

DETERMINING THE RELATIONSHIP BETWEEN SOCIO-COGNITIVE FACTORS AND INTERPERSONAL SENSITIVITY

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Abstract

The research presents the influence of the attributional style on interpersonal sensitivity from the point of view of the stress diathesis model, the basic model of hopelessness theory. We investigate the effects of the social support, life experiences and negative attributional style on the interpersonal sensitivity. For this purpose we used a sample of 211 participants aged between 18 and 51 years ($M=27.11$; $SD=11.19$). The results claim that negative attributional style, lack of confidence and low social support have a direct impact on sensitivity. We believe that the results of this research may contribute to the formation of a predictive model of sensitivity, with direct implications for future research in this area of research.

Keywords: sensitivity; attributional style; social support; social self-esteem

Introduction

There is currently a growing body of research examining certain personality dispositions, or ways of thinking and behaving, as factors of vulnerability to depression. Boyce, Hickie, and Parker (1991) showed that

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interpersonal sensitivity and social problem solving were identified as cognitive-behavioral risk factors for depression.

Interpersonal sensitivity to negative social events was examined in two lines of research. One examined sensitivity to criticism (Atlas, Fassett, & Peterson, 1994; Atlas, 2004), which has been implicated in other psychopathologies, such as depression (Beck, 1976), and anxiety disorders (Dowson, 1977; Marian, 2013). Another type of sensitivity, that of sensitivity to rejection is seen as a disposition to anxiously expect, readily perceive and of exaggerated reaction to rejection (Downey & Feldman, 1996; Ursu & Turliuc, 2020).

Clinical research presents sensitive individuals as being very attentive to the behaviors and reactions of others, wanting to make them happy and minimize conflicts (McCabe et al., 1999). Sensitive people are sensitive to the threats targeting the social relationships they have established, are unable to be assertive, and have low self-esteem. In general, sensitive individuals have difficulty relating to other people because they worry too much about how they are viewed by others (this is the case for people with eating disorders). Previous research has shown that the expectation of rejection and the exaggerated perception of rejection (Atlas, 2004) interfere with satisfaction in life (Sandovici et al., 2017; Balgiu, 2019). We consider that interpersonal sensitivity is an effective predictor of depressive symptoms, especially if it is accompanied by low self-esteem (McCabe et al., 1999; Szabo & Marian, 2012; Marian, 2013).

Negative events can prepare the ground for the onset and development of mental disorders. The way in which the person explains to himself/herself the reasons behind the negative (or positive) events is essential in determining the negative or positive effects of those events (Marian, 2013; Szabo & Marian, 2018). Anxious and depressed individuals frequently manifest a negative attributional style, characterized by internal, stable and global causal explanations for negative events and external, unstable and specific explanations for positive events (Seligman et al., 1979; Peterson et al., 1982; Weiner, 1985; Aslan, 2015). This attributional style is harmful because the combination between the attributional reactions to success and failure will allow the integration of the negative results and not the positive ones in the structure of beliefs about oneself.

Objective

The study will try to demonstrate that negative attributional style, perception of social support and social self-esteem have a direct impact on the

interpersonal sensitivity. There is a possibility that the study will generate results which are meant to support the previous research and allow the formulation of a predictive model.

Method

Participants

The participants included in the study were 211 (102 men and 109 women, aged between 18 and 51 years), ($m=27.11$; $SD=11.19$). Participants were volunteers and the group is heterogeneous (from the occupational as well as educational point of view) but they have not been diagnosed in the past with mood disorders. The selected research participants reported negative life events (the tool used was the Evaluation Scale of Recent Life Events; ESRLE) in the months prior to the current research.

Instruments

Attributional Style Questionnaire (ASQ) devised by Peterson, Semmel, von Baeyer, Abramson, Metalsky, and Seligman (1982); it is a measure of explanatory style patterns which in turn reflects one's tendency to select certain causal explanations for favorable or unfavorable events. The internal consistency reported by Marian (2010) was $\alpha=.82$ for positive events, and $\alpha=.72$ for negative events. This moderate internal consistency is supported by other findings.

Current Thoughts Scale (CTS) devised by Heatherton and Polivy (1991); it consists of 20 items loaded on three factors: performance self-esteem, social self-esteem, and appearance self-esteem. This instrument was designed to assess one's thoughts at certain times. Marian (2009) reported a .84 alpha coefficient for this scale. The C.T.S. aims to uncover the real effect of the variance of self-evaluations on thoughts, emotions and behaviour.

Multidimensional Scale of Perceived Social Support (MSPSS) devised by Zimet, Dahlem, Zimet, and Farley (1988); it consists of 12 items loaded on three factors: family, friends, and significant others. Each item is structured according to the three factors. Internal consistency is .91 (12 items). Test-retest trust quotient of the two testing phases (T_1 and T_2) is between .67 and .80 (Marian, 2006).

Symptom Check List 90-R (SCL-90R; Derogatis, 1994) is an instrument which evaluates the gravity of the symptoms reported by patients. The internal

consistency of its subscales is situated between .75 and .86. Test-retest trust quotient of the two testing phases (T1 and T2) is between .77 and .87 (see Marian, 2008; Marian, 2013).

