

Research article

Factor structure and psychometric properties of the Greek version of the Reconstructed Depressive Experiences Questionnaire

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ABSTRACT

The Reconstructed Depressive Experiences Questionnaire (RDEQ) is a self-report measure for assessing depressive experiences and in particular dependency and self-criticism, that is, vulnerability traits for depression. It constitutes a short version of the widely used DEQ that was constructed to detect the anaclitic and the introjective depressive characterological configurations. However, DEQ's validity has been questioned and several shortened versions have been constructed. RDEQ has been found to preserve the characteristics of the original scale and demonstrate the best psychometric qualities. The aim of this study was to evaluate the psychometric properties of the Greek version. RDEQ was translated and the final version was administered, along with questionnaires measuring depression (Beck Depression Inventory, BDI), attachment (Cartes de Modèles Individuels de Relations, CAMIR), and self-esteem (Rosenberg Self-Esteem Scale, RSES), to a clinical and a community sample of 714 individuals. Confirmatory factor analysis yielded a two-factors structure that represents the personality dimensions of dependency and self-criticism. Findings showed that this model fits well the data and has good internal consistency with Cronbach's alphas 0.84 and 0.87, respectively. The correlation between the two RDEQ factors demonstrated that the two scales are orthogonal and distinct. Moreover, the Greek version exhibited low to moderate significant correlations with BDI, CAMIR, and RSES and satisfactory convergent and divergent validity. RDEQ appears to be a suitable tool for research use and is expected to facilitate the examination of depressive personality dimensions in Greek speaking populations.

KEYWORDS: Depression, Depressive Experiences Questionnaire, vulnerability, dependency, self-criticism.

Introduction

Over the last decades there has been a growing interest in the personality types associated with increased risk for depression.¹ One of the most widely used instruments to differentiate between these types is the Depressive Experiences Questionnaire (DEQ). DEQ was constructed by Blatt² who viewed interpersonal relatedness and self-definition as two variations in personality organization and development. He concurrently proposed two developmental configurations, the anaclitic and the introjective. The former entails the development of mature, intimate, and mutually satisfactory interpersonal relationships and the latter involves developing a realistic, integrated, and differentiated identity.^{1,3} In or-

der to measure these depressive styles Blatt et al⁴ assembled items that reflected subjective experiences, often referred to by people with major depression (MD). Sixty-six of those statements were administered to undergraduate students. Three independent factors, dependency, self-criticism, and efficacy, were extracted. Hence, DEQ was constructed to evaluate the life experiences of people with depression and the first two factors corroborated the theoretical formulation of two developmental pathways and separate causes of depression, that is, interpersonal relatedness and self-definition.^{2,5}

Dependency reflects the concern about abandonment and separation, difficulty in expressing anger, anxiety about rejection, feelings of absence of love and

fear of others being disappointed, loneliness, and loss. Self-criticism, includes issues related to failure, guilt, dissatisfaction, hopelessness, anxiety about self-worth, ambivalence about self and others, a sense of inability to respond to the high standards that one and others pose, and a tendency of assuming the blame. Efficacy, represents personal resilience and inner strength.

With respect to psychometric properties, satisfactory convergent, divergent, and construct validity have been reported in clinical and non-clinical populations and different languages,⁶⁻⁹ with an adequate Cronbach's alpha, 0.81 and 0.80,¹⁰ for dependency and self-criticism, correspondingly. An association of DEQ scales with BDI in clinical and non-clinical populations has also been reported by Blatt et al,¹¹ with measurements of depressive affect in healthy participants, in cross-sectional and long-term studies,¹² with self-esteem,¹³ and insecure attachment styles. Zuroff and Fitzpatrick¹⁴ have found a relationship between dependency and anxious attachment and between self-criticism and fearful-avoidant attachment.

Regarding DEQ's utility in clinical practice and research, it has been observed that the depressive dimensions predict the outcome of psychotherapy¹⁵ and of antidepressant treatment.¹⁶ It has also been found that dependent people benefit from structured supportive therapies, such as psychoanalytic and group CBT, because they can connect more easily with therapists, while the self-critical, those with greater investment in cognitive functioning, respond to the insight-oriented, long-term therapies, such as psychoanalysis and individual CBT.^{17,18}

Despite the extensive use of DEQ, there is concern about its psychometric characteristics. Many researchers^{19,20} have failed to repeat the orthogonality between the two personality traits due to elevated cross-loadings or low loadings on any factor and to high interrelation between the two dimensions. In addition, Desmet et al²¹ argued that the items do not reflect independent constructs and Welkowitz et al²² and Bagby et al²³ have contended that the initial scoring system is complex, difficult to use, and weak.

