

Influence of loneliness and the intensity depression on dysfunctional attitude among clinically depressed patients

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ABSTRACT

Depression and loneliness are two major psychological illnesses that have been studied and researched over a long period of time. The various factors that influence depression and loneliness and their variety of treatment methods have been of great concern as they're much common among the people all over the world. Dysfunctional attitude has been considered as one among those major factors that leads to or is closely related to depression and loneliness. The aim of this study was to know the strength of relationships of dysfunctional attitudes with depression and loneliness and know the extent to which depression and loneliness predict dysfunctional attitude among depression patients. 40 depression patients were considered as the sample of the study and the scales used were Dysfunctional Attitude Scale (DAS), UCLA Loneliness Scale and Beck Depression Inventory (BDI-II). Pearson's correlation and simple linear regression were used to statistically analyse the coded data to reach the conclusion that dysfunctional attitude was better correlated with loneliness than depression and that it was better predicted by loneliness over depression with an accuracy of 22%.

Keywords: *Depression, Dysfunctional attitude, Loneliness*

Attitudes have been of great concern in a variety of research studies and have come up with lots of revelations over a long period of time. The influence of attitude in anybody's life is so significant and thus has been given extreme care and importance. It's a widely accepted fact that a person with a positive attitude about themselves, others and the world is more likely to live happily and solve life problems at a much easier pace than their counterparts. Similarly, negative attitudes and dysfunctional attitudes have been marked as a major reason for many of the problems in the life of an individual. According to Beck, Rush, Shaw and Emery (1979) early experiences results in the formation of certain stable early experiences is the major factor that forms dysfunctional attitude stems from an array of robust cognitive schemata that are established as a consequence of previous experiences. These schemata often involve exceedingly rigid and inappropriate belief about self and the world and it's the cognitive concept commonly used in clinical studies of depression.

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Depression is a very common mental condition faced by a large number of people around the world. They're characterised by lifelong inadequacy to instances of disease, including depressed mood or loss of desire and satisfaction in actions. People may illustrate ongoing capability for cycling of mood from euthymia to depression to upturn and periodically to hypomania or mania. When people cycle to hypomania or mania, then a verdict of bipolar II (in the instance of hypomania) or bipolar I (in the instance of mania) is affected. In most explanations of depression, a difference is sketched among a perceiving state of despondency, sorrow, or disquiet, which may be momentary in timespan, and a medical disorder portrayed by unrelenting sadness, significant discouragement, or despair, which continues for two weeks or more. Abnormalities in all four arenas (mood, psychomotor activity, cognitive, and vegetative) must be habitually existing for a definitive datum of major depressive disorder, even though that isn't stipulated in DSM-IV. Affiliated neurovegetative or biological manifestations of depression comprise difficulty in sleep, appetite, energy levels, libido and psychomotor function. Cognitive embodiments of the depressive affliction feature mischaracterisations about oneself, one's sense in the world and the days to come, joined by self-recrimination and uncertainty. Dysfunctional attitude can also be considered as a part of such a cognitive manifestation related to depression. There have already been numerous studies that focussed upon the relationship between dysfunctional attitude and depressive symptoms, asserting that they're related to one another to a certain extent (Weissman and beck, 1978).

Loneliness is a much more prevalent condition that a majority of the population confronts in some part of their life. It's a nonobjective, scathing sentiment recounted to the individual's own knowledge of defective social interactions. The aspects of loneliness are deemed to be either extraneous or internal. It's one of the three primary aspects causing to depression (Green et al., 1992), and a vital motive of suicide and suicide attempts. Research done by Hansson et al. (1987) uncovered that loneliness was recounted to poor psychological adjustment, disillusionment with relatives and interpersonal connections. Many individuals endure loneliness either as an outcome of living separately, death or lack of close colleagues, absence of intimate family connections, lowered ties with their heritage of ethnicity or an inefficiency to vigorously engage in the indigenous community practices. Research by Max et al. (2005) disclosed that the existence of assume loneliness pledged vigorously to the impact of depression on fatality. Even if depression and loneliness aren't collectively equitable or exclusive circumstances, countless research have suggested that some association at least may exist among the two. Often, individuals who experience continue loneliness is much more plausible to endure some nature of depression than those who are only occasionally lonely.

The research literature provides in abundance the relationship between loneliness and depression and similarly between dysfunctional attitude and depression. The major focus is provided to know if dysfunctional attitude plays the role of a key cause towards psychological disturbances like depression and loneliness. A general assumption that dysfunctional attitude becomes a strong reason for depression over loneliness persists in the minds of the general population. The current research tries to reveal the relation among dysfunctional attitude, depression and loneliness. It also tries to give a better focus to reveal the effect of depression and loneliness upon dysfunctional attitude among depressed ones. It tries to know the extent of predictability of dysfunctional attitude among people with depression and loneliness.

