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Children's Optimism and Its Correlation with Parents' Perceptions

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Children’s Optimism and Its Correlation with Parents’ Perceptions

THESIS

Submitted to the Graduate Committee

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Dedicated to JLG, BLG, & JCG
an optimistic crew

and to PLC with admiration
Children's Optimism and Its Correlation with Parents' Perceptions

Abstract

This study investigated the level of optimism in children ages seven through ten, and whether the parents of these same children could predict their children's optimism. Children (N=19) in a suburban/rural day-care center were administered the Children's Attributional Style Questionnaire. The questionnaire measured whether or not children globalize events in their lives, whether they see positive and negative events as permanent, and whether they blame themselves or take credit for successes and failures in their lives. The questionnaire was administered to the entire group after school.

The parents completed the same questionnaire without discussion with the children. The parents were told to answer the questions as they believed their children had. Data from the children and parents were correlated.

It was found that there was no significant correlation between any of the measured areas except for the personalization of negative events.
That is, there was a significant positive correlation between children's responses to negative events and their parents' ability to predict it.

In addition, there was almost equal distribution of the group among the categories: optimistic, average, pessimistic. However, there were no extreme measures in any one area. Also, each area of optimism measured resulted in an average rating. This population did not test significantly optimistic or pessimistic, but within the average range as a whole.
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Chapter I
Statement of the Problem

Parents can be the best source of information about their children. They are often well equipped to understand and identify traits and abilities that their children possess. When parents accurately evaluate their children's strengths and weaknesses, and effectively develop them, then the children have a better chance of a fulfilling life.

One way parents can help their children is by promoting optimism. Developing optimism in children has been described as a way to immunize them against pessimism and depression (Seligman, 1995). Optimistic people tend to be more socially competent (Tunstall, 1994), to enjoy better health, have better relationships, and experience more success and fulfillment in the things they do (Chopra, 1987).

However, research suggests that parents have difficulty recognizing certain problems that their children experience. The thought patterns and processes underlying behavior are particularly difficult to perceive. For example, Cohen and Mannarino (1988) and Korup (1985) found that depression is difficult for parents to diagnose. In the Korup study, 68% or 15 of the 22 parents studied were "unaware of their child's depression" (1985, p. 369). Findings from these same studies indicate that parents clearly identified
problematic behavior such as aggression and hyperactivity, but did not identify their child’s feelings of inadequacy and worthlessness, or have knowledge of their suicidal thoughts (Cohen & Mannarino, 1988; Korup, 1985). Depression and conduct disorders such as those just mentioned frequently have similar symptoms which make accurate diagnosis difficult for parents and professionals alike (Clarizio, 1984; King, 1986).

Among other factors such as a lack of affection and necessary social supports, an underlying problem or antecedent to depression is often pessimism (McLean, 1984; Seligman, 1977; Seligman, 1990; Seligman, 1995). Pessimism can be described as harboring negative cognitive attributions which is a common symptom of depressed individuals (McLean, 1984). The basis of this study was an attempt to identify the cognitive attributions that children make, and to understand those thought processes in terms of parents’ perceptions.
Need for the Study

When parents accurately perceive their children’s attributional style, they are better equipped to support and encourage their children, so that they will develop and maintain lifelong optimistic thinking. Attributional or explanatory style (the terms have been used interchangeably) is the way in which people of all ages explain the causes of events to themselves. When parents inaccurately perceive the way their children think about events in their lives, they may either be unaware of their children’s thought processes, and/or not cognizant of how their interactions affect their children’s thinking and subsequent level of optimism. Optimism is found in people who are able to overcome setbacks, who do not blame themselves for negative events that occur outside of their control, and who believe that positive events are more likely to occur than negative events. Inaccurately evaluating a child’s explanatory style can result in missed opportunities to promote growth and encouragement where it is needed.

Past studies have primarily focused on children who are diagnosed as depressed, and their parents’ perceptions. This study was meant to take a proactive approach by focusing on the attributes and development of optimism.
Purpose

The main purpose of this study was to examine the correlations between children’s optimism and their parents’ perceptions. Another purpose was to identify the specific strengths and weaknesses that the children exhibit.

Questions to be Asked

1. Is there a statistically significant correlation between parents’ perception of the level of their children’s optimism and how optimistic those children actually are?