Other, shortened, versions of DEQ have been presented so far, such as DEQ-Revised,²² DEQ-Reconstructed-RDEQ,²³ and McGill DEQ.²⁴ RDEQ²³ is a short form of DEQ's dependency and self-criticism and uses a simple and valid scoring procedure. Bagby et al²³ used factor analyses to identify 19 items from a large sample of normal adults, students, and outpatients. RDEQ's intercorrelations between scores on dependency and self-criticism were found sufficiently low (around 0.45). It also fit adequately to the hypothesized model and exhibited good discriminant validity. It has shown enhanced internal consistency compared to the original instrument. The

alpha coefficients across the different samples ranged from 0.69 to 0.80 and its items represent excellently Blatt's theoretical dimensions.²³ Moreover, the association between the two factors was reduced compared to the original scale, thus indicating that they are orthogonal. Additionally, Desmet et al²¹ studied the factorial and construct validity of the original DEQ and of its shortened versions with normal adult, student, and clinical samples by confirmatory factor analysis and found that RDEQ demonstrated the best psychometric properties. Research findings have provided evidence of its usefulness with various populations.²⁵⁻²⁸

Since, to the best of our knowledge, there is no prior published research with the Greek version of RDEQ, the aim of the present study was to validate the RDEQ in a patient with MD and a community Greek sample.

Material and Method

Participants and procedure

The participants of this study were 714 adults, aged 18 to 56 years and had attained at least elementary schooling, 323 MD patients aged 37.37 years and 391 healthy controls aged 32.90 years. In the clinical sample 67 (20.70%) were males and 256 (79.30%) females, 96 (29.70%) had comorbidity with dysthymic disorder, anxiety and personality disorders. In the community sample 114 (29.20%) were males and 277 (70.80%) females.

This study received permission from the Department of Psychology in the University of Athens and approval from the National Health Operations Center. The design and the data collection were in accordance with the Declaration of Helsinki ethical principles and the Edinburgh revision in 2000. The patients were recruited, on the basis of their psychiatric diagnosis, voluntarily, at outpatient clinics of mental health centers and psychiatric departments of general hospitals in the prefecture of Attica. Those who met the DSM-IV diagnostic criteria for major depressive disorder-MDD, single episode or recurrent, joined the clinical group. The non-clinical group was gathered voluntarily in waiting areas of Health Insurance's and the National Bank's central branches. Those who had not been diagnosed with DSM-IV MDD were listed in the community group. In addition, the exclusion criteria comprised a BDI score of ≤ 10 for the patient and of ≥ 17 for the community sample. These are the cut-off scores of mild or clinical depression according to the US and the Greek adaptation samples.²⁹ The participants were informed about the purpose of the study and a consent form was obtained prior to the sample collection.

Since there is not a Greek translation, the multiple forward backward process, recommended by Guillemín et al,³⁰ was used. The original American version was trans-

lated into Greek with forward translation by two experienced, fluent in English and Greek, bilingual translators independently. Then, we conducted a comparison of the two forms and their incorporation into one. The consensus version was re-translated back by two other native English speakers, blinded to the initial form, into the source language. After that, the Greek version was administered to a small population from the community in order to receive feedback about the items' clarity and the instructions' comprehensiveness. The developer's suggestions were taken into account so as to formulate the final form.

Measures

The Reconstructed Depressive Experiences Questionnaire²³ was used in the current study with the permission of the original authors. It includes 19 items and two factors, Dependency (10 items), and Self-Criticism (9 items). Responses are given on a 7-point Likert scale ranging from 1=I strongly disagree to 7=I strongly agree.

