

Exploring Depression & Anxiety among College Going Students

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Abstract: *Adjustment to college life and attending a university for the first time can be a stressful experience for most college students. Because of the challenges faced when adapting to these life changes, college students are at risk for developing mental health issues. The development of symptoms of depression and anxiety can further aggravate and leads to difficulty in adapting to the demands imposed upon by academic pressures of different course. Adolescent by itself is a period of adjusting to the changes in one's body and at emotional, cognitive and behavioral level. Mental health issues like depression and excessive anxiety can lead to difficulty in academics, relationships, and other important day to day life challenges. The aim of the current research was to a) Examine Depression in a group of college going Boys b) Examine Anxiety in a group of college going Girls. The measures used were a) Beck Depression Inventory (Beck, 1961) to examine Depression and b) Beck Anxiety Inventory (Beck, 1961) to examine Anxiety. After having sought the written permission from the management, the data was collected in group using convenient sampling technique. Descriptive statistics like mean and SD and inferential statistics like t test was used examine group differences. The results indicate that girls reported more symptoms of depression and anxiety in comparison to boys as revealed through the questionnaires. The findings of the current investigation also revealed that professional students reported more symptoms of depression and anxiety than the non-professional students. The current research highlights the need for mental health evaluation and interventions for the college going students. The colleges and the Universities need to set up mental health clinics in colleges and universities and employ trained mental health counselors and clinical psychologists to cater the emerging mental health needs of the students.*

Keywords: Depression, anxiety, stress, mental health, counseling

1. Introduction

Adolescents face significant stress when they enter colleges because of developmental issues, societal pressures on them to perform well and hosts of psychological issues like identity formation and confusion, career and relationship issues, being on your own in a new environment, changes in family relations, changes in social life, exposure to new people ideas and temptations. Some of the salient problems specific to college students are, time pressure, fear of failure, struggle to establish identity, pressure of academic excellence and tough competence. Emotional problems such as feeling inferior to others, not able to think properly, worrying too much, feel life is not worth living. Adjustment to college life and attending a university for the first time can be a stressful experience for college students. Because of the challenges faced when adapting to these life changes, college students are at risk of developing mental health issues more specifically like excessive anxiety, depression and hence suicidal ideation. The incidence of depressive symptoms has been increasing among college students. According to a study of college students receiving counseling services between the years of 1988 and 2001, a 20% increase occurred in the number of students seeking help for depressive symptoms during that time period (Benton, Robertson, Tseng, Newton, & Benton, 2003). In a survey of university counseling center directors completed in 2006, it was found that 91.6% of the respondents reported that they had observed an increase in the number of students experiencing psychological problems in the recent years (Blanco, et. al, 2008). The development of depressive symptoms may have a significant impact on the ability of college students to successfully complete academic requirements. In a nationwide study, 43% of college students

reported feelings depressed that it was difficult for them to study (American College Health Association, 2009). In 2011, the American College Health Association—National College Health Assessment (ACHA—NCHA)—a nationwide survey of college students at 2- and 4-year institutions—found that about 30 percent of college students reported feeling “so depressed that it was difficult to function” at some time in the past year. Depression can affect your academic performance in college. Studies suggest that college students who have depression are more likely to smoke. Research suggests that students with depression do not necessarily drink alcohol more heavily than other college students. But students with depression, especially women, are more likely to drink to get drunk and experience problems related to alcohol abuse, such as engaging in unsafe sex. Depression and other mental disorders often co-occur with substance abuse, which can complicate treatment. Studies have also shown sex differences in depression. Women report more symptoms of depression than males (Boyd & Weissman, 1986) and appear to emerge in mid adolescents (Kandel & Davies, 1982). Behavioral problems are often more found among adolescent boys than girls. It puzzled researchers why the shift in depression is more prevalent among girls than boys. These differences appears not be explained on factors like response bias, greater openness to acknowledge psychological difficulties and other attributes apart from actual depression experienced by the individual. There are three possible explanations of this shift towards gender differences prevalence in favor of women. These are

2. Gender Intensification

This was propounded by Hill and Lynch in 1983. Gender intensification is defined as an increased pressure for

adolescents to conform to culturally sanctioned gender roles, has been posited as an explanation for the emergence of the gender difference in depression. It has been argued that there is an acceleration of gender-differential socialization during adolescence, perhaps at the onset of puberty or shortly after, and perhaps especially for girls. New domains may become the object of gender-differential socialization pressure and demands for conformity may increase in domains previously subject to such pressure. This is often referred to as the Gender-Intensification Hypothesis. The hypothesis frequently is invoked to explain observed behavioral differences between adolescent boys and girls.