2. What is the percentage of children surveyed who fall into the categories: optimistic, average, pessimistic?

3. What areas of children’s optimism are particularly strong/weak?

Definitions

Attributional/Explanatory Style - The way in which one explains events to oneself in terms of permanence (how long adversity will last), pervasiveness (whether or not a problem transfers to other areas of one’s life), and blame (personal or impersonal).
Depression - A state of mind marked by feelings of hopelessness, worthlessness, despair, a loss of interest in everyday activities, a lack of purpose, and a belief that one cannot control or effect events in one's life.

Optimism - A state of mind which focuses on positive possibilities, a belief that good things will happen and can be caused to occur, and a sense of hope for the future.

Pessimism - A state of mind which focuses on negative possibilities, a belief that bad or detrimental things will happen and are caused outside of one's control, and a sense of futility about the future.

Summary

This study was based on the premise that in order to promote the benefits of optimistic thinking, parents (and others) must first recognize the attributional style that children possess. Completing the Children's Attributional Style Questionnaire was a step in that direction. Parents were given additional information on promoting optimism, and had the opportunity to view their individual results.
Chapter II

Review of the Literature

The Difficulty of Recognizing Pessimism

Various studies have researched how well parents perceive aspects of their children’s personalities and behaviors. The thrust of this research is with children already diagnosed with depression, or who have suffered child abuse or other negative events.

One study in particular looked at how accurately parents evaluated their children after a traumatic event. Of the twenty-one subjects, little correspondence existed between parents’ and children’s reports of depressive, anxiety or low self-esteem symptoms after the children had been sexually abused (Cohen & Mannarino, 1988). At a time when parents’ awareness may be heightened because of a recent (within two weeks) negative event, parents and children’s perceptions were disparate. This may be attributable to variables which affect the congruence between children’s and parents’ perceptions. Age and the abstract thinking abilities of the children, as well as family problems such as substance abuse, stress, etc. are all factors (Herzberger, Dix, Erlebacher & Ginsburg, 1981). In addition, Cohen and Mannarino cite the need to gather information from a variety of
sources when attempting to evaluate symptoms. That is, parents’ perception alone may not be enough for accurate diagnosis.

Likewise, there is indication that social competence may be a problem for depressed children, but it may be less obvious to detect because the correlation between depression and social competence is not without question. Children experiencing depression have been found to employ fewer social skills than nondepressed children, but they tend to be aware of what those skills actually are, thus making identification of this deficit difficult (Levendosky, Okun, & Parker, 1995). Likewise, Korup (1995) found that “many depressed children do not display serious behavior problems” (p. 367). In essence, parents can not depend on the social aspect of their child’s life when trying to recognize depression (Cohen & Mannarino, 1988).

Furthermore, research indicates little significant correlation between depression and school achievement (Korup, 1985). Korup found that “most depressed and nondepressed children in grades one-three were achieving at or near grade level in reading and mathematics” (p. 369). As children got older through grade seven, there was a slight decline in academic performance for both groups. Additionally, in the Korup study, teachers rated depressed children lower in motivation, work habits and socially.

However, although motivation has been found to be problematic for
depressed children because of their pessimistic thinking (Seligman, 1995),
poor scholastic performance is less of an identifying factor than is social
competence (Korup, 1985; Levendosky, Okun, & Parker, 1995).

The Relationship of Pessimism to Depression

It is notable that the research has focused on identifying and studying
depression in children and one of its main attributes: pessimism. Pessimism
has been found to be a significant factor underlying depression at any age
(Asarnow & Bates, 1988; Cohen & Mannarino, 1988; Kolotkin, 1994; Layne,
1983; Layne & Berry, 1983; Seligman, 1990; Seligman, 1995). In a review
of research, McLean (1984) cites negative cognitive attributions (pessimism)
as a common antecedent to depression. Likewise, Layne (1983) states that
pessimism's relationship to depression is "unquestioned" (p. 848) in the
literature. Layne cites results from depressed patients and depressed
students that point to pessimism as a common characteristic for both
populations.

Similarly, Ollendick and King (1994) found internalizing problems to be
pervasive and persistent over time in children. Internalizing problems are
those such as depression, acting out, eating disorders, etc. that result from self-blame and negative cognitions (pessimism).

Children learn and acquire pessimistic attitudes in a variety of ways. For example, observation of parental attitudes, a significant life event, experiences resulting in helplessness, pessimistic criticism from influential people in their lives, and genetics affect the level of pessimism that children experience (Colligan, Offord, Malinchoc, Schulman & Seligman, 1994; Seligman, 1995).