Attachment was measured by Cartes de Modèles Individuels de Relations-CAMIR,³¹ a 72-item, self-rating scale that describes four attachment strategies, the secure, the preoccupied, the detached, and the unresolved that was out of the current study's scope. CAMIR has demonstrated adequate Cronbach's alpha ranging from 0.68 to 0.95 and from 0.73 to 0.80 in its Greek standardization.³²

The Rosenberg Self-Esteem Scale-RSES³³ was administered to evaluate general self-worth. It contains 10 items. The internal consistency was good with alpha coefficients ranging from 0.77 to 0.88. It has also exhibited good concurrent, predictive, and construct validity.³⁴ In its Greek validation the Cronbach's alpha was 0.80.³⁵

The severity of recent depressed mood was measured by Beck Depression Inventory-BDI.³⁶ Validated within Greek populations,²⁹ BDI comprises 21 items and has showed good internal consistency with Cronbach's alpha ranging from 0.73 to 0.92 and from 0.76 to 0.95 in non-clinical and psychiatric populations, correspondingly. The Pearson product-moment correlation coefficients ranged from 0.48 to 0.86 in clinical populations and from 0.60 to 0.90 in nonpsychiatric subjects. Finally, high construct, discriminant, and criterion validity have been manifested with BDI.³⁷

Statistical analysis

Initially, we checked normality by calculating the distributional indices for every item and followed the cut-off scores suggested by Cohen et al.³⁸ Then we tested the manufacturer's proposed structure and determined whether this corresponds to the data from the two groups of the present study. We firstly assessed RDEQ's

internal consistency in order to investigate the correlation of each item with the instrument's factors. After checking for multivariate normality with the use of the Mardia coefficient, statistical analysis also included confirmatory factor analysis (CFA), that was performed following the maximum likelihood method of parameter estimation. The fit of the model was calculated by the following fit indices: χ^2/df , the RMSEA (Root Mean Square Error of Approximation), the GFI (Goodness-of-Fit Index), the SRMR (Standardized Root Mean Square Residual), the CFI (Comparative Fit Index), and the TLI (Tucker-Lewis Index). Measurement invariance across MD and community samples was estimated using multi-group procedures. It entailed the establishment of the configural invariance model, that is the equivalence of the factor structure across the two groups, and the assessment of the metric invariance model so as to evaluate the equivalence of factor loadings. We conducted a metric invariance test by constraining the two models to be equal and performed a χ^2 difference test between a fully constrained and an unconstrained model. Scalar invariance was consequently verified by testing the equivalence of item intercepts. Convergent and divergent validity were determined by the assessment of correlations (Pearson's r) and by multiple regressions among the factors of RDEQ and other inventories measuring attachment, self-esteem, and depression that have been connected with DEQ in previous studies.¹¹⁻¹⁴ Finally, we compared the scores in the two scales between the two groups. The aforementioned analyses were carried out with the SPSS-25 and AMOS-version 21.

Results

Factor structure

With respect to sample characteristics, a Kolmogorov-Smirnov ($p > 0.05$) and a Shapiro-Wilk's test ($p > 0.05$) and the inspection of the histograms, normal Q-Q plots and boxplots showed that the factors' scores were approximately normally distributed for both samples. Furthermore, skewness and kurtosis values were less than 2 for every item of the RDEQ dependency and self-criticism.³⁹

With relation to factor structure, initially, the multivariate normality of the RDEQ items was verified through a critical ratio < 5 .⁴⁰ Successively, the two-factor model was evaluated using CFA. It showed a good fit to the data according to the fit indices, $\chi^2(148)=353.76$, $p < 0.001$, $\chi^2/df=2.39$, GFI=0.95, TLI=0.95, CFI=0.96, RMSEA=0.04, SRMR=0.05. Then, we examined configural invariance for the two samples and obtained adequate goodness of fit,⁴¹ according to the following indices: $\chi^2(296)=478.23$, $p < 0.001$, $\chi^2/df=1.62$, GFI=0.94, TLI=0.93, CFI=0.94,

RMSEA=0.03, SRMR=0.05. Moreover, the chi-square difference between the configural and the metric model ($\chi^2(315)=505.89$, $p<0.001$, $\chi^2/df=1.61$, GFI=0.93, TLI=0.93, CFI=0.93, RMSEA=0.03, SRMR=0.06) was found non-significant ($p=0.105$). The difference between these invariances, in terms of their model fit indexes, that was less than the cut-off of 0.01 in the CFI and RMSEA, is nonsubstantial and ascertains metric invariance.⁴² Finally, the chi-square difference between the metric and the scalar structure $\chi^2(334)=531.54$, $p<0.001$, $\chi^2/df=1.59$, TLI=0.93, CFI=0.93, RMSEA=0.03, SRMR=0.06) was also found non-significant ($p=0.130$).

