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THE RELATIONSHIP BETWEEN LOCUS OF CONTROL AND EXPERIENCE OF DEPRESSION IN A NON-CLINICAL SAMPLE*

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Introduction

The continuing debate about the adequacy of current theoretical conceptions of depression has led to much tension between medical, psychological and psychosocial models. Medical models emphasize biological, causal agents and accordingly treat this 'illness' of chemical imbalances with drugs to restore equilibrium. Electro-Convulsive Therapy (ECT) may also be used. This is little understood and frequently associated with memory disruption (Nairn and Smith, 1984). The main criticisms centre around: their concentration on discrete types of depression (endogenous and reactive); distinctions which may be illegitimate with their assumptions of the roles of genetic and biochemical factors (Storr, 1979); the vagueness and tentative nature of our knowledge of the chemistry of moods; the transience of relief from symptoms; and the scant attention paid to psychological and social factors.

This last factor is the main focus of the study. Certain psychological models seem to offer more adequate explanations of what Nairn and Smith (op.cit.) term 'an essentially emotional experience and social phenomenon'. A Social Learning Theory approach to depression is considered in this study. The endogenous-reactive dichotomy can be reduced to a difference of intensity, rather than nature by construing personality as socially constituted, predetermining individuals towards experiencing depression due to inappropriate learning. The most prevalent factors revealed as underlying the experience of depression are feelings of helplessness, hopelessness and lack of control. Storr (1979) concurs, asserting that individuals exhibiting a 'depressive psychopathology' are resigned to the ineffectuality of their own actions, and thus, how individuals function in various situations.

Seligman's (1975) investigations of the symptoms and aetiology of learned helplessness led him to argue for the existence of a unitary mechanism underlying all forms of depression, with the same basis of formation and relief. He asserts that helplessness and depression occur in passive individuals who believe that they cannot do anything to relieve their suffering and have no belief that their actions will produce a desirable state of affairs, consequently lowering the initiation of voluntary cognitive responses. The works of Bibring (1953), Melges and Bowlby (1969), and Lichtenberg (1957) support this proposition.

In a series of empirical studies Seligman (op.cit.) demonstrated that induced 'learned helplessness' brought about by exposure to aversive and uncontrollable stimuli, resulted in the same symptoms as naturally occurring depression. It is the connection between the belief that action is futile and the behavioural symptoms highlighted by Seligman, that is the focus of this study. It is argued that the perception of control is instrumental in forming a sense of competence and self-esteem. An excessive experiencing of uncontrollable events from early life develops a mode of thought, or personality, which predisposes individuals to experiencing depression.

When considering depression in this way it is necessary to identify the particular learned aspects of personality which predispose some individuals to suffer from depression rather than others.

Rotter's notion of generalized expectancy of locus of control of reinforcement (Rotter, 1966; Rotter et al., 1972) can be considered to parallel Seligman's 'Cognitive Set'. Emphasis is placed upon the importance of an individual's perception that reward is contingent upon behaviour. An individual's locus of control can vary along a continuum from highly internal (the effectiveness of one's actions) to highly external (events occur due to luck, chance or powerful others). It is one's experiences during development that leads one to differentiate between events causally related to preceding action and those which are not; thus accounting for individual variability in the degree to which one attributes reinforcement to one's own actions, and thus, how individuals function in various situations.

Rotter et al. (1972) have suggested that high externality may be related to poor adjustment and distress, and some work in the area of mental health has been conducted. Langner and Rodin (1976, 1977) and Langer (1981) found that institutionalized elderly people, thought to be senile, were in fact responding to the lack of control they possessed over their environment. When control over their situations was restored, they were more alert and perceived by staff to be considerably better. Wallston (1986) demonstrated that locus of control influences the rate and severity of flare-ups and psychological symptoms of rheumatoid arthritis sufferers.

This study aims to investigate subjects' self-perceptions regarding the way they generally feel, or behave, when confronting life events. The other issue which this study addresses is that of a gender division for both internality/externality and depression. Rotter (1966) found females to be significantly more external and depression claims females as the vast majority of its victims (Nairne and Smith, op.cit.) It is proposed that these observations may be accounted for by women's experiences in life, which seem to bring about a more external locus of control in the way they view the world. As a result of this mode of thinking (as a personality factor) many women are more likely to suffer from depression. Two predictions are made. First, that there will be a significant correlation between external locus of control and higher depression levels. Second, that there will be a significant difference between males and females for the variables of locus of control and experience of depression, with females showing greater proneness to depression and higher levels of externality.

