• Students with a negative attributional style were seven times more likely to become critically depressed over a two-year follow-up period than those with a more positive style.
  • Further work is consistent with these findings
  • However, in the absence of negative events, individuals who exhibit this negative attributional bias, should be NO more likely to develop depressive symptomology than persons without these styles.
  • Kwon & Laurenceau (2002)
    • Found that students’ attributional styles were not predictive of the number of daily hassles they reported over a ten-week period.
    • However, a negative attributional style predicted greater depressive symptom reactivity in response to these hassles
  • How useful is this theory as a maintaining factor?
    o Attribution style in schizophrenia
      • Attributional Style Questionnaire with Schizophrenic cases (Kaney & Bentall, 1989)
        • Excessively stable and global attributions for negative events (like depressed cases)
        • Biases toward external attribution for negative events and internal attribution for positive events (opposite to depressed cases)
      • External bias linked to perceived threat (Kaney & Dewey, 1991)
        • Paranoid cases only attributed external bias to negative events they considered were a threat to them
  • Demonic Possession Model (Davey, 2015)
    o Demonology survived as an explanation of psychopathology until the 18th century
    o Those exhibiting symptoms of psychopathology were perceived by bad spirits
    o The only way to remove bad spirits was through ritualized ceremonies
    o Many who have been suffering debilitating and distressing psychological problems have been persecuted and physically abused
    o In 21st century, what do we do, to remove the spirits?
      • We want to know why bad things happen (can’t accept randomness)
      • Widely available more than psychotherapies and often cheaper
      • Spiritual healings are very similar to psychotherapies
        • Meeting “experienced therapists” provides relief from the distress
        • Drawing on relevant models, the therapist identifies the cause of the problem (individualized case formulation)
        • Provide ways to deal with uncertainty (e.g. chanting)
        • One “spiritual organization” conducted a RCT using a spiritual therapy for depression. They demonstrated that their therapy is effective & changes brain activity

• **Biopsychosocial model** proposes that biological, psychological and social factors all play a role in causing depression.
• **Diathesis stress model** suggests that depression results when a pre-existing vulnerability or diathesis is activated by stressful life events. These pre-existing vulnerabilities can be either genetic (Haeffel et al, 2008) implying an interaction between nature and nurture or schematic (Slavich, 2004) resulting from views of the world learned in childhood.
• **Summary**
  o 3+ models of psychopathology