

A Comparative Study of Depression, Self-esteem, Dysfunctional Attitudes and Metacognitive Beliefs between Sexually Abused and Normal Girls

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Received: June 22, 2015

Accepted: October 1, 2015

ABSTRACT

The aim of this study was to compare the rate of depression, self-esteem, dysfunctional attitudes and metacognitive beliefs between the sexually abused (PTSD) and normal girls. Accordingly, 99 patients (49 sexually abused and 50 normal girls) were tested. In order to choose normal subjects random sampling was used and in order to select the PTSD group the convenient sampling was applied. The tools used in this study include: Beck Depression Inventory (BDI-II), dysfunctional attitude scale (DAS-26), the metacognitive beliefs scale of Wales and Cooper Smith self esteem Inventory. In order to analyze the data the multivariate analysis of variance was used. The results showed that the rate of depression and the attitude of sexually abused individuals are higher than the normal group. Also, the self-esteem of the PTSD group was lower than normal group. At the same time, there was no significant difference between the two groups in terms of metacognitive beliefs. It seems that the incidence of sexual abuse and reviewing it has increased the individuals' negative attitude about themselves and it can increase their depression by reducing their self esteem.

KEYWORDS: Depression, Self-esteem, Dysfunctional Attitudes and Metacognitive

INTRODUCTION

Department of Justice, Office of Justice Programs (USDOJ) classifies different types of abuses into five groups including: physical, emotional, financial and psychological abuse. The sexual abuse or rape means forcing someone to perform sexual intercourse against her will and such a situation could cause serious harm to the victim (Carr, 2000). Many factors, including shame, guilt, fear of the media, concerns about further damage or reprisals and lack of adequate legal protection have led to the lack of accurate statistics on the number of people who are sexually abused (the National Center for Victims of Crime, 2008) but according to some research, the prevalence of such social disorder in boys is between 2 and 30% and in girls is between 4 and 60% (Ayps and Fisher, 2004). Rape and sexual abuse can have serious physical and mental damage among the victims. According to studies, one of the main reasons for developing post-traumatic stress disorder among women and girls is their being sexually abused (Pelkowitz et al., 1994). The occurrence of post-traumatic stress disorder among sexually abused individuals could be associated with disorders such as major depressive disorder, specific phobia and personality disorders (Shelvin, Elkit and Merzoket, 2012; Wolfe and Miller, 2012; Bardly et al., 2008). In fact sexual abuse has damaging effects on the person's thoughts and purposes. As Sadock and Sadock (2008) argue sexual abuse can affect a person's thoughts and causes a feeling of emptiness, futility and incompetence among people and provides the necessary area for the depression. Some researchers have pointed out to a direct positive relationship between depression and disappointment and negative relationship between depression and self-esteem (Abramson, Metesky and Plume, 1998; Butler, Håkansson and Flaynov, 1994; Sahin, Timor and Ergin, 2010). Girls who have been sexually abused have mainly lower levels of self-esteem and positive self-concept. The negative feelings in these people can be associated with the intensification and the duration of depression (Line et al., 2008).

On the other hand as Ellis (1967) states emotions, feelings and moods are in direct contact with their thoughts and beliefs. As Abella and Alessandro (2002) have reported people who have higher levels of negative thoughts and inefficient attitudes are more likely to have depressive symptoms in dealing with negative events. Since one of the most common reasons for maintaining depression and anxiety is the central beliefs and negative attitudes among people, considering this component among women and girls who have suffered from sexual abuse appears to be very important. Previous studies by Haeffel, Lyn, Abramson and Halberstedt (2005) Piuyi & Viterson (2003); Levins, Joniro and Rood (2001) and Alloy et al. (2000) all of which focused on the role of maladaptive cognitive

patterns and dysfunctional attitudes on the occurrence and continuation of depression, anxiety and low self-esteem in people with psychiatric disorders compared with normal people.