Method

SUBJECTS

One hundred and sixty subjects participated in this study, having been selected upon the basis of willingness and availability. Half the subjects were male and half female with an age range spanning five years (18-23). All of the subjects were undergraduate resident students at a College of Higher Education, and may to some degree be considered reasonably well matched for educational levels.

* This paper is a shortened version of the essay submitted by Mr B. Keith Sumner which won the Section's 1987 Student prize. We are pleased to include it in this issue and offer our congratulations to the author.
**MATERIALS**

The materials used in this study comprised: Rotter's Locus of Control Scale, to establish an internality/externality score and a suitably modified version of the Beck (1976) Depression Inventory (BDI), to obtain a rating of individual's general feelings about themselves and their behaviour (sample item, 'I don't usually feel guilty'). Modification was necessary as no suitable alternative instrument for assessing levels of depression over an extended period of time is currently available.

**PROCEDURE**

In this study a correlational design was used. Tests for a significant difference between Locus of Control scores and depression scores for males and females were also conducted. The subjects were presented with the questionnaires together with a comprehensive set of instructions on how to complete them. On collection of the completed questionnaires each subject was asked if they had understood and been able to comply with the instructions to complete successfully the questionnaire. Some corrections were thus able to be carried out at this point, negating the need for later rejection and replacement. No practice trials or pilot studies were run as this was not considered necessary given the format and sample size used.

The questionnaires were completed in the students' own study bedrooms and were unsupervised. Although no rigid time limit for completion was set, subjects were informed that the first questionnaire (Rotter's scale) took approximately 10 minutes to complete (all were collected within 40 minutes). The subjects were in possession of the second questionnaire (the modified BDI) for some 24 hours and were informed that this would be so. Several mass trials were possible for data collection, thus reducing the period required for this stage to only five days. There were no systematic time of day variations for the conduction of the trials.

**RESULTS**

The data of the 150 subjects who completed both questionnaires was subjected to Pearson's Product-Moment correlational test, which revealed a significant correlation between the variables of locus of control and experience of depression ($r = 0.2377$, $n = 150$, $p = 0.002$). The data was then subjected to two independent $t$-tests. The mean scores for males and females for depression were also calculated ($f = 13.5467$; $m = 14.9733$; $m = 13.0133$). Mean scores for depression were also calculated ($f = 13.3467$; $m = 11.16$). The measure of dispersion calculated was the standard deviation ($f$ locus = 3.683; $m$ locus = 3.833; $f$ depression = 5.955; $m$ depression = 5.695). The independent $t$-tests (one-tailed) revealed a significant difference between the response yielded by males and females for depression ($t = 3.19$, $df = 148$, $p = 0.001$). Second, the females were found to be significantly more prone to experiencing depression than males ($t = 2.51$, $df = 148$, $p = 0.01$). The data was also subjected to a Least Squares Linear Regression, calculation of which revealed that the single variables of locus of control, as a predictor of an individual's experience of, and level of, depression accounted for approximately 5.651 per cent of the variance in the sample.

**Discussion**

The prediction of a positive correlation between locus of control and proneness to experiencing depression is supported by the data as are the two hypotheses predicting greater levels of externality and proneness to depression amongst females.

These results will be discussed in terms of the antecedents of perceived locus of control, namely identifiable experiences during development that influence the formation of an internal or external generalized expectancy. The main research techniques used to study these antecedents consist of questioning mothers about their perceptions of their child-rearing activities and the children about their experience of control of reinforcer (Chance, 1972); retrospective studies concerning the nature of people's relationship with their parents (Davis and Phares, 1969; Katkovsky et al., 1967); and the direct observation of children with known internality/externality scores (Crandall, 1973; Crandall et al., 1964).

In summary, the development of an internal locus of control appears to depend on several factors concerning the early parent-child relationship: a concern for enhancing rather than controlling a child's potential; acceptance of the child's capacities; consistent stable interaction allowing predictability. It is hypothesized that such experiences will enhance internal beliefs and that they will be incorporated into the adult personality. An absence of such experiences implies exposure to those factors Seligman identified as encouraging learned helplessness; thus predisposing one to experience depression when confronted by adversity.