Optimism and Attributional/Explanatory Style

Because pessimism is highly correlated with depression, Seligman’s (1995) research focuses on measuring optimism, and teaching optimistic thought processes in order to prevent depression. Seligman screened 200 children in 5th and 6th grades for depression. Those who were found at the greatest risk of becoming depressed were randomly assigned to a prevention group and to a control group. The prevention group (N=70) was taught specific coping and optimistic thinking skills using cartoon-like characters. Over a period of two years, both groups’ level of optimism was tested. The study was repeated in other Philadelphia school districts, and additional long
range tests were conducted. It was found that the group who participated in the prevention group scored significantly higher on the optimism scale, and symptoms of depression dropped from 24% to 13%. It was concluded that by teaching optimistic thinking skills, the children in the prevention group were “half as likely to be depressed” (p. 128).

It is theorized that once pessimism is entrenched, helplessness and depression are the results (Seligman, 1975; Seligman, 1990). Helplessness is basically the belief that one cannot change negative circumstances, so why bother to try. The result is a lack of motivation and effort toward one’s life (Layne & Berry, 1993). Pessimistic thinking is believed to be a result of one’s attributional style. How one explains events to oneself in terms of permanence, pervasiveness and attribution of fault (personal or impersonal) is the basis for attributional style (Seligman, 1990).

For example, a child has moved to a new town. If he or she thinks, “No one will ever want to be friends with me” then he or she has a pessimistic style because he believes being without friends will last indefinitely. The problem is seen as permanent. If he or she thinks, “It takes time to make new friends” this is a mark of optimism because the child believes that if he or she persists, new friends can be made. The problem is viewed as temporary
If the child thinks the cause of a problem is pervasive, its effect is projected across various situations. For example, if a child misses the final point in basketball and he or she thinks, “I stink at sports” then he or she is attributing the cause of failure in a pervasive way (to all sports). If he or she thinks, “I had a bad game today because I didn’t get enough sleep last night” then the cause is specific which reflects optimism (Seligman, 1995).

The final factor of attributional style is how one assigns blame for things that go wrong. There are conflicting views regarding this, but a main finding is that accepting responsibility for things within one’s control is more optimistic than feeling that the causes of problems are outside of one’s influence (Kolotkin, 1994; Layne, 1983; Seligman, 1975; Seligman, 1990; Seligman, 1995).

It is important to mention that the teaching of optimism and attributional style must remain realistic. Optimism must be tempered with a knowledge of one’s responsibility, and grounded in what is possible. Several studies indicate that depressed people are actually more realistic than non-depressed individuals (Layne, 1983; Layne & Berry, 1983; Seligman, 1995). That is, their pessimism may be well founded on aversive or hopeless circumstances. Also, it has been found that non-depressed people tend to
buffer themselves psychologically from negative realities (Layne, 1983). The ability to buffer oneself may be attributed to a history of mastery experiences in which one has been successful at avoiding pain and/or overcoming adversity (Seligman, 1975; Seligman, 1991; Seligman, 1995). The premise is that mastery experiences are needed in order to prevent depression, and that mastery and optimism are built through the course of children’s daily experience. This is significant in terms of parenting, teaching, and evaluating children.
Chapter III

Design of the Study

Purpose

The main purpose of this study was to examine the correlation between children's optimism and their parent's perceptions. Because research suggests that it is difficult for parents to identify when their children experience pessimistic thinking, this study attempted to determine whether or not children's optimism could be predicted by their parents. Because pessimism is highly correlated with depression, it is relevant to investigate the relationship more fully. Optimism has been found to prevent depression, thus the ability to identify it is clearly important.

Another purpose was to identify the specific strengths and weaknesses that the children exhibit. Are children in the age group of 7-10 more likely to globalize their successes than their failures? Are they more likely to blame themselves or others for negative events in their lives? In order to provide follow-up to the families that participated, information on optimism and how to develop it was provided.
Research Questions

1. Is there a statistically significant correlation between parents’ perception of the level of their children’s optimism and how optimistic those children actually are?

2. What is the percentage of children surveyed who fall into the categories: optimistic, average, pessimistic?

3. Which areas of children’s optimism are particularly strong/weak?

Methodology

Subjects

The subjects were 20 school age children between seven and ten years old who attend day care before and/or after school. The sample was comprised of 12 girls and 8 boys.