Another modern component in psychological studies is the metacognition. Metacognition is responsible for the health or sickness of the mind. Based on metacognitive theory, the thing that people think about is not important but it is how people think that determines the emotions and helps the individual to control and monitor them. Metacognitive beliefs can be divided into two types: positive and negative beliefs. Positive beliefs motivate people to use rumination to cope with low mood (such as thinking about the past helps me avoid future mistakes and failures). When low mood is changes into depression and depression symptoms increased the second type which is negative beliefs overcomes (Papageorgiou and Wells, 2003). Negative beliefs are of two types: The first type is related to the uncontrolled and uniqueness of the problem and the second type is related to the interpersonal and social consequences of rumination. The production of the two negative beliefs leads to depression experience (Yousefi, Bahrami and Mehrabi, 2008). In many of the current studies the relationship between metacognition and the incidence of mental disorders such as phobic and generalized anxiety, (Wales and Katryt, 2001), post-traumatic stress disorder (Trier and Wells, 2001), obsessive-compulsive disorder (Ganks and Wales, 2008) and depression (Yaris, 2010; Salarifar and Pooretamad, 2012).

According to the discussions on the effect of sexual assault on various aspects of mental health, especially depression in people who have been abused and the relationship between depression, self-esteem, dysfunctional attitudes and metacognitive beliefs of people, it seems that more serious studies are required to analyze girls and women who have suffered sexual abuse because the effects of such an event could remain for a long time in an individual's life and cause problems for the victim (Bardly *et al.*, 2008), reduced quality of life, self-esteem, relationships between children and adolescents with parents (Ghenaim, Jude and Osama, 2012) are all the negative consequences of such incidents that affect the lives of many victims. However few studies have been conducted on the effect of this phenomenon on different cognitive and emotional aspects of sexually abused girls in Iran which requires more comprehensive studies in the area and led to the following question that this study strives to answer:

Is there a significant difference in depression, self-esteem, dysfunctional attitudes and metacognitive beliefs between sexually abused and normal girls?

RESEARCH METHODOLOGY

Research design: The research design is causal-comparative. In these studies the independent variable change has already occurred and the researcher examines the consequences by determining the antecedents (Biabangard, 2010).

The population and samples: The population of this research included all sexually abused girls who have referred to different welfare centers (Center of Culture and Crisis Intervention Centers), private clinics and hospitals in Tehran among whom 49 subjects were selected by the convenient sampling. Also the population of normal girls included all girls living in Tehran among whom 50 subjects were selected randomly. Their education has been at least third middle school and were within the age group of 15-50 (the normal group had the mean of 23.04 and standard deviation of 4.98 and the abused group had the mean of 23.44 and standard deviation of 6.36). Also none of them were addicted or alcoholic, or suffering from incurable physical and mental diseases. They had no record of criminal conviction or drug consumption. At the same time they should not have had a personality disorder. After selecting the subjects the instructions were trained to respond the questionnaire and the subjects were asked to answer the questions after reading them carefully.

Research Tools:

Beck Depression Inventory: The inventory that consists of 21 questions is developed to assess the attitudes and the symptoms of depression. The factors of the test include areas such as sadness, pessimism, sense of failure, guilt, sleep disturbances, loss of appetite, self-loathing, and so on. So 2 items are related to emotion, 11 items are related to cognition, 2 items were associated with overt behavior, 5 items were about somatic symptoms and 1 item was assigned to interpersonal semiotics. Thus, the scale specifies varying degrees of depression from mild to severe and the scores range from zero to 63. The total reliability of the test is 0.91 and its construct validity is 0.87 (Mohammad Khani and Dobson, 2007).

Dysfunctional Attitude Scale: DAS was developed by Beck and Wissman in 1991. The 26 item version of this scale is prepared by Ebrahimi *et al.* (2007) from the forty-item version to be used in Iran. DAS-26 scale has 26 items which is answered by the subjects based on 7-point Likert scale. This scale has 4 basic factors of perfection, the need for the approval of others, the need to please others and vulnerability- performance evaluation. Cronbach's alpha of this scale in the Iranian case study of Ebrahimi *et al.* (2007) was 0.92, the correlation with 40 item original

form is 0.97 and its predictive validity was obtained as 0.56 through the correlation with General Health Questionnaire scores the in the group of patients and non-patients.

