable uncontrolled events. They reported that depressive clients and normals, in terms of attributional style, differed most clearly on the control events. Fourth, although causal attribution style is considered a trait-like concept (Cutrona, *et al.*, 1985) no attempt has been made so far to examine the relationships between attributional style and personality characteristics thoroughly. As mentioned by Metalsky and Abramson (1981) there is, however, some evidence that causal attributions are associated with self-esteem, well-being and of course depression.

The aim of the present study is to examine the association between attributions and personality traits. It is argued here that a comprehensive pattern of correlations among the variables under study will validate the contention that attributional style is a trait-like concept. Based on earlier research findings (see above) it was decided to analyze only actual life events which are to categorize as undesirable controllable.

METHOD

Subjects and Procedure

Subjects ($N = 35$) participated in a larger longitudinal study (assessments in 1976, 1977 and 1984) in which the influence of stress on well-being and stability of personality traits was investigated in a normal population (Ormel, 1980, 1983). Results presented here are based on material collected in the third wave of this study. Twenty-one men and 14 women took part (M age 44 yr., $SD = 10.8$).

Apart from filling out questionnaires a lengthy semistructured interview was held, based on the work of Brown and Harris (1978). The purpose of the interview was to get a detailed picture of the respondent's life-situation at Time 3 and of the life-events which occurred between Time 2 and Time 3.

The interviewer used a domain event list to check for important events between Time 2 and Time 3. Life-events with important implications in the long-term were especially included in this list. At the end of the interview the interviewer named all the undesirable events and let the respondent choose the least desirable one. For this particular event a causal attribution questionnaire was completed. Only subjects with an unpleasantness rating (range 1 to 7) of 4, 5, 6 or 7 on a controllable event were used in the present analysis.

Material

Several measures were administered to the subjects.

The *General Health Questionnaire*—30-item version (GHQ-30; Goldberg, Rickels, Downing & Hesbacher, 1976)—was used to obtain an over-all score on symptomatology. Reliability assessed by Cronbach's alpha was .89. Among others Tarnopolsky, Hand, McLean, Roberts and Wiggins (1979) did research on the validity of the GHQ-30 by comparing the self-report scores with the outcome of a psychiatric interview. By and large their findings indicated that the GHQ-30 is a useful screening instrument of psychiatric cases and of morbidity. General well-being was measured using the *Affect Balance Scale* (Bradburn, 1969; Ormel, 1983). This self-report instrument has two subscales, a positive scale (ABS-pos; high score—more positive feelings) and a negative scale (ABS-neg; high score—more negative feelings). Alphas were, respectively .59 and .58. The *Rational Behavior Inventory* (Shorkey & Whiteman, 1977) is a widely used instrument based on Ellis's rational emotive model (Ellis, 1962) and measures rationality. Validity was, for example, supported by the findings of Ray and Bak (1980) who found a correlation of $-.72$ between scores on the Rational Behavior Inventory and the Irrational Beliefs Test. Cronbach's alpha in the current study was .86. *Locus of Control* was assessed by an adapted 12-item scale for use in the Netherlands (Andriessen, 1972). Cronbach's alpha was .79. Higher scores are indicative of a greater internal locus of control. Personality scales further included a *neuroticism scale* (ABV; Ormel, 1983) and a *self-esteem measure* (NPV-ZW; Luteyn, 1974). The neuroticism inventory (ABV) comprises questions which are largely based on the Maudsley Personality Inventory. Cronbach's alpha in this study was .63. Research of our own (forthcoming) on a larger sample gave high stability coefficients on this scale over a 14-yr. period. Further findings also validated the contention that the questionnaire measures a neurotic disposition. The self-esteem measure (NPV-ZW) contains statements regarding flexibility, competence and behavior in stressful situations. Questions were partly derived from the 16PF questionnaire. Cronbach's alpha in the present work was .76.

Attributions were assessed with a scale² based mainly on the work of

²Available on request from the author.

Gong-Guy and Hammen (1980). The causal dimensions are chance, internal, stable, global, intention and expectation. A question was also added to get an unpleasantness rating of the event. Each causal attribution was assessed by one question on a 7-point scale: a high score indicates a chance-, internal-, stable-, global-, intended- and an unexpected causal attribution.

RESULTS AND DISCUSSION

This preliminary study addressed the question whether causal attributions covary with personality characteristics. Based on earlier findings it was decided to use actual life-events and to analyze only a homogeneous set of undesirable controllable events. Life-events included, for example, divorce, breaking up contact with children, parents, or friends, and major conflict at work. Means and standard deviations on attributions and Pearson intercorrelations among dimensions are presented in Table 1.