Instruments

The Children’s Attributional Style Questionnaire contains questions categorized by how children view certain events. The items measure whether or not children globalize events, whether they see positive and negative events as permanent, and whether children blame themselves or take credit
for the events in their lives.

Procedures

Children were administered the Children's Attributional Style Questionnaire as a group. Each question was read aloud and the children were instructed to circle one response which represented how they would feel in each scenario.

The questionnaire was completed confidentially. Each child was given a number that corresponded to a list kept by the day care center. The children identified their age on their questionnaire.

Parents completed the Children's Attributional Style Questionnaire as they believed their child responded. Most did this as they picked their children up at the end of the day. None of the parents were present during the group test. In addition, parents identified their questionnaire by the same confidential number that their child received.

The research was conducted within a two hour period. The children began the questionnaire at 3:45 P.M., and completed it by 4:05 P.M. The parents picked up a questionnaire individually when they came in, and it took them about 12 minutes to finish. The parents were finished by approximately 5:50 P.M. Of the 20 children who participated, only one parent did not complete
a questionnaire. Five parent questionnaires were completed at home and
returned to day-care the next day. Those returned overnight are identified in
Appendix A. In order to provide follow-up to the families that participated,
information on optimism and how to develop it was provided.

Analysis of Data

The data were analyzed using the Pearson $r$ formula. Correlations were
determined between each section of the parents’ and children’s
questionnaires. For each parent-child pair, there were eight correlations.
Results are discussed in terms of the children’s overall optimism and their
parents’ ability to predict it, how the children view the permanency of events,
the pervasiveness of events, and whether the children internalize the cause of
events. In addition, based on the average scores overall, data were analyzed
in terms of the percentage of children that fall within a specified range for
optimism, pessimism, or in between (average).
Chapter IV

Analysis of Data

Purpose

The main purpose of this study was to examine the correlation between children’s optimism and their parent’s perceptions. Because research suggests that it is difficult for parents to identify when their children experience pessimistic thinking and related depression, this study attempted to determine whether or not children’s optimism could be predicted by their parents.

Because pessimism is highly correlated with depression, further research is needed to investigate the relationship more fully. Optimism has been found to prevent depression, thus the ability to identify it is clearly important.

Another purpose was to identify the specific strengths and weaknesses that the children exhibit. Are children in the age group of 7-10 more likely to globalize their successes than their failures? Are they more likely to blame themselves or others for negative events in their lives?
Findings

What follows are the statistics used to determine the ability of parents to predict their children’s optimism, to identify what portion of children are optimistic, average, pessimistic, and to delineate which areas of children’s optimism are particularly strong/weak. Table 1 will show the specific correlations for each area measured through the Children’s Attributional Style Questionnaire.

Table 1

Correlations between children’s and parents’ responses on the Children’s Attributional Style Questionnaire

<table>
<thead>
<tr>
<th>PMB</th>
<th>PMG</th>
<th>PVB</th>
<th>PVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.123933</td>
<td>0.153507</td>
<td>0.082946</td>
<td>-0.21117</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PSB</th>
<th>PSG</th>
<th>HoB</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.539354*</td>
<td>-0.0045</td>
<td>0.142319</td>
<td>0.033344</td>
</tr>
</tbody>
</table>

*p < .05

PMB = Permanent Negative Events
PMG = Permanent Good Events
PVB = Pervasive Negative Events
PVG = Pervasive Good Events
PSB = Personal Negative Events
PSG = Personal Good Events
HoB = Hopelessness/Neg Events
Overall = Optimism Score
It is notable that the only significant correlation existed on the Personal Bad Event (PSB) questions. Significance was set at 0.4329 \( r \) while the obtained Pearson \( r \) was 0.539354. In this case, parents significantly predicted when their children would blame themselves for negative events. In all other areas, no significant correlation existed between the parents’ and children’s responses. Sample questions from each category are presented in Appendix A.

The second research question asked what percentage of children fell into the categories optimistic, average, pessimistic. The overall optimism scores as detailed in Appendix B were analyzed to establish a general pattern for the group. This number is a result of subtracting the total of the bad event questions from the total of the good event questions. The responses were coded with a one or a zero which corresponded with the type of question asked. For example, questions which measured personal bad events would have a 1 next to the response which indicated the tendency to blame oneself. The response that did not reflect that quality had a zero. The maximum overall score possible is 24. Refer to Appendix A for examples of questions from each category.