Internal consistency, convergent and divergent validity

Internal consistency (Cronbach's alpha) was calculated, 0.84 for dependency and 0.87 for self-criticism, which was good (table 1). The correlation between the two RDEQ factors was significant in the total sample and both groups, clinical, and community, $r=0.49$,

$r=0.27$, $r=0.29$, respectively. We checked for collinearity and the VIF values were acceptable and did not exceed 5. Furthermore, dependency and self-criticism showed low to moderate positive correlation with depression, $r=0.21$, $r=0.43$, and $r=0.15$, $r=0.44$, and negative with self-esteem, $r=-0.12$, $r=-0.53$, and $r=-0.17$, $r=-0.52$, and secure attachment, $r=-0.02$, $r=-0.30$, and $r=-0.08$, $r=-0.20$, in the clinical and the community group, respectively. We finally found that dependency showed greater associations with preoccupied than detached attachment in the clinical, $r=0.45$, $r=0.29$, the community sample, $r=0.40$, $r=0.23$, and the total sample (table 2), and that self-criticism showed greater associations with detached than preoccupied attachment in the clinical, $r=0.32$, $r=0.17$, the non-clinical group, $r=0.23$, $r=0.02$, and the total sample (table 2).

To analyze convergent validity, we also evaluated the multivariate relationships among the two RDEQ subscales and the other variables. Dependency attained greater significance in predicting preoccupied attach-

Table 1. Means, standard deviations, and internal consistency of the RDEQ items.

RDEQ Items	Mean	SD	Corrected item-total correlation	Alpha if deleted
<i>Dependency</i>				
I become frightened when I feel alone	4.01	2.20	0.64	0.82
I would feel like I'd be losing an important part of myself if I lost a very close friend	5.70	1.54	0.31	0.85
I have difficulty breaking off a relationship that is making me unhappy	3.83	2.19	0.71	0.82
I often think about the danger of losing someone who is close to me	5.14	1.91	0.43	0.84
I constantly try, and very often go out of my way, to please or help people I am close to	4.97	1.75	0.50	0.83
I find it very difficult to say "No" to the requests of friends	5.30	1.64	0.59	0.82
I worry a lot about offending or hurting someone who is close to me	4.82	1.83	0.64	0.82
Anger frightens me.	4.16	2.09	0.44	0.84
After a fight with a friend, I must make amends as soon as possible	4.96	1.61	0.58	0.82
After an argument, I feel very lonely	4.35	1.98	0.72	0.81
<i>Self-Criticism</i>				
I often find that I don't live up to my own standards or ideals	3.97	1.95	0.66	0.85
Many times I feel helpless	4.01	2.13	0.65	0.85
There is a considerable difference between how I am now and how I would like to be	4.37	2.07	0.65	0.85
I tend not to be satisfied with what I have	3.97	2.04	0.55	0.86
No matter how close a relationship between two people is, there is always a large amount of uncertainty and conflict	4.61	1.85	0.64	0.85
Often, I feel I have disappointed others	3.76	1.99	0.60	0.86
I never really feel secure in a close relationship	3.46	2.07	0.56	0.86
Often, I feel threatened by change	4.03	2.00	0.56	0.86
I am very satisfied with myself and my accomplishments	3.61	1.71	0.57	0.86

Table 2. Correlation coefficients (Pearson's *r*) among the RDEQ factors and the validity measures in the total sample.

Factors	RDEQ Dependency	RDEQ Self-Criticism
BDI Depression	0.46*	0.73*
CAMIR Secure Attachment	-0.15*	-0.45*
CAMIR Preoccupied Attachment	0.54*	0.48*
CAMIR Detached Attachment	0.28*	0.51*
RSES Self-Esteem	-0.40*	-0.74*

* $p < 0.01$, RDEQ: Reconstructed Depressive Experiences Questionnaire, BDI: Beck Depression Inventory, CAMIR: Cartes de Modèles Individuels de Relations, RSES: Rosenberg Self-Esteem Scale

ment than self-criticism, whereas self-criticism played a more significant role in the detached attachment and in self-esteem than dependency (table 3).

Group comparisons

We compared the scores of the two RDEQ factors in the MD and the community sample. Patients with MD scored significantly higher, $M=5.48$ ($SD=0.98$), than non-patients, $M=4.49$ ($SD=0.98$), $t(712)=13.49$, $p < 0.001$, on dependency, and $M=5.02$ ($SD=1.09$), $M=3.19$ ($SD=0.94$), $t(712)=24.08$, $p < 0.001$, on self-criticism.