Considering next the higher levels of externality and depression in females, it is reasonable to infer that some distinguishing factors in bringing up females encourage these phenomena. Medical accounts for this correlation would probably centre around women being at the mercy of perpetual, raging hormonal imbalances, which incapacitate the cool, logical functioning of the human brain' (Brownmiller, 1986, p. 164). Gray (1971) and Hutt (1972) support this view of a woman's life being a succession of biochemical and hormonal fluctuations affecting the body, abilities and personality. Thus, woman's supposed emotionality and volatile nature encourage a self-perception of being at the mercy of factors not directly under her control. However, much investigation does not support these suppositions. Nicholson (1979) studied the female mood variation and found no significant differences. He also demonstrated the manner of cognitive expectancy and social factors in the experiencing of pre-menstrual tension. This allows for alternative explanations of such phenomena.

Beauvoir's statement that 'women's aptitude for facile tears comes largely from the fact that their lives are built upon a foundation of impotent revolts' (Brownmiller, 1986, p. 164) reflects the theoretical standpoint of this study.

The work of Nairne and Smith (1984) and Archer and Lloyd (1982) attempts to account for many females' world view of personal inability to effect significant control over their environment (consistent with high externality). The family, with its inherent power imbalances, and females' perceptions of maternal rejection and criticism are emphasized; as are different interaction patterns from birth. This socializing process of 'submission conditioning' (Nairne and Smith, op. cit.) destroys self-esteem and an understanding of one's goals and desires, further exacerbated by the real hardship of gaining rewards in the form of good careers.
The presented argument may be considered to offer a coherent explanation, in SLT terms, of some distinctive features in women's experiences promoting the development of an external locus of control and predisposition to suffer from depression. Such an interpretation has implications for the effective treatment of depression. If depression is experienced as a consequence of a learned pattern of responding then it is plausible that effective treatment must involve some method of 'unlearning' to change the acquired response set. From this standpoint, drug-therapy would, at best, only be beneficial whilst under the influence of the drug, leading to frequent relapses on cessation of taking the drug, and the possibility of addiction. Empirical evidence tends to support these suppositions (Rush, Khutami and Beck, 1975; Rush et al., 1975) and demonstrates greater and longer-lasting benefits of psychological methods of therapy.

Therapy must remove behaviours and thoughts of a helpless, maladaptive nature, substituting more effective ones to overcome the individual's reduced motivation to react and negative cognitive set. The individual must come to perceive that responding, and outcome, are synonymous not independent. SLT-based psychotherapy addresses these issues. The discrepancy between high need value (to be rid of the depressive mood) and low freedom of movement (due to feelings of helplessness) encourages failure to develop competency and subsequent avoidance behaviour, so freedom of movement must be increased. Behaviour therapy utilizes such an approach. However, the emphasis on behaviour neglects directly working on changing the negative cognitive set, or schemata, assuming that this will follow on naturally. So the tenets of behaviour modification must be extended, placing more emphasis on cognitive restructuring. Cognitive therapy as conceived by Beck et al. (1979) claims to do just this. It involves unravelling distorted patterns of thinking, reality-testing of individual's reasons for inactivity (e.g. graded task assignments at every stage). The efficacy of this type of therapy has been demonstrated. Shaw (1979) demonstrates that these techniques produced twice the level of improvement of straight behaviour therapy. These techniques should be able to relieve the depressive mood and also equip the individual with the means to deal with adverse situations subsequently encountered more effectively, thus reducing the chance of severe episodes recurring.

The advocacy of a therapy which aims to promote perception of an internal locus of control poses certain ethical questions. McClure (1985) and Furby (1979) point out that whilst this approach is justifiable if the source of the problem lies within the individual if this is not the case perceptions of reality may be hindered, thus reducing the chance of changing the external causes of the problem, a situation most favourable to those in powerful and influential positions.

In conclusion, the hypotheses advanced in this study were supported, so it may be argued that an individual's generalized expectancy of locus of control is a determining factor in the experiencing of depression, with high-scoring externals exhibiting a predisposition towards depression. The sex differences revealed are explained in terms of child-rearing and socialization practices located within the wider context of the structural form and values of society. However, two factors may term of our mind. The modifications to the BDI may have altered the psychometric properties of the scale and the results yielded were from a non-clinically depressed sample, hence any extrapolations to a clinically depressed population must be tentative.


NICHOLSON, J. (1979) *A Question of Sex.* Glasgow: Fontana