The range below was established using an average of the scores for boys and girls which is a modification of the original researcher’s standard.
Boys and girls have been found to score in different ranges, with girls in this age group (seven to ten) generally scoring as more optimistic than boys. However, this study did not analyze the data in relation to gender.

Using these criteria:

- 0-4 pessimistic
- 5-8 average
- 9-up optimistic

the following percentages of children were found to fall within the above categories:

- Pessimistic 31.5 %
- Average 36.8 %
- Optimistic 31.5 %

Clearly, there is a normal distribution within the children and parents tested. Again, this was a homogenous group. There were no extreme scores in any area even within the pessimistic/optimistic ranges.

The third research question looked at which areas of children's optimism are strong and/or weak. Table 2 identifies the average scores and standard deviations for parents and children for each category. The maximum score in each category is 8.
Table 2

**Average scores and standard deviations between children’s and parents’ responses**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Child Average</th>
<th>Child SD</th>
<th>Parent Average</th>
<th>Parent SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMB</td>
<td>1.6315</td>
<td>1.1160</td>
<td>2.0526</td>
<td>1.3529</td>
</tr>
<tr>
<td>PYB</td>
<td>1.9473</td>
<td>1.0259</td>
<td>1.3529</td>
<td>1.0651</td>
</tr>
<tr>
<td>PSB</td>
<td>2.2631</td>
<td>1.4079</td>
<td>3.0526</td>
<td>1.8096</td>
</tr>
<tr>
<td>HoB</td>
<td>3.5789</td>
<td>1.7099</td>
<td>3.6842</td>
<td>1.2495</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>Child Average</th>
<th>Child SD</th>
<th>Parent Average</th>
<th>Parent SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMG</td>
<td>3.7368</td>
<td>1.9956</td>
<td>5.2631</td>
<td>1.3267</td>
</tr>
<tr>
<td>PVG</td>
<td>3.9473</td>
<td>1.1772</td>
<td>4.5789</td>
<td>1.4265</td>
</tr>
<tr>
<td>PSG</td>
<td>5.5789</td>
<td>3.1853</td>
<td>6.8947</td>
<td>4.3956</td>
</tr>
</tbody>
</table>

In terms of specific strengths and weaknesses displayed by the group, the following conclusions can be drawn based on the averages above. All of the
individual areas measured fall within the average range. Thus, the group did not fall within the range characterized by more optimistic or pessimistic tendencies in general.

The score of 5.5789 in the PSG or personal good events category falls within the very high average range which indicates that the group displays positive self-esteem and generally takes credit for individual successes. The score of 3.9473 in the PVG or pervasive good events area falls within the very low average range, and this suggests that this group of children tends not to generalize success across different areas of their lives. For example, if the children experience success in soccer, they may not be optimistic about being successful in an academic area.

Post Hoc Analysis

Parents scored their children slightly more optimistically than their children actually tested. In the area of permanency, the parents predicted that their children would think of events as temporary more than they actually did. However, in the pervasive and personal categories, parents’ and children’s scores were identical or very close. When viewed in this way, it appears that there may be a correlation between the parents’ and children’s responses.
However, the individual parent/child responses did not correlate as discussed above.

Summary

On each measure, the averages for children and parents are within the average range as established by Seligman (1995). The overall average scores are identical; however, they do not match up between parents and children. Thus, there was no significant correlation for the ability to predict overall optimism. Likewise, the PVG (pervasive good event) average scores are identical, but again no significant correlation existed between individual parents and children.
Chapter V

Conclusions and Implications

Conclusions

Several conclusions can be made from the results of this research. One of the most striking is the significant correlation found in the PSB (personal bad event) category. Parents’ ability to predict their children’s tendency to blame themselves is notable. Depending on the question asked, the children may not have taken personal blame, and the parents readily identified that as well. This area is interesting because in some ways it corresponds to the research which suggests that parents readily identify when their children display aggressive or anti-social behavior. Are children particularly verbal when feeling that things are their fault, so that parents more readily pick up on it? Conversely, when children blame others, are they equally verbal about it?

Because children in this age group (seven - ten) are still basically egocentric, this area may be more noticeable to parents. Children may not as readily discuss their feelings regarding the pervasiveness or permanency of events. However, they may be more apt to verbalize their personalization of things that happen in their lives.

The average score of 2.2631 suggests that this group of children falls in
the average range for personalizing bad events. They tend not to blame themselves or others exclusively when things go wrong. This is a positive sign because an optimistic score of < 1.5 may indicate the tendency to become angry with others who are perceived to be at fault for negative events.

