PREDICTORS OF ATTRIBUTIONAL STYLE:
A DEMOGRAPHIC STUDY

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Predictors of Attributional Style:
A Demographic Study

The learned helplessness model of depression makes an analology between learned helplessness, a laboratory phenomenon originally observed in animals, and depression, a human psychopathic condition. The strong perceived similarities between learned helplessness and depression have led to numerous studies seeking to confirm the behavorial and therapeutic parallels between the two (Klein and Seligman, 1976). The learned helplessness research has three parts. The first part is the production and explanation of learned helplessness in animals. The second part deals with learned helplessness in humans. The third part of the learned helplessness enterprise is testing whether learned helplessness is indeed a model of depression (Seligman, 1978).

The term learned helplessness was first used by Seligman and Maier (1967) and Overmier and Seligman (1967) to describe a behavior exhibited by dogs to whom inescapable shock had been administered. Whereas naive dogs quickly learned to escape shock by jumping over a barrier in the shuttle box, dogs that had previously received shocks from which they could not escape, would no longer seek to escape the shock even when escape was allowed.

This learned helplessness in the dogs was overcome only by repeated "therapy" trials in which the inactive, "helpless" dogs were dragged across the shuttle box by the experimenter to the area where the shock could be avoided until the dogs learned that escape was possible. The dogs not only developed detrimental passivity, but also anorexia, and in physiological studies, were shown to have depleted norepinephrine levels--all symptoms similar to those exhibited in depressed humans (Maier & Seligman, 1976). Similar research demonstrating the development of learned helplessness in animals experiencing inescapable, noxious stimuli has been done with cats (Masserman, 1971; Seward & Humphrey, 1967; Thomas & Dewald, 1977), fish (Frumkin & Brookshire, 1969; Padilla, 1973; Padilla, Padilla, Ketterer, & Giacolone, 1970), and rats (Maier, Albin, & Testa, 1973; Maier & Testa, 1975; Seligman & Beagley, 1975; Seligman, Rosellini, & Kozak, 1975).

Humans also exhibit learned helplessness when placed in situations where they are unable to control outcome. (e.g., Fosco & Greer, 1971; Gatchel & Proctor, 1976; Glass & Singer, 1972; Hiroto, 1974; Hiroto & Seligman, 1975; Klein, Fencil-Morse, & Seligman, 1976; Miller & Seligman, 1975; Rodin, 1976; Roth, 1973; Roth & Kubal, 1975.) The human studies follow the same format as the

animal experiments: subjects are given an uncontrollable training task in the form of inescapable shock, inescapable noise, or unsolvable cognitive problems. Then the subjects are given a potentially escapable or solvable task and their performance on this task is compared to that of subjects who were given experience with controllable or escapable problems. The subjects in the first group who go through the experience of not being able to control or solve the problems develop learned helplessness as exhibited by their inability to solve the simple and solvable task following their helplessness experience. The control subjects, however, did not show similar levels of helplessness (Klein & Seligman, 1976).

The learned helplessness hypothesis provides a unified framework for both the human and animal data in Seligman's cognitive-learning model of depression (Maier & Seligman, 1976; Seligman, 1975; Seligman, Maier, & Solomon, 1971). The crux of the hypothesis is that experiencing uncontrollable outcomes eventually leads the organism to expect uncontrollability and thereby develop deficits of affect, cognition, self-esteem, and motivation (Abramson, Seligman, & Teasdale, 1978). The motivational deficit is a consequence of the expectation that outcomes are independent of response, leading to a decline in the initiation of voluntary responses. Learning

that an outcome is uncontrollable becomes a cognitive deficit because it is difficult later to believe that responses can affect the outcome. Thirdly, the depressed affect is a consequence of learning that outcomes can not be controlled by the individual, leading to a sense of failure and lowered self-esteem (Abramson et al., 1978).