Discussion

The scope of the present, preliminary in nature, study was to validate the RDEQ. The two-factor structure was corroborated by the confirmatory factor analysis. The two-factor model provided adequate fit to the data. Configural invariance was good as evidenced by the good model fit measures. Metric and scalar invariance were also supported across the two groups.

The factor analysis revealed two factors, firstly dependency, that reflects loneliness, fear of loss and abandonment, the desire for care, and a general sense of discomfort with separation and, secondly, self-criticism, that refers to achievement strivings, concerns about approval

and recognition, loss of satisfaction, a sense of failure for the unsuccessful attempt to reach the ideals and standards one sets, and threat by change. Intercorrelations between the two scales were found below the threshold of 0.60, that Zuroff et al⁴³ consider as pragmatically and theoretically problematic, thus providing evidence of the orthogonality of the two personality dimensions.

In addition, the current study delineated the factor structure of RDEQ with both patients with MD and non-clinical participants. Thereupon, we may assume that it is in accordance with Blatt,¹ who considered depression as a disruption from normal psychological development, and dependency and self-criticism as personality traits that can be pronounced in clinical as well as community groups.

Consistent with prior research⁷ our findings indicate low to moderate significant correlations between the RDEQ scales and BDI, CAMIR, and RSES and provided evidence of convergent validity. It was also noticed that dependency is more strongly related with the preoccupied attachment. Self-criticism was more strongly connected with the detached attachment and with self-esteem, since self-critical people are more focused on feelings of insecurity, failure to achieve goals, and ambivalence about oneself.^{44,45} Further, the positive correlations of

Table 3. Multiple regressions of RDEQ scales on depression, preoccupied and detached attachment, and self-esteem.

Predictor	Predicted value	F	Adj R ²	β	p
1. RDEQ Dependency	BDI Depression	194.15	0.21	0.46	<0.001
2. RDEQ Self-Criticism		427.18	0.54	0.66	<0.001
1. RDEQ Dependency	CAMIR Preoc. Attach.	297.24	0.38	0.54	<0.001
2. RDEQ Self-Criticism		215.58	0.29	0.33	<0.001
1. RDEQ Dependency	CAMIR Detach. Attach.	50.30	0.06	0.26	<0.001
2. RDEQ Self-Criticism		122.66	0.26	0.50	<0.001
1. RDEQ Dependency	RSES Self-Esteem	137.86	0.16	-0.40	<0.001
2. RDEQ Self-Criticism		438.34	0.55	-0.71	<0.001

Preoc. Attach.: Preoccupied Attachment, Detach. Attach.: Detached Attachment, RDEQ: Reconstructed Depressive Experiences Questionnaire, BDI: Beck Depression Inventory, CAMIR: Cartes de Modèles Individuels de Relations, RSES: Rosenberg Self-Esteem Scale

both scales with the BDI displayed RDEQ's good convergent validity, because the two factors appear to measure forms of depression concerning issues of relatedness and self-definition.¹ Divergent and convergent validity were established by the RDEQ scales' negative correlations with secure attachment and by the significant prediction of depression from the RDEQ scales, correspondingly. Lastly, the internal consistency measure of both scales was satisfactory.

The results also showed greater associations between dependency and depression in the group of patients than in the community one. This is in congruence with earlier findings,⁷ but it did not apply to self-criticism. Many studies with clinical and non-clinical samples have noted^{4,21} weaker associations between dependency and depressive symptoms in both samples than between self-criticism and depression, but the results are not unequivocal.⁴⁶

Limitations include the heterogeneous clinical sample which may affect the properties of the two scales, and the self-report questionnaires which may inflate associations due to shared variance. Lastly, we did not explore the full scale's psychometric properties, notwithstanding that the item reduction may be an advantage in cases of the questionnaire's administration to low-energetic patients.²¹