TABLE 1
MEAN ATTRIBUTION SCORES, *SD*S, AND INTERCORRELATIONS
AMONG CAUSAL ATTRIBUTIONS

Attributions	1	2	3	4	5	6	<i>M</i>	<i>SD</i>
1. Chance							2.89	2.14
2. Internal	.14						2.66	2.34
3. Stable	-.08	-.12					4.71	1.98
4. Global	-.38*	-.08	.08				3.14	2.30
5. Intention	-.25	.23	.13	.20			2.49	2.12
6. Expectation	.45*	-.17	-.36*	-.27	-.49*		4.77	2.37
7. Unpleasantness	.18	-.15	-.04	-.03	-.37	.19	6.26	1.15

Note.—A high score reflects a chance-, internal-, stable-, global-, intended-, and a non-expected causal attribution.

*One-tailed $p < .05$ ($N = 35$).

Intercorrelations between dimensions show some logical results, e.g., the negative association between nonexpectation and stability and intention and the positive correlation between nonexpectation and chance. The correlations between the 'traditional' causal dimensions (internality, stability, globality), however, are nonsignificant.

The association between attributions and personality characteristics and symptoms show a somewhat ambiguous picture; see Table 2. Some correlations are in line with what could be expected; particularly those between chance and nonexpectation and other measures. On the other hand, the stability attribution shows mixed results and intention, internality, and globality give unexpected results. Notably, internality is negatively correlated with symptoms and globality covaries positively with rationality and positive well-being.

By and large the results of this study do not give evidence to a trait-like

TABLE 2
CORRELATIONS BETWEEN ATTRIBUTIONS AND OTHER MEASURES

Attributions	1†	2	3	4	5	6	7
	.79‡	.86	.76	.63	.89	.59	.58
Chance	-.30*	-.14	-.24	.30*	.15	-.31*	-.10
Internal	.09	-.00	.11	-.15	-.30*	.09	-.05
Stable	.20	.15	.01	.17	.45*	.15	.25
Global	.01	.36*	.11	-.01	-.05	.42*	.17
Intention	.36*	.44*	.10	-.39*	-.10	.19	.01
Expectation	-.33*	-.05	-.11	.07	-.07	-.30*	-.32*
Unpleasantness	-.33*	-.22	-.07	.23	.08	.13	.05

* $p < .05$, one-tailed. ‡Cronbach's *alpha*.

†1 = locus of control; 2 = rationality (RBI); 3 = self-esteem (NPV-ZW); 4 = neuroticism (ABV); 5 = symptomatology (GHQ-30); 6 = positive well-being (ABS-pos); 7 = negative well-being (ABS-neg).

attributional model. Personality traits and causal attributions do not correlate in a comprehensive way. In light of these disappointing results and those of others (Hammen & Cochran, 1981; Manly, *et al.*, 1982; Hargreaves, 1985) two points have to be stressed. Specifically, (1) it is important to improve assessment methods. Subjects often claim to find it difficult to understand attributional questions. It cannot be ruled out that some of the null findings in the literature are a result of a misunderstanding of attributional questions. Perhaps that a more specific method of assessment as designed, for example, by Fennell and Campbell (1984) may offer a more valid procedure in studying the hypothesis of learned helplessness. (2) Attributional theory (Abramson, *et al.*, 1978) is by all means an attractive model for the clinical worker. It predicts associations between evaluative cognitions and affect which show, not surprisingly, close resemblance to what depressive clients tell about their cognitive and affective functioning. But when theory is not substantially supported by research findings, it is easily asserted that a theory is lacking. Attributional research, however, seems a promising avenue for the evaluation of the cognitive functioning of clients. Nonetheless, refinement of the hypothesis of learned helplessness and an integration with other attributional models as the expectancy model of Weiner (1974) and the actor-observer phenomenon studied by Jones and Nisbett (1972) may be useful. These various models are at odds on some points; an integration could provide a step forward in attributional research.

In sum, causal attribution style is not clearly associated with personality measures but results should be treated cautiously for only a small sample was tested in the current study and only Pearsonian correlations were employed to test the contention that attributional style is a trait-like concept. The platitude that more research is necessary cannot be avoided. Of particular interest is

extention and further specification of the learned helplessness model and a valid assessment of the attributional dimension under study.

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