Metacognition scale: This questionnaire was developed by Wells (2004) and to measure individual differences in positive and negative beliefs about concerns and intrusive thoughts, review and meta-cognitive judgment. The 30 item metacognition questionnaire includes 5 factors similar to the original form. The 5 factors include: Cognitive confidence, positive beliefs about anxiety, cognitive self-consciousness, beliefs about uncontrollability and danger and beliefs about mind control. The responses are measured based on 4point Likert scale (1= totally disagree to 4 = totally agree) (Wells and Hutton, 2004). In Wells and Hutton (2004) test-retest reliability for the total score is 0.75 and for the subscales was between 0.59- 0.87. Also, Cronbach's alpha for the subscales was between 0.72- 0.93.

Self-esteem inventory: Self-esteem inventory of Cooper Smith (1982) is used in this study. The test consists of 58 items in which 8 items are lie detector and the rest of 50 items includes 4 family (parents)self-esteem subscale, educational subscale (school), general self-esteem and social self-esteem. Shokrkon and Nisi (1995) have reported the validity of the scale on male and female students as 0.90 and 0.92 and its internal consistency reliability as 0.82.

Analysis of data: After collecting the questionnaires and entering data into spss software the final analysis was performed using multivariate analysis of variance.

Findings:

Table 1. Descriptive Index scores in variables

Variable	Group	N	M	SD
Depression	Normal	50	11.94	10.17
	Sexual abuse	49	23.44	8.19
Dysfunctional Attitude	Normal	50	64.66	10.83
	Sexual abuse	49	73.63	8.35
Metacognitive Beliefs	Normal	50	66.72	14.01
	Sexual abuse	49	69.93	14.01
Self Esteem	Normal	50	36.48	8.53
	Sexual abuse	49	26.69	4.46

The data on the above table indicate that the score of sexually abused girls in depression, dysfunctional attitudes and metacognitive beliefs is higher. However in case of self-esteem the highest mean score is related to the normal group.

Table 2. Multivariate analysis of variance in normal and PTSD girls

Index	Value	F	df 1	df 2	The significance level
Pillai's trace	0.42	17.08	4	94	0.0001
Wilks' Lambda	0.58	17.08	4	94	0.0001
Hotelling's trace	0.73	17.08	4	94	0.0001

As can be seen from the above table there is a significant difference at $P = 0.0001$ in terms of variables of the study i.e. depression, dysfunctional attitudes, metacognitive beliefs and self-esteem between sexually abused and normal girls.

Table 3. Multivariate analysis of variance in normal and PTSD girls

Variable	SS	Df	MS	F	P
Depression	3277.96	1	3277.96	38.29	0.0001
Metacognitive Beliefs	256.39	1	256.39	1.71	0.193
Self esteem	2370.02	1	2370.02	50.76	0.0001
Dysfunctional Attitudes	1992.38	1	1992.38	23.14	0.0001

The above table shows that there is a significant difference between the scores of the two groups in terms of depression, self-esteem and dysfunctional attitudes. So the rate of depression in sexually abused girls is higher and their self-esteem is lower than normal girls. At the same time there is no significant difference between the two groups in terms of metacognitive beliefs.

