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Effective Metacognitive Factors in Students' Depression

Zahra Jamshidifar^a, Sara Mohammadizadeh^a, Niknaz Salehi Moghadam^{a*}

^a*Psychology Dept., Faculty of Psychology, Islamic Azad University, Roudehen Branch. Iran*

Abstract

This research is done with the aim of examining effective meta-cognitive factors in students' depression. The population studied in this research comprises all undergraduate (bachelor-level) students at Islamic Azad University, Roudehen Branch, studying in the academic year 2008-2009. From among them, 35 depressed and 35 ordinary students were selected via the systematic random sampling method. The instrument in this research was Wells' Meta-cognition Test Depression can be predicted based on the meta-cognitive skills (five skills). The results achieved through administering of Wells' Meta-cognition Test suggested that the difference in means of depressed and ordinary students in the subscales of positive worrying beliefs, uncontrollability and feeling of danger, cognitive ability, general negative beliefs, cognitive self-awareness and the whole meta-cognition is significant.

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1. Introduction

Metacognition refers to the structures, knowledge, and psychological processes dealing with control, change and interpretation of thoughts and cognitions, and is regarded as a major factor in development and persistence of Favell holds that development of memory of smart data reserve in mind is smart retrieval of data from the mind and smart control of these reserves and retrievals, which is treated as metamemory and nature of memory development (Favell, 1971). Metamemory typically refers to the knowledge of memory and memory activities, whereas metacognition refers to knowledge of cognition and control of cognitive activities. But this differentiation will vanish if memory is defined as "applying cognition" (Favell, 1971), in which case, metamemory can be defined as the knowledge of applying cognition, which is the very metacognition (Hacker, 1998). Favell (1979) has described metacognition as "the knowledge concerning variables which have interactive effects and influence performance. These variables

* Niknaz Salehi Moghadam. Tel: +4-432-234-333.

E-mail address: nz_sm85@yahoo.com

include self, type of task, and strategies. Metacognition refers to any type of knowledge or cognitive process in which there is cognitive assessment, supervision, or control (Moses & Beard, 2002). From one viewpoint, it can be considered as a general aspect of cognition which plays a role in all cognitive activities. Some special aspects of metacognition are in relation to psychological disorders (Wells & Matthews, 1994; Wells, 2001). Metacognitive awareness is a type of metacognitive awareness whereby negative thoughts/feelings are experienced as mental events. Researchers have assumed that (a) a reduction in metacognitive awareness is in relation to vulnerability to depression, and (b), cognitive treatment and awareness-based cognitive treatment will decrease the rate of depression relapses through raising the level of awareness. They have found that (a) accessibility of metacognitive tendencies in proportion to depression symptoms in the vulnerable group (depression sufferers) is less than the control group (those not suffering from depression); (b) accessibility of metacognitive tendencies predicts depression relapses in the sufferers; (c) while cognitive treatment reduces relapses in depression sufferers, it increases the accessibility of metacognitive tendencies; and (d) awareness-based cognitive treatment reduces relapses in those having recovered from depression, it raises the accessibility of metacognitive tendencies. Cognitive treatment and awareness-based cognitive treatment may decrease relapses through changing relationships with negative thoughts rather than changing belief in the contents of thought (Brokowski, 1992). Findings indicate that metacognition is involved in people suffering from psychological disorders and the aged (Wells & Carter, 2005). These behaviors are a cause for development and persistence of people's psychological and cognitive problems (Loban, Haddock, Fenidreman & Wells, 2002). Many theorists hold that metacognition is a multidimensional concept comprising the metacognitive knowledge and metacognitive regulation involved in metacognition assessment, supervision and control (Nelson, 1990). Loss of metacognition may result in committing mistakes in the workplace and lead to being unaware of the mistakes which can be avoided by adopting a suitable approach (Huet, 2000). Klitman & Stanco (2007) demonstrated that existence of appropriate metacognitive knowledge raises individuals' self-confidence and improves their learning. Research has indicated that there is a relation between metacognition factors and anxiety, stress and depression (Spada, 2008).

2. Materials and methods

The population studied in this piece of research comprises all undergraduate (bachelor-level) students at Islamic Azad University, Roudehen Branch, studying in the academic year 2008-2009. From among them, 35 depressed and 35 ordinary students were selected via the systematic random sampling method. Wells' Metacognition Test: This test was developed by Wells in 1997, translated into Farsi by Sadati in 2002. This questionnaire is concerned with people's beliefs about their thoughts and consists of 65 items which are totally composed of five features. Each item has 4 choices, and the respondent is required to select the choice which best fits his/her current condition. The test is made up of these subscales: positive worrying beliefs, uncontrollability and feeling of danger, beliefs about cognitive ability, general negative beliefs (responsibility, superstition and punitiveness), and cognitive self-awareness. Wells has considered construct validity of the test, examined via the factor analysis method, to be acceptable. The correlation between overall scores of Wells' Metacognition Test and those of Swanson's Metacognition Test equaled 0.78, indicating homogeneous validity of the test. Yosefi (2008) also put the internal homogeneity of this test through Cronbach's alpha method at 0.8819 for the entire test, 0.8451 for feature 1, 0.8582 for feature 2, 0.6798 for feature 3, 0.6386 for feature 4, and 0.5276 for feature 5.

3. Results

Table 1: Results of comparing performances of depressed and ordinary students in Wells' Metacognition Test

Variable	Group	number of Subjects	Mean	Standard Deviation	t	Level of Significance
Positive worrying beliefs	Depressed	35	33.5	10.38	2.089	0.05
	Ordinary	35	39.35	11.26		
Uncontrollability & feeling of danger	Depressed	35	27.35	8.83	3.629	0.001
	Ordinary	35	35.48	9.09		
cognitive ability	Depressed	35	19.18	2.8	-2.7	0.05
	Ordinary	35	17.20	3.33		
General negative	Depressed	35	27.26	4.256	3.07	0.01

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