



Research paper

Gender, negative life events and coping on different stages of depression severity: A cross-sectional study among Chinese university students



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ABSTRACT

Background: The effects of gender, negative life events, and coping on depression have been well-documented. But depression is a heterogeneous syndrome of which the severity ranged from mild depression to major depression. This study aimed to investigate the specific effects of gender, negative life events, and coping on different stages of depression severity.

Method: A total of 5989 students (aged 16–25 years, $M=20.85$, $SD=0.58$), recruited from six universities in the central region of China using the stratified cluster sampling method, completed *Life Events Questionnaire*, *Coping Response Inventory*, and *Beck Depression Inventory-II*.

Results: Among the participants, 708 (11.8%) students presented different severity levels of depression. Gender, negative life events, positive coping, and negative coping all had significant effects on depression. That is, the possibility of being depressed was significantly higher in female university students, or students who had more negative life events, more negative coping, or positive coping. In terms of the different stages of depression severity, all these factors had significant effects on the stage from non-depression to mild depression; only gender, negative life events and positive coping had significant effects on the stage from mild depression to moderate depression; only gender had a significant effect on the stage from moderate depression to major depression.

Limitations: The causal role of these factors on different stages of depression severity could not be inferred. Moreover, the participants were from a non-clinical population.

Conclusions: The effects of gender, negative life events and coping varied in different stages of depression severity. The effects of life events and coping became insignificant with the increasing severity of depression, whereas the effect of gender remained significant. The results could provide guidance for the prevention, intervention, and treatment of depression.

1. Introduction

Nowadays, depression has been a common mental disorder all over the world (Kvam et al., 2016; WHO, 2012), with lifetime prevalence of 16.2% and 12-month prevalence of 6.6% in the general population (Kessler et al., 2003). Negative consequences caused by depression, such as emotional pain, declining in physical functions, and increasing risk of suicide, would greatly endanger individuals' interpersonal, social occupational functioning, as well as the quality of life (Ibrahim et al., 2013; Lin et al., 2003). University students are at higher risk of mental health problems including depression, since they are enduring a critical transition period from adolescence to adulthood and confront-

ing with undetermined major life decisions (Bayram and Bilgel, 2008; Chen et al., 2013). In China, the prevalence of depression among university students varies from 11.7–24.8% (Chen et al., 2013; Song et al., 2008).

Because of its high incidence and serious harm, the underlying factors of depression have received much attention. Gender has been regarded as a critical factor of depression, and gender difference in vulnerability to depression is demonstrated to be evident among both general populations and university students (Ibrahim et al., 2013; Velde et al., 2010). There are many other factors that have been proved to associate with the occurrence and development of depression, such as cognitive distortion (Nasir et al., 2010), self-esteem (Doron et al.,

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2013), family environment (Rodriguez et al., 2014), and interpersonal relationship (Tse and Yip, 2009), to name a few. Especially, an increased risk of depression has been long believed to associate with stress, whereas one of the main sources of stress is negative life events (Bifulco et al., 2000; Franko et al., 2004). However, it also has been recognized that not all people have the experience of depression when facing stress and negative life events, and it is plausible that they would suffer from different severities of depression under the similar stress conditions (Caspi et al., 2003; Franko et al., 2004; Power et al., 2013). To explain this phenomenon, Monroe and Simons (1991) has proposed the Diathesis-Stress Model. The Diathesis-Stress Model highlights the interaction effect of stressful circumstances and individual diatheses on depression, and attributes the individual differences in the severities of depression to the diathesis-stress interaction. From this model, researchers further proposed a variety of psychological and cognitive diatheses underlying depression, such as personality, self-esteem, attribution style, and coping (Brozina and Abela, 2006; Elwood et al., 2009; Keenan et al., 2010). Among these diatheses, coping is an important individual diathesis closely related to depression. Studies have found that more negative coping and less positive coping could predict more major depression (Sawyer et al., 2009). Researches also have revealed that coping have played an important role in the association between negative life events and depression (Kato, 2015; Meng et al., 2011), which is consistent with the predictions from the Diathesis-Stress Model.

