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Attributional styles and mental health

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ABSTRACT

People's reaction about situations is affected by perceptions and their cognitive evaluation of those situations. Therefore people's styles or ways of explaining events have been paid attention in last three decades that may have an important role in mental health. The purpose of this research is obtaining information about relationship of attribution styles with mental health. This research is descriptive and correlation study. 370 students (male and female) in bachelor degree at Islamic Azad University of Lahijan selected by stratified random sampling method and completed Attributional Style Questionnaire (ASQ) and Symptom Checklist-90-Revised (SCL-90-R). The correlation analysis finding shows that there isn't significant relationship between mental health and attribution style after success and after failure. In addition, two independent samples t-test showed that there isn't significant difference between general score of mental health and attribution style after success and failure in two genders. However, the mean of all subscales of psychological symptoms were more in girls than boys. Regarding the finding of the research and the role of attribution style with mental health, it's better to make necessary solution for formation of positive explanation style from early childhood by families and teachers through enrichment of responsibilities, hope and tirelessness and enhancing internal control at children.

Keywords: attribution styles, mental health, students

INTRODUCTION

People's reaction about situations is affected by perceptions and their cognitive evaluation of those situations. Therefore people's styles or ways of explaining events have been paid attention in last three decades that may have an important role in mental health [1]. Can distinguish three stages in the chain of attribution this means that first ask why? Then we propose an attribution and finally, the third our behavior will depend on the type of attribution [2]. Seligman is a pioneer in the application of attribution styles on mental health especially in the field of depression. He raises two issues related to attribution style and depression: 1- pessimistic attribution style, namely attribution of negative events to internal factors that leads to depression and 2- optimistic attribution style that is the attribution of positive events to internal factors that this style of attribution is grounds for happiness [3]. Unsuccessful people experience more depression with internal, global and stable attribution style to follow negative events [4]. In fact, attributional theories argue that attributional orientations are important in emotional adjustment [5]. In fact, people have negative beliefs and expectations towards own self and their own position and interpret events with pessimistic will have poor performance, look to the future with a vision of failure and negative predictive and resort to negative attributions about their performance. In turn, these attributions can negatively affect a person's motivation and performance and cause people attribute their failures to the self and have less motivation for community contribution and avoid them due to reduced expectations for successful [6]. On the other hand, human response to stress factors is influenced his understanding of stressful event and humans must be have adequate mental health in dealing with any stressful factor and properly use of their adaptation resources and since in the definition of mental health is emphasized on the importance of sustainability a person can good and consistent with his/her environment, family

members, colleagues, neighbors and the general public and be normal in terms of mental health [7]. Exist of challenges in college years provide the sources of stress for students and jeopardizes their health so that sometimes these challenges are affects their learning abilities [8]. Comprehensive reviews of thousands of research in the field of student's mental health show that students will create a lot of psychological changes from first to last years of university [9]. Given the prevalence of mental disorders in developing countries (including Iran) and given that the students are a very important part of the young population of each country and growth and progress of the country is depends on their health and flourish obviously any attention to this selected group (especially considering to their mental health) will have a significant impact on country's future. As a result, the necessity of planning for their improvement is no secret on anyone. Hence, the present study was conducted to investigate the relationship between attribution style and mental health of Iranian students.

MATERIALS AND METHODS

2.1. Sample and sampling method

This research is descriptive and correlation study. The study sample included 370 male and female students in bachelor degree at Islamic Azad University of Lahijan that were selected by stratified random sampling method and completed Attributional Style Questionnaire (ASQ) and Symptom Checklist-90-Revised (SCL-90-R).

2.2. Data collection

Attributional Style Questionnaire (ASQ): This questionnaire was presented by Peterson, Semmel, Baeyer, Abramson, Metalsky, & Seligman [4] that examine people's style of attribution in three dimensions of internal-external, stable-unstable and global-specific (after success and failure situations). Seligman [5] has been reported internal consistency of subgroups for internal negative event 0.44, stable negative event 0.64, global negative event 0.64, internal positive event 0.30, stable positive event 0.54 and global positive event 0.58. In addition, Peterson et al. [4] reported questionnaire's subgroups of internal consistency and test-retest coefficient respectively for internal negative event 0.46 and 0.64, stable negative event 0.58 and 0.69, global negative event 0.69 and 0.57, internal positive event 0.50 and 0.58, stable positive event 0.58 and 0.65 and global positive event 0.44 and 0.59.

Symptom Checklist-90-Revised (SCL-90-R): This questionnaire was presented by Derogatis & Cleary [10] which consisted of 90 items, which were rated on a scale ranging from 0 (none) to 4 (strongly) and assesses psychological symptoms in the 9 dimensions include: 1- somatization 2- obsessive-compulsive 3- interpersonal sensitivity 4- Depression 5- Anxiety 6- hostility 7- phobic anxiety 8- paranoid ideation, and 9- psychoticism. In addition, this checklist includes 7 additional materials that not classified under any of the 9 dimensions. Validity and reliability of the test has been reported 0.78 to 0.90 [11].