These deficits are related to the cognitive manifestations of depression which include: 1. poor self-reinforcement and self-punishment skills (Nelson & Craighead, 1977); 2. distorted recall of positive feedback (DeMonbreun & Craighead, 1977; Hammen & Krantz, 1976; Nelson & Craighead, 1977); 3. negative self-statements and a resulting negative view of self-world, and future (Beck, 1974, 1976); 4. recall of negative material more readily than positive material (Lishman, 1972; Lloyd & Lishman, 1975); 5. recall of negative feedback more accurately than nondepressed persons (Nelson & Craighead, 1977); 6. excessive self-blame (Abramson & Sackein); and, 7. self report of dejected mood (Beck, 1967). Although learned helplessness does not fit any existing subgroup of depression perfectly, reactive depression might be very similar. Seligman (1975) has speculated that certain depressed individuals displaying passivity, negative cognitive set, and other learned helplessness symptoms whose disorders began with a loss of control

over important events might be usefully classified as "helpless depressives". These individuals might respond best to cognitive-learning therapy specifically geared towards undoing the deficits produced by learned helplessness.

Five studies (Dweck, 1975; Dweck & Peppucci, 1973; Klein, et al., 1976; Tennen & Eller, 1977; Wortman, Panciera, Shusterman, & Hibschler, 1976) have linked learned helplessness with the subject's attributions concerning his or her failures to solve the inescapable task. These studies show that what an individual attributes failure to is an important factor in the development of learned helplessness. If the individual attributes the failure to personal incompetence, increased deficits and depressed symptomatology results. However, if the individual attributes the failure to situational factors or to task difficulty, learned helplessness is not exhibited. For example, in Klein et al. (1976), half of the subjects were told that most people were able to solve the problems that they were going to be given. The other half of the subjects were told that the majority of the people could not solve the problems. Both groups were then given unsolvable problems followed by a simple anagram task. The group that believed that they had failed when most people would have succeeded showed signs of learned

helplessness deficits and could not solve the simple anagram problems. The other group did not have trouble with the anagram problems because apparently they had attributed their failure in the first half of the experiment to task difficulty, as intended by the researchers. This follows the Weiner, Frieze, Kukla, Reed, Rest, and Rosenbaum (1971) hypothesis that the cause the subject attributes failure to influences expectations for probable outcomes of future performances.

Heider (1958), generally considered to be the founder of attribution theory, made a distinction between "factors within the person" and "factors within the environment" as perceived determinants of outcomes. Also, in locus of control research, Rotter (1966) distinguished between outcomes that subjects see as caused by their own responses and outcomes that the subjects see as caused by external forces. Both theories, then, are stating approximately the same thing: individuals see causes of outcomes as either originating within themselves or from the outside environment. Weiner (1974) added another dimension in attributing causality when he suggested that attributions of failure can be characterized by two basic dimensions: locus of control (internal vs. external) and stability (stable vs. unstable). Abramson et al. (1978) have added a third

dimension in their hypothesis. In their reformulation of learned helplessness theory, they suggest that the individual also decides whether the cause of the failure will have a global effect in his or her life, or if the failure will affect only this particular situation (the global-specific dimension). They also hypothesize that the intensity, length, and chronicity of the depression will be dictated by what the individual has decided is the reason for the failure or, in other words, to what the individual attributes the failure. The characteristics of these attributions then, are significant for those attempting to understand the etiology of depression and methods to alleviate it.