However, the present study pointed out that the RDEQ remains a promising instrument in measuring two distinct depressive experiences, with many research implications in clinical and community samples. It offers investigators the opportunity to use continuous rather than dichotomous variables in research and to focus on life experiences that may lead to depression. The relationship between depression and stressful interpersonal and

achievement life events, that is useful in understanding the dynamic interaction between diathesis and stress, can also be achieved by this questionnaire.⁴⁶ Additionally, RDEQ has therapeutic implications. Specifically, research has demonstrated that patients' pretreatment predominant personality style has a different significant impact on the therapeutic outcome, for example, the self-critical patients' negative representations of others interfere with the relationship with their therapists.⁴⁷ In that way RDEQ may enable therapists to evaluate the different needs and response of the two depressogenic types to treatment. The two dimensions have facilitated the assessment of various forms of inpatient and outpatient treatment for major depression in the Riggs-Yale Project, the Menninger Psychotherapy Research Project⁴⁵ and the National Institute of Mental Health Treatment of Depression Collaborative Research Program.⁴⁶

Additional research with inventories, that measure the two polarities, is required to provide evidence for convergent validity. Ensuing research could include other questionnaires regarding diverse personality variables, interpersonal functioning, distress, defense mechanisms, etc. Further studies need to be undertaken with RDEQ and the full scale of DEQ and address issues of factor structure, validity, and stability of the two personality traits as well as the efficacy factor. Overall, the findings obtained in the present study demonstrated that the RDEQ is a valid tool in distinguishing and assessing the two constructs of dependency and self-criticism.

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APPENDIX
Reconstructed Depressive Experiences Questionnaire
Ανακατασκευασμένο Ερωτηματολόγιο Καταθλιπτικών Εμπειριών

Οδηγίες: Παρακάτω παρατίθεται ένας αριθμός δηλώσεων που αφορούν προσωπικά χαρακτηριστικά και γνωρίσματα. Διαβάστε την κάθε πρόταση και αποφασίστε εάν συμφωνείτε ή διαφωνείτε και σε ποιον βαθμό. Εάν συμφωνείτε έντονα, κυκλώστε το 7. Εάν διαφωνείτε έντονα, κυκλώστε το 1. Το μέσο σημείο, εάν είστε ουδέτερος/η ή αναποφάσιτος/η, είναι το 4.

1. Συχνά διαπιστώνω ότι δεν αντεπεξέρχομαι στα προσωπικά μου πρότυπα και ιδανικά. A	1	2	3	4	5	6	7
2. Πολλές φορές αισθάνομαι αβοήθητος/η. A	1	2	3	4	5	6	7
3. Υπάρχει σημαντική διαφορά ανάμεσα στο πώς είμαι τώρα και στο πώς θα ήθελα να είμαι. A	1	2	3	4	5	6	7
4. Έχω την τάση να μην είμαι ικανοποιημένος/η με αυτά που έχω. A	1	2	3	4	5	6	7
5. Φοβάμαι όταν αισθάνομαι μόνος/η. E	1	2	3	4	5	6	7
6. Θα αισθανόμουν σαν να έχανα ένα σημαντικό μέρος του εαυτού μου, εάν έχανα έναν πολύ κοντινό μου φίλο. E	1	2	3	4	5	6	7
7. Δυσκολεύομαι να διακόψω μια σχέση που με κάνει δυστυχισμένο/η. E	1	2	3	4	5	6	7
8. Συχνά σκέφτομαι τον κίνδυνο να χάσω κάποιο κοντινό μου πρόσωπο. E	1	2	3	4	5	6	7
9. Όσο κοντινή και αν είναι μια σχέση ανάμεσα σε δύο ανθρώπους, πάντα περιέχει μεγάλο βαθμό αβεβαιότητας και σύγκρουσης. A	1	2	3	4	5	6	7
10. Συχνά νιώθω ότι έχω απογοητεύσει τους άλλους. A	1	2	3	4	5	6	7
11. Διαρκώς προσπαθώ, και πολύ συχνά παρεκκλίνω από τα σχέδιά μου, για να ευχαριστήσω ή να βοηθήσω τους ανθρώπους με τους οποίους έχω στενή σχέση. E	1	2	3	4	5	6	7
12. Το βρίσκω πολύ δύσκολο να πω «όχι» όταν ένας φίλος μου ζητά κάτι. E	1	2	3	4	5	6	7
13. Ποτέ δεν αισθάνομαι πραγματικά ασφαλής σε μια κοντινή σχέση. A	1	2	3	4	5	6	7
14. Συχνά νιώθω να απειλούμαι από τις αλλαγές. A	1	2	3	4	5	6	7
15. Ανησυχώ πολύ μήπως προσβάλλω ή πληγώσω κάποιο κοντινό μου πρόσωπο. E	1	2	3	4	5	6	7
16. Ο θυμός με φοβίζει. E	1	2	3	4	5	6	7
17. Μετά από έναν καυγά με κάποιον/α φίλο/η, πρέπει να επανορθώσω το συντομότερο δυνατόν. E	1	2	3	4	5	6	7
18. Μετά από μια λογομαχία, αισθάνομαι πολύ μόνος/η. E	1	2	3	4	5	6	7
19. Είμαι πολύ ικανοποιημένος/η με τον εαυτό μου και με τα επιτεύγματά μου. A (AB)	1	2	3	4	5	6	7