DISCUSSION AND CONCLUSION

The results showed that there were significant differences in terms of depression, self-esteem and dysfunctional attitudes between sexually abused and normal girls; however, there was no significant difference in terms of metacognitive beliefs between the two groups. Results of this study show that the rate of depression among sexually abused girls is higher than the normal girls. These findings are consistent with the findings of Cohen and Manarino, 1988; Breslau, Davis, Peterson and Schultz, 2000; Briere and Elliott, 1994; Iwo and Dixtin, Kummer, Saltz, Padnolt and Liz, 2013; Felitti, 1991; Zarvyn and Fntanla 1999, Gladstone, Parker, Wilhelm, and Mitchell 1999; Ressink et al. (2012). Clinical studies indicate that sexually abused children and teenagers may experience emotional and behavioral problems, including depression, post-traumatic stress disorder, specific Merozket, and personality disorders (Tufts, 1984; Armour and Shelvin, Alkit and Merzoket, 2012; Wolf, Miller et al., 2012; Breslau et al., 2000; Iwo Et al., 2013 Ressink et al., 1993; Zinzo et al., 2012). According to Briere and Elliott (1994) adult survivors of sexual abuse are subject to the risk of depression four times higher than who do not have a history of abuse. Felitti (1991) showed that 83% of patients with a history of sexual abuse were depressed compared to 32% of the comparison group. Symptoms included sleep disorders, chronic fatigue, discouragement and the frequent cry most of who were never treated. In another study, patients who were sexually abused in childhood were reported to have the highest levels of depression even when compared with other depressed patients (Gladstone, Parker, Wilhelm, and Mitchell, 1999; quoted in Kendall- Takett, 2002). Also as discussed before, the average self-esteem among sexually abused girls was lower than normal girls. Given that the low self-esteem is associated with increased depression the results of the difference in this structure between the two groups are consistent with other studies such as Philbott, holiman and Madonna, 1995; Sahin, Timor and Ergin, 2010; Hunt and Marshall 2002; Papalya, Olds and Feldman, 2002; Leahy, Parity and Tenon Bayom, 2003, Najarian, 1991; Baumister, 1993; Choi et al., 2010; Negovan and Bagana, 2013 and Katharine Lee et al, 2014. Also many findings imply that low self-esteem and negative psychological characteristics, such as depression, low emotional insight and shyness, drug and alcohol abuse disorders, identity, self-esteem, suicidal and semi suicidal attempts are closely related to the sexual abuse of both boys and girls(Leahy, parity and Tenen Baum, 2003; Sahin, Timor and Ergin, 2010). Pollock (2001) reported that a person who has been abused in him childhood usually considers himself as defeated and feels fear and panic. He considers himself as a poor person, bait or a toy. Abuse can destroy children's future relationships and reduce her sense of security and self-esteem. These girls are very passive, dissociable and have self-esteem because they blame themselves in the trauma and they are permanently involved with rumination to determine the cause of the fault and in most cases consider the damages as their own negligence and their self-esteem is reduced by their self-blame. Dysfunctional attitudes are another variable of this study that according to the results there is a significant difference between sexually abused and normal girls in terms of this variable and the average dysfunctional attitudes among the sexually abused girls is higher than the normal girls. Also in conjunction with the findings of this study it can be said that this variable is associated with depression, which is consistent with other studies such as Alloy et al, 1999; Clark et al., 1999; Illardi and Krijhed, 1999; Dennett and Teasdale 1988; Pesslo et al., 1990; Scott et al., 1995; Oliver, Murphy, Ferland and Ross, 2007; Alloy Abramson and Hagen, 2000; Roberts and Gamb, 2001; Hankyn and Abramson 2001, Abella and Alessandro, 2002 who indicated that dysfunctional attitudes play a role in causing depression.

Dysfunctional beliefs include maladaptive assessment of trauma which is considered as an important damaging mechanism in current cognitive PTSD models (Ehlers and Clark, 2000; Jelinek et al., 2013). The meaning associated with trauma is more effective on the formation and maintenance of post-traumatic stress symptoms than the visual characteristics of the event and negative and maladaptive assessment is related to the formation of post-traumatic stress. Dysfunctional attitudes are the assumptions and beliefs the person has about him, the world and future (Abela and Skitch, 2007). According to Beck's cognitive model (1987) these beliefs prepare the person to interpret a certain situation too negative and inefficient. Also Beck (1976) states that dysfunctional attitudes are inefficient, inflexible and perfectionism criteria used for judging one's self and others. These assumptions or stereotypes are used in organizing perception, behavior monitoring and evaluation. These attitudes are uncompromising, extreme and resistant to change (Davidson, Neil and Kernig, 1998). Such dysfunctional attitudes when accompanied by unpleasant life events trigger and perpetuate depression and anxiety(Alloy et al., 1999; Clark et al., 1999; Illardi and Krijhed, et al., 1999).

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