RESULTS AND DISCUSSION

The number of respondents was 370, of which 41 (11.1%) were educated in the field of natural resources, 80 (21.6%) in the human sciences, 76 (20.4%) in the basic sciences, and 173 (46.9%) in the field of engineering and technology. Also 101 respondents were (27.2%) male and 269 (72.8%) were female. To examine the relationship between mental health and style of attribution was used from the Pearson correlation analysis that results reported in Table 1.

Table 1: Correlation matrix of mental health and attribution styles of failure and success

Variable	Mental health
Bad event attribution style	0.10
Good event attribution style	0.08

Two independent samples t-test was used to examine the differences between attribution style and mental health among participations in the two genders that results shown in Table 4. As can be seen the difference of attribution styles and general score of mental health between male and females isn't significant. However, according to Table 3 the mean of psychological symptoms is somewhat different in the two genders and in all those the mean scores of girls are more than boys.

Table 2: The mean and standard deviation of attribution styles according to gender

	gender	M	SD
Bad event	male	1.14	0.35
	female	1.10	0.30
Good event	male	1.09	0.29
	female	1.02	0.13

Table 2: The mean and standard deviation of the factors of mental health according to gender

		Somatization	Obsessive-compulsive	Interpersonal sensitivity	Depression	Anxiety	Hostility	Phobic anxiety	paranoid ideation	psychoticism	The overall index
M	female	1	1.25	1.12	1.04	1.09	1.15	0.73	1.28	0.83	1.05
	male	0.92	1.23	1.01	1.03	0.88	0.97	0.54	1.18	0.63	0.94
SD	female	0.69	0.84	0.72	0.74	0.82	0.82	0.64	0.66	0.62	0.79
	male	0.61	0.65	0.64	0.70	0.61	0.67	0.55	0.82	0.56	0.71

Table 4: two independent samples t-test for examination of attribution styles and general score of mental health in the two genders

	t	df	sig	Mean difference
Bad event attribution style	0.67	368	0.50	0.03
Good event attribution style	1.64	368	0.10	0.07
Mental health	0.89	368	0.37	8.93

CONCLUSION

The result indicated that there isn't significant relationship between mental health and attribution style. This result isn't consistent with the result of previous researches [12-13-14-15-16].

Also the result of this research indicated that attribution style of girls in positive event is more external and in negative events is more general than boys. In the same direction with this research Mousavi [17] in his research concluded that in two external-internal aspects (after success) and general-specific (after failure) there is significant difference between 2 groups of boys and girls. By explanation in that research the result indicated that girls in positive events have more internal attribution than boys (unlike current research) and in negative events have more general attributions (in the same direction with current research). Ahadi [18] concluded that attribution styles of girls after failure is more internal, stable and general. Therefore the result of Ahadi's research was in the direction of current research and was in coordination with it. Also this result is compatible with the result of the research of Bayer & Sylvia [19] and Bartal [1978; cited by 18] that found men more than women attributes their success to their ability. Karimi [20] expressed that due to compatibility of social situation the function of gender in attribution style hasn't important and sufficient effect. In this relation the reviewing of studies related to attributes indicated that attribution pattern can firstly be the result of women's perception about low expectation of others about their success and failure then they internalized these attribution styles and now incompatible patterns for themselves. Also the difference of attribution style of girls and boys is also related to social tendencies resulted from different expectations. Therefore it seems that these differences are changeable and interpreted regarding factors such as personal, cultural, situational differences and their concept.

About the mental health and the differences in the two genders our results indicate that mean score of all symptoms in girls is more than boys but there was no significant difference between the genders. Also Gharamelki and Nourizadeh [21] indicated that girls in anxiety, depression, phobic anxiety and interpersonal relations have more problems than boys. Also in consideration of Akasheh [22] somatization, obsessive-compulsive, depression and paranoid ideation in girls was more than boys but psychoticism significantly was more in boys. Also Hosseini and Mousavi [23] and Mazumdar, Gogoi, Buragohain and Haloi [24] reported the number of students suspected to mental disorders more in girls than boys. In the researches by Abbasi, Pnah Anbari, Kamkar and Zadeh Bagheri [25], Hosseini and Mousavi [23] and Bakhshipour, Peirovi and Abedian [26] there weren't significant difference in mental health of two groups of boys and girls. In research of BahreinianI and Ghasemi [27] the percent of mental disorder in girls was more than boys but significance in this field hadn't existed between girls and boys. This difference between two groups is likely due to biological differences and different methods of being sociable or their interaction.

According to the research findings and the role of attribution style in mental health is better that provide necessary measures for the formation of a positive attribution style from early childhood. For example, coaches can through the empowerment of responsibility, optimism and tireless to strengthen internal control in children. It's suggested that similar studies done in other populations, including the elderly, children, patients and compared with each other until the role and importance of these variables becomes more apparent in different groups of people.

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