1. **Coping Model:** Research on the possible psychological explanation of sex differences in depression has focused on two specific kinds of coping strategies : rumination and distraction. Susan Nolen Hoeksema (1987) posits that women are more depressed than men because women ruminate about their feelings after negative events and men distract themselves. She argues that rumination increases depression in three ways. First, rumination interferes with instrumental behavior which might reduce depression. For example, if a student fails in an exam and keeps dwelling about it, it will distract him/her for future exam and increase stress and may ultimately lead to another failure experience and further depression. Second, ruminations about negative feelings makes other negative feelings and negative feelings more salient which will reinforce depression. Finally, ruminations lead people to make pessimistic explanation for negative events which will increase the chance of another episode of depression. In a number of studies, Nolen Hoeksema has shown that women are more likely than men to respond to depression by talking about and trying to figure out their negative feelings i.e. by ruminations. Men, however, try to respond to negative events by involving in sports and other activities. There is a vicious cycle of depression and rumination. Women are more encouraged than men to ruminate and try to figure out the reason of their depression.
2. **Enhanced Private Self-consciousness Model:** Private self-consciousness refers to attending to our inner feelings and thoughts. It has been found that private self-consciousness is associated with depression. Some of the work in this area has shown that girls tend to focus more on their feelings and thoughts which explains why women have more depression than men (Sethi & Nolen Hoeksema, 1997).

Besides depression, anxiety is also common mental health problems among student population. At any given time 25% of student population report symptoms of dysfunctional anxiety (Beck & Young 1978).

According to Barlow (2002), people may develop psychological vulnerabilities to anxiety as a result of early life experiences. One such vulnerability is the lack of "perceived control" over stressful life circumstances. Researchers have found the actual presence of stressors alone do create anxiety. Rather, anxiety is greatly determined by a person's *perceived* ability to control a potentially stressful event. It is important to realize that this lack of control may, or may not, be accurate. Instead, it is

the person's *perception* about their degree of control that is important.

Childhood experiences can heavily influence someone's perceived sense of control. When children repeatedly experience a lack of control over the events in their lives, they may come to view the world as unpredictable and dangerous. This worldview may lead to feelings of helplessness. As a result, they develop a tendency to expect negative outcomes, no matter how they may try to prevent them. Several types of early life experiences can later influence a person's perception of control. One of these is family dynamics, particularly parenting style. An overly protective parenting style can communicate the world is a dangerous place. Furthermore, this parenting style limits a child's opportunity to develop coping skills. Its opposite, an under-protective, low-care style, results in an unstructured, chaotic world filled with stress. Another early life experience affecting perception of control is the loss of, or separation from, primary caregivers. A third type of experience is ongoing trauma such as childhood abuse (physical, emotional, and/or sexual). This is not to say that our psychological trajectory is fixed in childhood and that nothing can be done to change it. Instead, it simply means that early experiences can contribute to a psychological vulnerability. It explains, in part, why some people are more prone to experience anxiety than others are.