A: Αυτοκριτική, E: Εξαρτητικότητα, AB: Αντίστροφη Βαθμολόγηση

Ερευνητική εργασία

Παραγοντική δομή και ψυχομετρικές ιδιότητες της ελληνικής έκδοχής του Ανακατασκευασμένου Ερωτηματολογίου Καταθλιπτικών Εμπειριών

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ΠΕΡΙΛΗΨΗ

Το Ανακατασκευασμένο Ερωτηματολόγιο Καταθλιπτικών Εμπειριών (ΑΕΚΕ) είναι μια κλίμακα αυτο-αναφοράς για την εκτίμηση των καταθλιπτικών εμπειριών και ειδικότερα της εξαρτητικότητας και της αυτοκριτικής, δηλαδή, των χαρακτηριστικών ευαλωτότητας για κατάθλιψη. Αποτελεί σύντομη έκδοχή του ευρέως χρησιμοποιούμενου ΕΚΕ που κατασκευάστηκε για την ανίχνευση του ανακλητικού και του ενδοβλητικού, καταθλιπτικού, χαρακτηρισιολογικού στυλ. Ωστόσο, έχει αμφισβητηθεί η εγκυρότητα του ΕΚΕ και έχουν κατασκευαστεί διάφορες συντομευμένες εκδοχές του. Έχει βρεθεί ότι το ΑΕΚΕ διατηρεί τα χαρακτηριστικά της αρχικής κλίμακας και επιδεικνύει τα καλύτερα ψυχομετρικά στοιχεία. Ο στόχος αυτής της μελέτης ήταν να αξιολογήσει τις ψυχομετρικές ιδιότητες της ελληνικής έκδοσης. Το ΑΕΚΕ μεταφράστηκε και χορηγήθηκε η τελική έκδοχή, μαζί με ερωτηματολόγια που μετρούν την κατάθλιψη (Ερωτηματολόγιο Κατάθλιψης του Beck-BDI), την πρόσδεση (Κάρτες των Ατομικών Μοντέλων Σχέσης-CAMIR) και την αυτοεκτίμηση (Κλίμακα Αυτοεκτίμησης του Rosenberg-RSES) σε ένα κλινικό και ένα κοινοτικό δείγμα 714 ατόμων. Η επιβεβαιωτική ανάλυση παραγόντων απέδωσε μια δομή δύο παραγόντων που αντιπροσωπεύει τις διαστάσεις της προσωπικότητας, την εξαρτητικότητα και την αυτοκριτική. Τα ευρήματα έδειξαν ότι αυτό το μοντέλο προσαρμόζεται καλά στα δεδομένα και έχει καλή εσωτερική συνέπεια με την τιμή του Cronbach alpha να είναι 0.84 και 0.87, αντιστοίχως. Η συνάφεια μεταξύ των παραγόντων του ΑΕΚΕ έδειξε ότι οι δύο κλίμακες είναι ορθογώνιες και διακριτές. Επιπλέον, η ελληνική έκδοχή παρουσίασε χαμηλές έως μέτριες σημαντικές συσχετίσεις με τα BDI, CAMIR και RSES και ικανοποιητική συγκλίνουσα και αποκλίνουσα εγκυρότητα. Το ΑΕΚΕ φαίνεται να είναι κατάλληλο εργαλείο για ερευνητική χρήση και αναμένεται να διευκολύνει την εξέταση των καταθλιπτικών διαστάσεων προσωπικότητας σε ελληνόφωνους πληθυσμούς.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ: Κατάθλιψη, Ερωτηματολόγιο Καταθλιπτικών Εμπειριών, ευαλωτότητα, εξαρτητικότητα, αυτοκριτική.