Survey of Recent Life Experiences - SRLE (Kohn & Macdonald, 1992), measures recent life experiences and the level of hassles of certain events on the person responding to 41 items on a Likert scale, evaluating the accumulation of stressful events in the last one month. A total score was computed, higher scores representing more stress. The internal consistency of the total score was .90 (41 items). The test-retest coefficient for the two testing phases was between .66 and .78 (see Marian, 2008; Oprea et al., 2011).

Procedure and design

Participants in this study completed the scale package consisting of ASQ, ESRLE, SCL-90, CTS, and MSPSS. Based on the results at ESRLE, potential participants were identified (who reported life events 3 months ago) and based on the scores on the Interpersonal Sensitivity Scale in SCL-90, experimental groups were formed.

We will use the analysis of variance considering that we will follow the simultaneous influence of two variables on the sensitivity and in the second stage the predictive regression.

Results

Given that assignments play an important role in the onset and maintenance of depression we tried to apply the same model of *stress diathesis* and interpersonal sensitivity that acts as a distal factor in the onset of hopelessness depression. In our study, the experimental association of the variables is obvious because the stable-negative attributions ($F=3,955, p<.01$) explain the way in which the person will interpret at cognitive level the interactions with those around.

Proponents of learned helplessness theory suggested the use of composite score for the negative events in research to estimate the impact of negative style attributional on mental disorders (Peterson et al., 1982) and especially on depression. We believe that people with a maladaptive attributional style will be more likely to show symptoms specific to interpersonal sensitivity.

Learned helplessness theory tries to explain the onset and evolution of depression without trying to become a general explanatory theory. However, with

the attributional revision and reformulation, the influence of the perception of social support and self-esteem in depression is recognized (*see* Marian, 2008; Marian, 2013).

We questioned the predictive ability of ASQ and especially of hopelessness (as an expression of stable and negative global attributions) for the appearance and persistence of interpersonal sensitivity.

Table 1 shows that the three predictors lead to a regression model better than the one obtained on the basis of the mean ($F=15.729$, $p<.001$) which is able to explain, in the adjusted form, a proportion of 21% ($R^2=.212$) from the evolution of the dispersion of interpersonal sensitivity.

Table 1. Results of multiple linear regression analysis, interpersonal sensitivity as dependent variables

Model	Predictors	Parameter estimates					
		<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>	<i>R</i> ²
(1)	Constant	1.822	.252		6.854	.000	.212
	Social self-esteem	-.355	.066	-.359	-5.281	.001	
	Social support	-.148	.077	-.135	-1.979	.05	
	Hopelessness	.138	.071	.137	2.009	.05	

We expect those people who are hopeless and resort to stable and global assignment for failure to become sensitive when it comes to social interactions. In the case of social self-esteem ($\beta=-.359$) we find an inverse relationship, a similar situation in the case of the perception of social support ($\beta=-.135$).

The tested model demonstrates in the line of previous studies that negative attributional style, social low self-esteem and social support have an impact on sensitivity (*e.g.*, Reardon & Williams, 2007; Marian, 2013; Buchanan, Seligman, & Seligman, 2013). The obtained results will allow us in the future to formulate an integrative explanatory model of the interpersonal sensitivity.

Conclusions

Interpersonal sensitivity plays an important role in understanding the variance in predicting the symptoms of depression. The study supports attributional reformulation of the theory more precisely, the attributional style for negative results is a potential cause of the interpersonal sensitivity in the situation where the negative event is present or is anticipated and attributed to internal, stable and global factors. A decrease in well-being and the perception of the social

support can contribute to triggering interpersonal sensitivity (Riskind, Black, & Shahar, 2010) in combination with the stable and negative attributions.

Stable-negative attributions produce symptoms of interpersonal sensitivity over time, furthermore, association with low self-esteem and the disintegration of the social network favors the integration of negative beliefs about oneself (*see* Lin & Peterson, 1990; Marian, 2008; Buchanan et al., 2013).

Sensitive people tend to generalize dissatisfaction and negative life experiences, starting from a particular situation (Sarason, Johnson, & Siegel, 1978; Oprea et al., 2011). Helplessness and depression (due to increased interpersonal sensitivity) result from the fact that a person has failed in the past to control a situation (which exceeded the ability to respond), a situation that is both stressful and painful. The feeling of helplessness that resulted from that experience does not remain a specific feeling for that event but is often generalized on the situations that can be controlled as well as on the perception of interpersonal relationships (Măirean, 2015; Marian, 2013; Candel & Turluc, 2019).

The limitations of this research suggest directions for future research. We believe that research should consider including in the analysis the relationship between interpersonal sensitivity, attributional style and social problem solving in specific populations (*e.g.*, psychiatric patients) and in different age groups (*e.g.*, the elderly).

AUTHOR CONTRIBUTIONS

All authors listed have made a substantial, direct and intellectual contribution to the work, and approved it for publication.

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