REVIEW OF LITERATURE

Depression, loneliness and dysfunctional attitudes have been of great interest to researchers over a long period of time, revealing the relations between them and their clinical implications. Depression and loneliness have remained very close to each other in a variety of studies. A sizeable amount of research has deduced that depression and loneliness are correlated significantly to one another (Hudson and et al. (2000), Singh. A and Misra. N (2009), Minardi and Blanchard (2003), Alpass and Neville (2003)). Cacioppo (2006) through his study on depression and loneliness explained that their symptomatology can enact in a synergistic impact to decrease the well-being of individuals. Barg (2006) and Liu L at el (2014) suggested that loneliness is the most convincing indicator of depressed effect and hence be addressed in the therapy of depression. A revelation of dysfunctional attitude as a factor related to depression has been made by many researchers. Zimmerman and et al. (1986) was up with their study result explaining that depressed people scored significantly higher than their counterparts upon the dysfunctional attitude scale, but was also indifferent in the scoring among depressed and schizophrenics. The study results by Miranda, Jeanne and et al. (1990) concluded that dysfunctional attitudes and beliefs were vulnerability factors for depression and such attitudes are based on one's current mood state. The related concept that dysfunctional attitude decreases linearly with the treatment of depression was proved through the studies by Fava and colleges (1994). Otto and et al. (2007) explained that dysfunctional attitudes predicted an episode of major depression, either alone or in interaction with negative life events and the study report by Jarrett, Minhajuddin and et al. (2012) revealed a great significance in reducing dysfunctional attitudes in preventing depression. Some studies like those by Zimmerman and Coryell (1986) and Peselow and et al. (1990) have also explained that dysfunctional attitudes are less pervasive or significantly lower in scores among endogenously depressed inpatients. A very minimal number of studies have been conducted till date upon the relationship between loneliness and dysfunctional attitude and the study reports by Wilbert R. J and Rupert A. P (1986) shows a strong predictive relationship between dysfunctional attitudes and loneliness even after the level of depression being statistically controlled. This gap in literature about the impact of dysfunctional attitude on loneliness and the predictability of dysfunctional attitude among people facing loneliness and depression have been the purpose behind the present study.

Aim

The intent of the current study was to determine the influence of depression and loneliness on the dysfunctional attitude of clinically depressed patients. The study also explores the predictive nature of depression and loneliness on dysfunctional attitude.

Need and Significance of the Study

Depression and loneliness have been an area of major interest in a large number of studies and have been accepted to be closely related to the dysfunctional attitudes of an individual. A dominant assumption accepted by the people is that the dysfunctional attitude is much closer to depression than loneliness and that every depression patient can be expected to have a dysfunctional attitude as a precursor to depression. The present study is thus an exploratory study which reveals that loneliness lies much closer with dysfunctional attitude than depression and that a better prediction can be made that a person facing loneliness would have a dysfunctional attitude in them than a person with depression. Dysfunctional attitude is considered as one of the criteria for depression but isn't a necessary one. The results of the present study provide an opportunity to explore further on the treatment plans

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for loneliness by bringing changes into the dysfunctional attitudes of the individual. The study can also be further replicated upon a greater sample and the results be made universal.

Hypotheses

1. There is no significant relation between depression and dysfunctional attitude among depression patients.
2. There is no significant relation between loneliness and dysfunctional attitude among depression patients.
3. Loneliness doesn't significantly predict dysfunctional attitude among depression patients.
4. Intensity of depression doesn't significantly predict dysfunctional attitude among depression patients.

Sample

The sample considered for the present study included 40 depressive patients (diagnosed on the basis of ICD-10 criteria) without any comorbid psychiatric illness or psychotic symptoms. Convenient sampling was employed to gather the sample which belonged to the age group of 20-60 with a minimum of high school education. Equal number of males and females were considered for the study.

Instruments

Three measures were used in this study,

1. **Dysfunctional Attitude Scale (DAS):** DAS-A is a 40 items 7-point likert scale, developed by Weissman and Beck (1978) to identify and measure the presence and intensity of dysfunctional attitudes. It has an excellent concurrent validity and an internal consistency reliability alpha ranging from 0.84 to 0.92.
2. **The Beck Depression Inventory (BDI-II):** The Beck Depression Inventory-Second Edition (BDI-II) established by Dr. Aaron T. Beck. It's a 21-item self-report tool for quantifying the intensity of depression in adults and adolescents aged 13 years and older. Several distinct types of examinations were administered to calculate the convergent validity of the BDI-II. The correlation between BDI-IA and BDI-II was .93 ($p < .001$). The mean BDI-IA and BDI-II were 18.92 ($SD=11.32$) and 21.88 ($SD=12.69$). The coefficient alpha of the BDI-II for our patients was .92.
3. **UCLA Loneliness Scale-Version 3:** The UCLA Loneliness Scale – Version 3 is a 20-item 4-point likert scale that assesses degrees of loneliness in everyday life. It has a supreme internal consistency (coefficient alpha =.96) and a test-retest correlation over a two-month period of .73 with a high convergent and construct validity.