The first dimension of attributional style, internal vs. external, can be described as personal helplessness (Abramson et al., 1978). In the case of personal helplessness, the individual believes that the outcome could be controlled by his or her responses, although the individual does not make the correct response in order to bring about a favorable outcome. The individual feels a sense of personal failure in the inability to produce the desired outcome because he or she believes others could have attained it successfully. In the case of universal helplessness, however, the individual believes that the outcome is independent of all of his or her

responses as well as the responses of other people. Fate or circumstance controls the situation and there is nothing that the individual can do. In addition, no one else in the same situation would succeed either. Personal helplessness or an internal attribution of failure appears to lead to increased helplessness and depressed affect because a major determinant of attitudes toward the self is comparision with others (Morse & Gergen, 1970; Rosenberg, 1965). However, universal helplessness or external attribution of failure does not have this effect because the individual feels that no one else could have solved the problem either (Roth & Kubal, 1975). Cognitive and motivational deficits occur in both personal and universal helplessness but affective deficits occur only in personal helplessness (Abramson, 1977). For example, Roth and Kubal (1975) conducted a study in which half the subjects were given a task which they were told measured their intelligence--an internal attribution. The other half of the subjects were told that the task was just an unimportant training task. The task was, in actuality, unsolvable. The group which believed that the task measured intelligence (and thereby an internal trait) reported significantly more depression and frustration following the task than did the group that believed the task was an unimportant training task. This study suggests that internal

attributions for failure lead to depression, whereas external attributions for failure do not. Other studies also examining this possible connection are Eswara (1972); Rest, Nierenberg, Weiner, and Heckhausen (1973); and Weiner and Kukla (1970).

The second dimension of an individual's attributional style is the stable-unstable continuum. Attributions of failure to stable factors are thought of as long-lived or recurrent, whereas unstable factors are short-lived or intermittent. When the individual attributes failure to internal or external causes, a decision is also made as to whether the failure is due to a cause that will always exist (stable) or due to a cause that will occur only once or seldom (unstable). A stable attribution for failure would be hypothesized to lead to a chronic sense of helplessness, but an unstable attribution for failure would mean only a short period of helplessness--for example, the perception that the next time the individual will succeed (Abramson et al., 1978). Research showing the relationship between stable-unstable attributions and learned helplessness are Fontaine (1974), McMahan (1973), and Weiner, Nierenberg, and Goldstein (1976). Dweck and Reppucci (1973) found that children who attributed failures in performance to ability (a stable cause) showed greater learned helplessness deficits than those children

who attributed failure in performance to effort (a variable cause).

A person will occasionally generalize performance failures beyond the specific task in which failure occurs to other types of situations. Subjects in aversive test situations in which responses do not influence outcomes overgeneralize this lack of control to different situations in which responses in actuality do influence outcomes (Miller & Norman, 1979). This, then, is the global-specific attributional dimension. A global attribution implies that helplessness will occur across situations (the failure affecting a wide variety of outcomes), whereas a specific attribution implies helplessness only in the original situation (Abramson et al., 1978). No research has been done to specifically examine the global-specific dimension of attributional styles.

Therefore, a depressed person is one who is experiencing the deficits of affect, cognition, self-esteem, and motivation. This person will be likely to make internal, global, and stable attributions for failure. These create a pessimistic outlook for future endeavors. The individual expects that no response in his or her repertoire will change the likelihood of failure. Helplessness or depression results. Motivational and cognitive deficits result from stable, global attributions

because the individual does not have the desire, nor the reason to continue trying when he or she views the cause for the failure to be permanent and all-pervasive. This depressed person when faced with success may make external, specific, and unstable attributions for success; perhaps attributing it to a "lucky guess" which would certainly not reoccur. Therefore, depressed individuals are hypothesized to believe that failure for them is the norm and that they are personally incapable of achieving success.

The generality of the depressive deficits will depend on how global the person's attributions for failure are. The more stable the attributions for failure, the more chronic the depressive deficits will be, and whether or not self-esteem is lowered depends on how internal the individual sees the cause of the failure to be and how helpless he or she feels to affect the outcome in comparison to others. The intensity of the deficits depends on the strength or certainty of the expectation of failure in the future, and in the case of the affective and self-esteem deficits, on the importance of the event (Abramson et al., 1978).

On the other hand, those who escape depression following a failure experience have most likely made external, specific, and unstable attributions for the failure. They may blame "the system" and believe that with a little more

effort they will succeed. Nondepressed people are also likely to take personal credit for their successes, thus raising their self-esteem and creating an optimistic outlook for future attempts.