Developmental models of anxiety and depression also treat adolescence as an important period, especially in terms of the emergence of gender differences in prevalence rates that persist through adulthood (Rudolph, 2009). Starting in early adolescence, compared with males, females have rates of anxiety that are about twice as high and rates of depression that are 1.5 to 3 times as high (American Psychiatric Association, 2013). Although the rates vary across specific anxiety and depression diagnoses, rates for some disorders are markedly higher in adolescence than in childhood or adulthood. For example, prevalence rates for specific phobias are about 5% in children and 3%–5% in adults but 16% in adolescents. Anxiety and depression are particularly concerning because suicide is one of the leading causes of death during adolescence. The prevalence rates of dysfunctional anxiety range from 4.0% to 25.0%, with an average rate of 8.0% (Boyd, Kostanski, Gullone, Ollendick & Shek, 2000). Developmental models focus on interpersonal contexts in both childhood and adolescence that foster depression and anxiety (Rudolph, 2009). Family adversity, such as abuse and parental psychopathology, during childhood sets the stage for social and behavioral problems during adolescence. Adolescents with such problems generate stress in their relationships (e.g., by resolving conflict poorly and excessively seeking reassurance) and select into more maladaptive social contexts (e.g., "misery loves company" scenarios in which depressed youths select other depressed youths as friends and then frequently co-ruminate as they discuss their problems, exacerbating negative affect and stress). These processes are intensified for girls compared with boys because girls have more relationship-oriented goals related to intimacy and social approval, leaving them more vulnerable to disruption in these relationships. Anxiety and depression then exacerbate problems in social relationships,

which in turn contribute to the stability of anxiety and depression over time. Most of the research has shown that girls experience more anxiety than boys. In a study of gender differences in anxiety disorders and anxiety symptoms in adolescents, Lewinsohn et al. (1998) found that among current and recovered cases, female participants reported experiencing a significantly higher degree of anxiety symptomatology than male participants. Similarly, Hewitt and Norton (1993) have confirmed that women with anxiety disorders appear to report a significantly higher severity level of the cognitive and somatic symptoms of anxiety, compared to men, when using the Beck Anxiety Inventory.

Aim & Objectives

The aim of the present study was to examine Depression and Anxiety in college going students.

Objectives

The main objectives of the current research were to

- (i) Examine Depression in a group of college going boys and girls
- (ii) Examine Anxiety in a group of college going boys and girls

Hypotheses

H1: Girls will have higher scores on the measures of Depression than those of boys.

H2: Girls will have higher scores on the measures of Anxiety than those of boys.

3. Methodology

Sample

The sample consisted of 218 undergraduate and post-graduate students pursuing professional and non-professional courses from one of the State Universities of Bangalore City selected using convenience sampling method. Of the total sample, 123 were boys and 95 were girls. The age range being from 18 to 26 years with a mean age of 22.15 years and SD of 2.61. Of the total sample, 100 students belonged to undergraduate and 118 belonged to post graduate courses.

Procedure

The researcher first met the University management and informed them about the current study and its possible implications for the students. The permission was sought from them and details about the administration of the psychological tests and possible time taken was explained. Having sought the permission, the administration of the tests was done in group. The management and the students were assured about the confidentiality of their responses and that the name of the University will not be disclosed in subsequent publications without their prior written permission.

Measures

- (i) **Sociodemographic Data Sheet:** It was developed by the investigators to obtain information about respondents' name, age, gender, class/course, its year and stream.
- (ii) **Beck Depression Inventory (BDI,** Beck et al, 1961). It is a 21 item self-reporting scale which examines

characteristics attitudes and symptoms of depression. Internal consistency for the BDI ranges from 0.73 to 0.92 with a mean of 0.86. The BDI demonstrates high internal consistency, with alpha coefficients of 0.86 and 0.81 for psychiatric and non-psychiatric populations respectively. The score ranges from 0-63. The higher the score, more severe the symptoms. It is not used for diagnosis purpose but rather to know the severity of depressive symptoms.

- (iii) **Beck Anxiety Inventory (BAI,** Beck, et al, 1993). It is a four point rating scale consists of twenty one adjectives related to different domains of anxiety symptoms like cognitive, physiological, emotional and behavioral. The patient has to tick on the concerned anxiety symptom depending on the experience of its severity. The score ranges from 0-63. The higher the score, more severe the symptoms. The Inventory has sufficient reliability, validity and internal consistency. The cut-offs for the various categories of depression were 0-9 no depression, 10-19-mild depression, 20-29- moderate depression, above 30-severe depression.

Analysis of data

The protocols were scored and Descriptive statistics like mean and SD was calculated. Independent t- test was used to examine group (Professional verses non-professional students) and gender differences.