Depression is a heterogeneous syndrome including different severities and stages - mild depression, moderate depression, and major depression (Tsujii et al., 2014; Zimmerman et al., 2013a, 2013b). Previous literatures have verified the significant differences in psychological and cognitive diatheses among these different severities and stages. For instance, different severities or subtypes of depression have been demonstrated to connect with different levels of psychosocial morbidity and cognitive impairment (Zimmerman et al., 2013a, 2013b). Studies have also shown that participants endorsing mild-to-moderate depression generated more counterfactuals about controllable than uncontrollable aspects of the events they described, suggesting a difference in the number and rationality of counterfactual thinking (Markman and Miller, 2006). Moreover, though gender difference was remarkable in the prevalence rate for major depression but less so for minor depression, the effect of gender on different stages of depression severity was not clear (Schuch et al., 2014; Velde et al., 2010). As to negative life events and coping, although research has indicated that cognitive behavior therapy would be a more effective procedure for mild and moderate depression, how they work on different stages of depression severity remains unknown (Mozaffari-Khosravi et al., 2013). Consequently, the present study aimed to investigate the specific effects of gender, negative life events, and coping on different stages of depression severity (non-to-mild depression, mild-to-moderate depression, and moderate-to-major depression) among university students, as well as to offer some guidance for the intervention and treatment of depression.

2. Method

2.1. Participants

The present study was conducted in Wuhan, a city located in the central region of China. Six universities affiliated with the Ministry of Education have participated in the survey. A stratified cluster sampling procedure was used to recruit the participants. We first select 10% of students at each university, and then randomly selected participants in term of classes. The study was approved by the Ethical Committee for Scientific Research at the university of the authors. The recruitment process followed the principle of voluntary participation. A signed consent form was collected from each participant. Personal information of the participants remained confidential all through the study.

The initial sample included a total of 7,022 students, of which 6,096 students participated in the survey. At last, 5,989 students completed the whole set of questionnaires. The sample consisted of 3,196 (53.36%) male and 2,793 (46.64%) female students. The age range was 16–25 years ($M=20.85$; $SD=0.58$).

2.2. Measures

2.2.1. Life Events Questionnaire (LEQ)

To evaluate the recent negative life events of universities students, we selected eight items from previous studies to form the *Live Events Questionnaire* (Asberg et al., 2008; Ross et al., 1999; You et al., 2014). The items represented negative life events in eight domains that university students may encounter: 1) poor scholastic achievement, 2) rupture of romantic relationship, 3) severe conflict or dispute with peer students, 4) economic difficulties, 5) death of relatives, 6) suffering from acute disease, 7) relatives suffering from acute disease, and 8) penalty given by the university. Participants were asked whether they had encountered negative life events in each domain. The scoring method for each item was 1 for “Yes” and 0 for “No”. The total score was the sum of all items, ranging from 0 to 8. Higher scores indicated more negative life events.

2.2.2. Coping Response Inventory (CRI)

Coping were assessed with *Coping Response Inventory*, which is a self-report questionnaires consisting of 48 items with two dimensions: positive action coping (PC) and negative escape coping (NC) (Moos, 1988). There are four subscales (i.e., logistic analysis, positive evaluation, seeking guide and support, and problem-solving) assessing the positive action coping and four other (cognitive escape, acceptance or renounce, seeking compensatory, and venting emotions) assessing the negative escape coping. All these items were assessed using a 4-point Likert scale response format and anchored at 0 (never used) and 3 (often used). Higher scores indicate the presence of the corresponding coping. The *Coping Response Inventory* is a classic measure to assess coping, which has shown a good reliability and validity in the Chinese population (Kong and Zhang, 2011). In the present study, Cronbach's alpha was 0.82 for positive action coping dimension, and 0.88 for negative escape coping dimension.

2.2.3. Beck Depression Inventory-II (BDI-II)

Beck Depression Inventory-II is a 21-item, self-report rating inventory measuring characteristic attitudes and symptoms of depression, which is widely used as an indicator of the severity of depression, but not as a diagnostic tool (Kojima et al., 2002; Korkeila et al., 2010). In the present study, the Chinese version of *Beck Depression Inventory-II* was used to assess depressive symptoms. It has shown an excellent reliability and validity among adolescents (Yang et al., 2014). Each statement in this inventory has a possible score range of 0–3, with the total score being 63. A score of 0–13 is considered as normal, 14–19 as mild depression, 20–28 as moderate depression, and 29–63 as major depression. Cronbach's alpha for the BDI-II was 0.91.

2.3. Procedure

The survey was conducted online using a website designed specifically for this study. Access to the survey was controlled by a unique password assigned to each participant. Before the survey, all participants were informed about the purpose of the study, the confidentiality of personal information, and the principle of voluntary participation.

2.4. Data analyses

Data were analyzed using SPSS 18.0. First, the prevalence of depression, negative life events, and demographic differences in depression were analyzed. Then to investigate the specific effect of

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