The attribution theory model, then, proposes that each individual has an attributional style and that depressed persons have a significantly different attributional style from the nondepressed. To examine attributional styles further, Seligman, Abramson, Semmel, and von Baeyer (1979) gave depressed and nondepressed college students an attributional style test. Depression was measured by the short form of the Beck Depression Inventory and the Multiple Affect Adjective Checklist. The attributional style test posed 12 hypothetical situations in which the subject either succeeded or failed. The subjects were to imagine themselves in those situations and write down a major cause of the situation. Then they were to judge whether this cause was internal or external, stable or unstable, global or specific, and important or non-important. The attributional scores for each individual was then correlated with the scores obtained on the scales which measure depression. Their findings showed that depressed students did attribute bad outcomes to internal, global, and stable causes whereas nondepressed students attributed bad outcomes to external, specific,

and unstable causes. This study then, and results from other research (Klein, et al., 1976; Kupier, 1978; Rizley, 1978) provide support for the hypothesis that attributions for task outcomes are linked to depression. Also, Seligman (1975) has suggested that an attributional style is developed in an individual as a personality trait, and that this style plays a large part in determining the individual's outlook and behavior. It is highly important then that factors related to the development of an attributional style are examined.

In past studies, little attention has been paid to variables of individual differences in attributional styles, other than the variable of depression. Miller and Norman (1979) emphasized the need to examine individual differences in forming an attribution theory. A few studies have shown significant gender differences among children in the attributions for failure (Dweck & Bush, 1976; Dweck & Reppucci, 1973; Nicholls, 1975), but adult men and women have mostly been ignored in testing for sex differences in attributional styles. This is a serious oversight as depression appears to occur more often in women than in men in our society (Woodruff, Goodwin, & Guze, 1974), and a difference in attributional style may be linked to this phenomenon. Dweck (1976) found that boys and girls differ in attributional styles, with girls

attributing helplessness to a lack of ability (global, stable) and boys to lack of effort (specific, unstable). Sobelman (1978) found that there were sex differences among college students in their attributions for success. It was suggested that females have a characterological bias toward self-depreciation which renders them vulnerable to depression when experiencing unfavorable life circumstances.

Another question that deserves attention is the role of the parents in the formation of a child's attributional style. Is there a relationship between the parents' attributional style and the attribution their child makes when he or she fails at a task? Several studies have shown that adults evaluators exert a strong influence on a child's attitude towards his or her performance on a task (Crandall, Dewey, Katkovsky, & Preston, 1964; Dweck & Buch, 1976; Dweck & Reppucci, 1973), but parental influence has not been thoroughly addressed.

Along with this, a question is raised about marital attributional styles. No research has been done to examine the relationship between marital partners and attributional styles. Ackerman (1961) states that studying the family process requires the consideration of the reciprocity of complementarity of role relations within the family. Family systems theory holds that members in a family system will develop roles which are complementary

(Foley, 1974). If this is applied to attributional styles in a family, it would suggest that husbands and wives would tend to have inversely related attributional styles. The wife, for example, might blame herself when something goes wrong in the family (an internal attribution), whereas the husband would blame the circumstances or maybe his wife for the problem (an external attribution). Feldman (1976) hypothesizes that the depressed person's current role patterns with the nondepressed marital partner exert a powerful effect in maintaining the depression through the complementary cognitive structures. However, there have been no studies up to this point that test for a possible correlation between marital partners' attributional styles.

Most of the research done on learned helplessness and attribution theory has been seriously limited in generalizability. Subjects are often college students and the tasks or conditions that are used to create learned helplessness and depression in the laboratory are not generally found in the environment outside the laboratory. Cronbach (1975) states that social research should be less concerned with hypothesis testing and more concerned with interpreting findings in local contexts. Therefore, there is a need for research design which involves selection of subjects from a more representative population and one that uses

common tasks or situations that are familiar occurrences to the research participants. These results can then be generalized more readily to a wider population.