Procedure

The consent from corresponding authorities were collected to provide the depression patients with the set questionnaire along with the personal data sheet. The collected data was scored according to the respective manuals and was coded to undergo statistical processes like correlation and regression analysis.

The objective of the present investigation was to understand the influence of depression and loneliness on dysfunctional attitude among clinically depressed patients and to understand the predictive nature of an individual's loneliness and depression on dysfunctional attitude. Pearson's correlation was employed to determine the relationship between dysfunctional attitude, loneliness, and intensity of depression and to understand the predictive nature of

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loneliness and depression on the dysfunctional attitude, simple linear regression was performed.

Table No. 1 Pearson's Correlation Between Dysfunctional attitude, Loneliness, Depression.

	Mean	SD	1	2	3
1. Dysfunctional attitude	153.08	21.279	-		
2. Depression	44.7	6.791	0.334*	-	
3. Loneliness	56.55	8.93	0.491**	0.139	-

N = 40. ***p* < .01, **p* < .05.

To assess the relationship among dysfunctional attitude, loneliness, and intensity of depression, Pearson's correlation was performed. Table 1 has concluded that there exists a positive relation between dysfunctional attitude and patients loneliness ($r(40) = .491^{**}$, $p = .001$), such that higher loneliness (Mean = 56.55, SD = 8.93) reported greater dysfunctional attitude (Mean = 153.08, SD = 21.279) and vice versa. The correlation result concludes that there is a moderately strong relation between dysfunctional attitude and loneliness. The previous literature also reveals that dysfunctional attitude is positively related with loneliness and thus they increase or decrease with one another. Feeling of loneliness is much connected to a fixed schema leading to rumination and negative thoughts in oneself. There is thus an increased chance that people facing loneliness in life possess a dysfunctional attitude in them.

The table also shows that there exists a positive relation between dysfunctional attitude and intensity of depression ($r(40) = .334^*$, $p = .035$), such that higher the depression (Mean = 44.7, SD = 6.791) reported greater the dysfunctional attitude and vice versa. The correlation result concludes that there is a weak relation between dysfunctional attitude and depression. Former literature also reveals a similar relationship that depression is closely related to dysfunctional attitude and that it remains one of those possible criteria that could lead to depression. According to Beck's theory of depression, a depressed person is said to have the feelings of hopelessness, helplessness and worthlessness which are cognitive schemata closely related to dysfunctional attitudes in individuals. The correlation results clearly depict that the dysfunctional attitude is much more related to loneliness than depression.

Table No. 2 Simple Linear Regression Between Dysfunctional attitude with Depression and Loneliness

Variables	R	R ²	Change R ²	β	F value	Sig.
X = Dysfunctional attitude Y = Depression	0.33	0.112	0.088	0.334	4.775	0.03
X = Dysfunctional attitude Y = Loneliness	0.49	0.241	0.221	0.491	12.069	0.01

To determine the ability to predict an individual's dysfunctional attitude based on their depression and loneliness, simple linear regression was conducted. A substantial regression equation was discovered ($F(1,39) = 4.775$, $p = .03$), with an R^2 of 0.112 between individuals dysfunctional attitude and depression. Individual's predicted dysfunctional attitude is equal to $106.275 + 1.047$ where depression is measured. The average dysfunctional attitude

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increased by 1.047 units for each point of depression. The analysis has concluded that depression can predict dysfunctional attitude with nearly up to 11% accurately. Even though there is a close relationship between depression and dysfunctional attitude we can't confirm that all depressive patients do possess dysfunctional attitudes. The results show that the prediction of a person with depression to have a dysfunctional attitude can only be up to 11 percent accurate and thus have a greater chance to get into error.

Individual's dysfunctional attitude and loneliness found a significant regression equation ($F(1,39) = 12.069, p=.01$), with an R^2 of 0.221 between individuals dysfunctional attitude and loneliness. The predicted dysfunctional attitude of the person is equal to $86.916 + 1.170$ when loneliness is measured. The average dysfunctional attitude increased by 1.170 units for each point of loneliness. The analysis resulted in a 22% accuracy of predictability between loneliness and dysfunctional attitude. This shows that depression is a much weaker predictor of dysfunctional attitude when compared to loneliness. The common assumption that depression is much more closely related to dysfunctional attitude can be overcome with clear evidence from the results. A person facing loneliness can thus be much better predicted to have a dysfunctional attitude than a person with depression. This result can be thus used to create better treatment plans for loneliness and give much more significance to dysfunctional attitudes in people with loneliness. Dysfunctional attitude is thus not a factor that causes depression but also loneliness on a great range.

CONCLUSION

The investigation determined that there occurs a significant relationship among dysfunctional attitude, loneliness and depression. It's also revealed that loneliness is a much stronger predictor of dysfunctional attitude than depression.

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Conflict of Interest

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