On the other areas measured, parents' and children's responses did not correlate. This again may be due to the fact that children are still egocentric and may not be able to articulate their thoughts regarding pervasiveness or permanence of events. On the other hand, it may be that these areas are more subtly expressed. For example when a child exclaims, "Everyone hates me. I always fight with my friends," perhaps adults overlook the significance. The word "everyone" is pervasive, and "always" is permanent. It is likely that adults fail to identify the underlying meaning that the child is expressing. In this case, parents may be apt to respond with replies that are sympathetic but not necessarily helpful. That is, the thought process in terms of permanence, pervasiveness and blame may not be considered; yet, they are fundamental to optimism.

Likewise, the parents' average score in the PMB/PMG categories were more optimistic than the children's average. This may be indicative of the
parene's ability to put events into perspective, and to know that a child's negative experiences will not last forever. It is arguable that parents project this ability onto their children when they are not necessarily able to see events that way.

It is notable that on two measures (PVG and Overall) the averages are identical between the children and the parents. Perhaps these numbers speak to the homogenous make-up of the group.

Future Research

Several variations in producing this study may change the results. For instance, a larger and more diverse population, and individually administered versus group administered questionnaires could produce differences. The children sat side by side and they looked at others’ responses a bit, but did not appear to change their own answers. A quieter setting for parents to answer the questionnaire may be beneficial so that the parents could really think through each question. They did not appear to be in a hurry as they completed it at the day-care center; however, there were several distractions as their children readied to go home.

In addition, only one child expressed some confusion over the meaning of a few questions. The researcher rephrased those questions for him
individually, but that did not appear problematic.

Likewise, although the Children's Attributional Style Questionnaire has been used with various populations and has been thoroughly tested (Colligan, 1994; Seligman, 1995), it may be useful for future research to compare the results of the CASQ with additional psychological instruments. It would be interesting to see specific results of the CASQ compared to tests that specifically measure depression. If children score very low on the CASQ for optimism, then their results for depression from tests such as the Children's Depression Rating Scale-Revised (CDRS-R) and the Child Depression Inventory (CDI) should be relatively high.

Implications for Home and School

By listening to how children describe their day, parents can gather valuable clues into their child's attributional style. For example, if close attention is paid to whether children blame themselves when things go wrong, parents will be able to recognize how children personalize events. If children believe one failure generalizes to certain difficulty in other areas, then a negative pervasive attitude may be present. Children who believe problems will last indefinitely are displaying pessimism by viewing difficulties as
permanent. By paying attention to these cues, parents will be able to direct and correct negative thought patterns.

Similarly, teachers have ample opportunity to listen to and analyze children's thought patterns. In many ways, the ability to recognize attributional style is practiced in language arts classes regularly through character analysis. However, character motivation is often discussed in terms of the type of conflict involved, and the influence of other characters in the story. If trained in the area of attributional style, teachers could devise lessons using a literature based approach. In fact, Seligman's intervention strategies use fictional characters as examples to teach children how to recognize and control their thinking.

Parents and teachers are charged with many responsibilities including teaching children how to live and how to think. By being sensitive to attributional style, adults may be better equipped to positively influence their children in both these areas.
References


Appendix A

Sample Questions from Each Category

Sample question in the PMB (permanent bad) category:

1. You try to sell candy, but no one will buy any.

   A. Lately a lot of children are selling things, so people don't want to buy anything else from children. 0
   B. People don't like to buy things from children. 1

Sample question in the PMG (permanent good) category:

1. You have a substitute teacher and she likes you.

   A. I was well behaved during class that day. 0
   B. I am almost always well behave during class. 1

Sample question in the PVB (pervasive bad) category:

1. A person steals money from you.

   A. That person is dishonest. 0
   B. People are dishonest. 1

Sample question in the PVG (pervasive good) category:

1. You get an A on a test.

   A. I am smart. 1
   B. I am good in the subject that the test was in. 0
Sample question in the PSB (personal bad) category:

1. Your pet gets run over by a car.
   
   A. I don’t take good care of my pets.  
   B. Drivers are not cautious enough.

Sample question in the PSG (personal good) category:

1. You play a game with some friends and you win.

   A. The people that I played with did not play the game well.  
   B. I play that game well.
# Appendix B

Children’s Attributional Style Questionnaire - Raw Scores

^ = Parent returned questionnaire the following day.

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* Overall Optimism Score

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