The present study sought to accomplish two main objectives: to examine individual differences among attributional styles, and to achieve greater generalizability through selection of subjects from a more representative population. To do this, volunteer families from the community were tested using an attributional style scale created by Seligman, et al., (1979). Their attributional styles were related to sex and role in the family. It was hypothesized that there is significant correlation between the attributional style of the parents and the attributional style of their children. It was also hypothesized that the attributional style of men will generally differ from the attributional style of women, and that marital partners will tend to have complementary attributional styles.

Method

Subjects

Thirty intact families volunteered to participate in this study in response to classified advertisements placed in local newspapers. In each family, one child and both parents were asked to complete the attributional style scale. Only high school students and their parents

were tested because there is presently no attributional style scale for younger children.

Instruments

The attributional style scale consists of 12 hypothetical situations, six depicting good outcomes and six depicting bad outcomes. The subject is then instructed to imagine that he or she is actually experiencing that situation and then to write down to what they attribute their success or failure in that imagined situation. Then the subject is to rate each cause on a seven-point scale according to the degree of internality, stability, globality, and the degree of importance the event would have if it had actually happened. For a copy of the scale and the instructions used, refer to Appendix A.

Scores are continuous, interval data and range from 48 to 336 for each individual. Subscale scores for bad outcomes (excluding the scale of important of the situation) can range from 18 to 126. Subscale scores for good outcomes can also range from 18 to 126 and are predicted to be inversely related to the subscale for bad outcomes for each individual. In other words, a low score on the bad outcome subscale denotes the external, specific, unstable attributions of a nondepressed person and the score for this individual on the good outcome subscale should be high (internal, global, stable

attributions). Conversely, a depressed person is expected to obtain a high score on the bad outcome subscale and a low score on the good outcome subscale.

Procedure

Families that responded to the classified advertisements run in the local papers, were informed of the general purpose of the study and what would be involved in participating in the study. If the three necessary family members agreed to participate in the study, a time was arranged for the researcher to come to their house in order to administer the test. With all three family members present, instructions were given and the scale administered. Individuals were encouraged not to discuss the questions with each other, but were to ask the researcher for clarification. All participants were assured of the anonymity and confidentiality of their responses.

Results

The hypothesis predicting that the bad outcome subscale scores would be inversely correlated with the good outcome subscale scores was not supported by these data. No significant negative correlations were found between the two scores for each individual. Therefore, the statistical analysis was computed using both the good and the bad outcome subscale scores.

The means and standard deviations of the scores of the family members are shown in Table I. The mean attributional style score of the men did not differ significantly from that of the women, (good outcome $t = 1.46$, $df = 58$, $p > .05$; bad outcome $t = 1.38$, $df = 58$, $p > .05$), nor was the predicted inverse relationship found to exist between marital partners (see Table II).

As shown in Table III, the good outcome subscale scores of the daughters were found to be positively correlated with the good outcome subscale scores of the fathers ($r = +.63$, $p < .01$). All other other hypotheses suggesting possible correlations between parents' scores and children's scores were not supported--neither through same-sex parent and child computations, nor through cross-sex computations (see Table IV). Therefore, a multiple regression equation for predicting a child's attributional style score from the parents' score was not computed from these data.

Discussion

The lack of a significant correlation between the good and bad outcome subscale scores suggests that either the attribution theory should be reexamined or that this attributional style test does not have validity when used to test attributional styles of families selected from the general population. Many studies show that the attributions an individual makes for failure have an effect

on the deficits of affect, cognition, self-esteem, and motivation that the individual may experience thus reaffirming the attribution theory (Abramson, 1977; Dweck, 1975; Dweck & Bush, 1976; Dweck & Reppucci, 1973; Fontaine, 1974; Klein et al., 1976; Kupier, 1978; McMahan, 1973; Morse & Gergen, 1970; Rizley, 1978; Rosenberg, 1965; Roth & Kubal, 1975; Tennen & Eller, 1977; Weiner et al., 1976; Wortman et al., 1976).