4. Results and Discussion

Table 1 (a): Distribution of students according to Gender

Sl. No.	Gender	Students	
		Frequency	Percent
1	Boys	123	56.42%
2	Girls	95	43.57%
	Total	218	100%

Table2 (a): Mean, SD, t-value of Depression Scores on BDI in Boys and Girls

S.No	Mean	SD	t
Boys (N=123)	11.73	2.30	7.34**
Girls (N=95)	14.30	2.80	

** Significant at 0.01 level

As shown in table no 2 (a), when boys and girls are compared on the variable of depression, t- value (7.34) has been found to be significant. It is, therefore, inferred from this that boys and girls differ on the measure of depression. Girls have higher scores on BDI than boys. It means that girls report more depressive symptomatology than boys. The current research proves the research hypothesis set up by the researcher in the present investigation (H1). The gender difference in depression is one of the most robust findings in psychiatric epidemiology. The report on Global Burden of Disease estimates the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and the one-year prevalence has been estimated to be 5.8% for men and 9.5% for women.

Similar findings were obtained by Bebbington (1996) and Nolen-Hoeksema (1987). Similarly, Kessler et al. (1994) reported that women in the United States are about two-thirds more likely than men to be depressed, and a national

psychiatric morbidity survey in Britain showed a similar greater risk of depression for women. A comprehensive review of almost all general population studies conducted to date in the United States of America, Puerto Rico, Canada, France, Iceland, Taiwan, Korea, Germany and Hong Kong, reported that young women predominated over men in lifetime prevalence rates of major depression (Piccinelli & Homen, 1997). In India similar findings were obtained by Verma, Jain & Roy (2014). The possible reasons of this gender disparity in depression have already been discussed in the paper. Poor and negative self-concept also could directly contribute along with more negative life events experienced by women to the differential rate of depression in men and women.

Table 2 (b): Mean, SD, t-value of Anxiety scores on BAI in Boys and Girls

S.No	Mean	SD	t
Boys (N=123)	16.54	3.76	6.29**
Girls (N=95)	20.19	4.56	

** Significant at 0.01 level

As shown in table no 2 (b), when boys and girls are compared on the variable of anxiety, t- value (6.29) has been found to be significant. It is, therefore, inferred from this that boys and girls differ on the measure of anxiety. Girls have higher scores on BAI than boys. It means that girls report more anxiety symptoms than boys. The current research proves the research hypothesis (H2). Dysfunctional anxiety is one of the most common psychological issues in school-aged children and adolescents worldwide. Similar findings were obtained by Campbell & Rapee (1994) and (Costello, Egger & Angold, 2003). Inconsistent findings were, however, obtained by Deb, Chatterjee & Walsh (2010). In their study of 460 adolescents (Boys= 220, girls=240) in different schools and colleges in Calcutta, they found that boys have significantly higher anxiety than the girls. These inconsistent findings could have been arisen because of hosts of factors. Increasing threat and insecurity about of fear of failure could have been responsible for these inconsistent findings. Besides, methodological issues (including sample size, methods of student recruitment, and response rate issues could also be the reason of inconsistent findings. There is a need to explore in detail the gamut of other possible reasons of this differential finding in Deb's study.

5. Conclusion & Implications

1. The current investigation revealed higher rate of depression and anxiety among female students.
2. It has been empirically found that professional students report higher level of depression and anxiety than non-professional students.
3. The current investigation also revealed relatively higher level of depressive and dysfunctional anxiety symptoms in college going students irrespective of gender.
4. There is a strong need to start professional counseling and psychotherapy for college and university students to cater their emotional needs and to help them cope with the academic and other pressures of day to day life.

6. Improvement in the Current Study

1. Rather than using scales to identify depression and dysfunctional anxiety among students, brief interview and qualitative methods will improve in understanding the variables. Diagnosing on the basis of numbers as done on scales like BDI, BAI as often used in most empirical work etc will not give clinically significant information because of the issues like false positive and false negative.
2. Other pertinent variables related to the current research like stress and coping need to be incorporated in future work to examine how stress and coping are linked to depression and dysfunctional anxiety.

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