However, only one other study (Seligman et al., 1979) has tested for the attributions of the subjects by using the attributional style test which was used in the present study. In the Seligman et al. (1979) study, only college students were tested whereas in this study, adult and adolescent volunteers from the general population were tested. These volunteers ranged widely in socioeconomic level, race, educational background, and in previous experience with psychological testing. None of the scores for any of the subjects were lower than 55, which shows that external, unstable, and specific attributions were not recorded for either good or bad outcomes. Possibly, the subjects being more naive than college students in terms of testing, were more sensitive to giving the "right" answers to the researcher. High internal, stable, and global scores may connote a more "responsible" person in the eyes of these subjects, thus the high scores for both

the good and bad outcome subscales and the lack of an inverse relationship between the good and bad outcome subscales. An individual who accepts personal responsibility for all that happens to him or her may be generally considered to be more responsible and dependable. This individual does not "blame" anyone else for failures or successes--he or she is a self-made person. Therefore, it is suggested that the validity of the Seligman et al. (1979) test be reexamined, and perhaps another measuring instrument be created which would successfully circumvent this possible bias against external, unstable, and specific responses.

The researcher also found the test to be difficult to explain to both adults and high school students. Subjects remarked on the vagueness of the questions, the poor grammar, and the unfamiliar vocabulary. Also, some of the situations were more familiar to people who were attending or who had gone to college. People from the general population had to use more imagination than those who had experienced those situations and could rely on memory. All of these factors may have served to reduce the validity of this instrument in this study.

The one significant correlation--the strong, positive relationship between the fathers' and daughters' scores--is supported by past studies (Heilbrun, 1968; Williams,

1973). Heilbrun found that girls who identify with a masculine father have a better level of personal adjustment than those who identify with a feminine mother. This would be an important area to examine in future attributional style studies: Is there a difference in the personal adjustment of girls whose attributional styles are positively correlated with masculine fathers and the girls whose attributional styles are positively correlated with feminine mothers? Another area for future studies would be to look for developmental changes in attributional styles. Would girls who have attributional styles similar to their fathers change their orientation as they grow older? Studies have suggested that children are more external in their locus of control than are adults (Crandall et al., 1965; McMahan, 1973; Rholes, Blackwell, Jordan, & Walters, 1980). Therefore, this similarity between fathers' and daughters' scores may be more developmental and variable than suggested by the Heilbrun study (1968).

In summary, though the attribution theory of learned helplessness is fairly well supported by other studies, the results of this study do not support the attribution theory. It is suggested that the attributional style test used is not valid with the population sampled in this study. Various factors may need to be changed in the scale in order to make it a more effective instrument in

measuring an individual's attributional style. However, the strong correlation between fathers' and daughters' scores suggest an important area to examine in future studies. Is the father's influence on the personality development of his daughter that strong, or is the correlation an artifact of developmental changes? Attributional styles of family members and their possible role in shaping the child's attributional style remain to be studied. Due to the suggested importance of an individual's attributional style in developing healthy personal adjustments to good and bad experiences, a reliable and valid way of measuring an individual's attributional style is crucial. This re-formulated measuring instrument could then be used to test for family and sex-related influences in forming a child's attributional style.

TABLE I

Means and Standard Deviations of

Attributional Style Subscale Scores

	Good Outcome Subscale			Bad Outcome Subscale		
Group	n	Mean	S.D.	n	Mean	S.D.
Mothers	30	91.66	11.70	30	71.33	11.46
Fathers	30	96.13	11.91	30	75.56	12.30
Girls	17	93.88	12.06	17	77.94	12.81
Boys	13	93.54	9.59	13	70.30	15.50

TABLE II

Product-Moment Correlations

Between Attributional Style Scores of

Family Members Without Regard to

Sex of Child (n = 30)

	Good Outcome Subscale			Bad Outcome Subscale		
	Mothers	Fathers	Children	Mothers	Fathers	Children
Good Outcome Subscale						
Mothers	1.00	.16	.24	-.35	--	--
Fathers	.16	1.00	.33	--	-.17	--
Children	.24	.33	1.00	--	--	.26
Bad Outcome Subscale						
Mothers	-.35	--	--	1.00	-.03	.22
Fathers	--	-.17	--	-.03	1.00	-.09
Children	--	--	.26	.22	-.09	1.00

TABLE III

Product Moment Correlations Between Attributional Style Scores of Family Members in Families with Daughters (n = 17)

	Good Outcome Subscale			Bad Outcome Subscale		
	Mothers	Fathers	Girls	Mothers	Fathers	Girls
Mothers	1.00	.18	.42	1.00	.10	.37
Fathers	.18	1.00	.63*	.10	1.00	-.14
Girls	.42	.63*	1.00	.37	-.14	1.00

*$p < .01$

TABLE IV

Product-Moment Correlations Between Attributional Style Scores of Family Members in Families with Sons (*n* = 13)

	Good Outcome Subscale			Bad Outcome Subscale		
	Mothers	Fathers	Boys	Mothers	Fathers	Boys
Mothers	1.00	.12	-.02	1.00	-.16	.11
Fathers	.12	1.00	-.12	-.16	1.00	-.09
Boys	-.02	-.12	1.00	.11	-.09	1.00

Appendix A

Check one: _____father

_____mother

_____son

_____daughter

DIRECTIONS

Please try to vividly imagine yourself in the situations that follow. If such a situation happened to you, what would you feel would have caused? While events may have many causes, we want you to pick only one--the major cause if this even happened to you. Please write this cause in the blank provided after each event. Next we want you to answer some questions about the cause and a final question about the situation. To summarize, we want you to:

1) Read each situation and vividly imagine it happening to you.
2) Decide what you feel would be the major cause of the situation if it happened to you.
3) Write down one cause in the blank provided.
4) Answer three questions about the cause.
5) Answer one question about the situation.
6) Go on to the next situation.

PLEASE NOTE:

Answering this questionnaire and returning it to the researcher is considered to be your informed consent to participate in the study. You are, however, free to withdraw at any point from the study by informing the researcher of your decision to not participate.

No medical service or compensation is provided to subjects by the university as a result of injury from participation in research.

YOU MEET A FRIEND WHO COMPLIMENTS YOU ON YOUR APPEARANCE.

1) Write down the one major cause _____

2) Is the cause of your friend's compliment due to something about the other person or circumstances? (Circle one number)

Totally due to the other person or circumstances	1	2	3	4	5	6	7	Totally due to me

3) In the future when you are with your friends, will this cause again be present? (Circle one number)

Will never again be present	1	2	3	4	5	6	7	Will always be present

4) Is the cause something that just affects interacting with friends or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

5) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU HAVE BEEN LOOKING FOR A JOB UNSUCCESSFULLY FOR SOME TIME.

6) Write down one major cause _____

7) Is the cause of your unsuccessful job search due to

something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

8) In the future when looking for a job, will this cause again be present? (Circle one number)

Will never again be present	1	2	3	4	5	6	7	Will always be present

9) Is the cause something that just influences looking for a job or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

10) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU BECOME VERY RICH.

11) Write down the <u>one</u> major cause _____

12) Is the cause of your becoming rich due to something about you or something about other porple or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

13) In your financial future, will this cause again be

present?

Will never again be present	1	2	3	4	5	6	7	Will always be present

14) Is the cause something that just affects obtaining money or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

15) How important would this situation be if it happened to you?

Not at all important	1	2	3	4	5	6	7	Extremely important

A FRIEND COMES TO YOU WITH A PROBLEM AND YOU DON'T TRY TO HELP THEM.

16) Write down the <u>one</u> major cause _____

17) Is the cause of your not helping your friend due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

18) In the future when a friend comes to you with a problem, will this cause again be present? (Circle one number)

Will never again present	1	2	3	4	5	6	7	Will always be present

19) Is the cause something that just affects what happens when a friend comes to you with a problem or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

20) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU GIVE AN IMPORTANT TALK IN FRONT OF A GROUP AND THE AUDIENCE REACTS NEGATIVELY.

21) Write down the <u>one</u> major cause _____

22) Is the cause of the audience reacting negatively due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

23) In the future when giving talks, will this cause again be present? (Circle one number)

Will never again be present	1	2	3	4	5	6	7	Will always be present

24) Is this cause something that just influences giving talks or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

25) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU DO A PROJECT WHICH IS HIGHLY PRAISED.

26) Write down the <u>one</u> major cause _____

27) Is the cause of being praised due to something about you or something about the other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

28) In the future when doing a project, will this cause again be present?

Will never again be present	1	2	3	4	5	6	7	Will always be present

29) Is this cause something that just affects doing projects or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

30) How important would this situation be if it happened to you?

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU MEET A FRIEND WHO ACTS HOSTILELY TOWARD YOU

31) Write down the one major cause _____

32) Is the cause of your friend acting hostile due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

33) In the future when interacting with friends, will this cause again be present? (Circle one number)

Will never again be present	1	2	3	4	5	6	7	Will always be present

34) Is the cause something that just influences interacting with friends or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

35) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU CAN'T GET ALL THE WORK DONE THAT OTHERS EXPECT OF YOU.

36) Write down the one major cause _____

37) Is the cause of your not getting the work done due to something about you or something about the other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

38) In the future when doing the work that other expect, will this cause be present? (Circle one number)

Will never again be present	1	2	3	4	5	6	7	Will always be present

39) Is the cause something that just affects doing work that other expect of you or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

40) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOUR SPOUSE (BOYFRIEND/GIRLFRIEND) HAS BEEN TREATING YOU MORE LOVINGLY.

41) Write down the <u>one</u> major cause _____

42) Is the cause of your spouse (boyfriend/girlfriend) treating you more lovingly due to something about you or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

43) In future interactions with your spouse (boyfriend/girlfriend) will this cause again be present?

Will never again be present	1	2	3	4	5	6	7	Will always be present

44) Is this cause something that just affects how your spouse (boyfriend/girlfriend) treats you or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

45) How important would this situation be if it happened to you?

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU APPLY FOR A POSITION THAT YOU WANT VERY BADLY (e.g., IMPORTANT JOB, GRADUATE SCHOOL ADMISSION, etc.) AND YOU GET IT.

46) Write down <u>one</u> major cause _____

47) Is the cause of your getting the position due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

48) In the future when applying for a position, will this cause again be present? (Circle one number)

Will never again be present	1	2	3	4	5	6	7	Will always be present

49) Is the cause something that just influences applying

for a position or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

50) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU GO OUT ON A DATE AND IT GOES BADLY.

51) Write down the <u>one</u> major cause _____

52) Is the cause of the date going badly due to something about you or something about other people or circumstances? (Circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

53) In the future when dating, will this cause be present? (Circle one number)

Will never again be present	1	2	3	4	5	6	7	Will always be present

54) Is the cause something that just influences dating or does it also influence other areas of your life? (Circle one number)

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

55) How important would this situation be if it happened to you? (Circle one number)

Not at all important	1	2	3	4	5	6	7	Extremely important

YOU GET A RAISE.

56) Write down the <u>one</u> major cause _____

57) Is the cause of your getting a raise due to something about you or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

58) In the future on your job, will this cause again be present?

Will never again be present	1	2	3	4	5	6	7	Will always be present

59) Is this cause something that just affects getting a raise or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

60) How important would this situation be if it happened to you?

Not at all important	1	2	3	4	5	6	7	Extremely important

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