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Risk factors associated with depressive symptoms among undergraduate students

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ABSTRACT

The purpose of the present study was to examine the relationship of several cognitive and emotional variables including perfectionism, rumination, and attachment quality with depressive symptoms in a sample of Iranian undergraduate students. Two hundred and ninety nine undergraduate students (144 males, 156 females) from Urmia University of Technology, Urmia University, and Urmia University of Medical Sciences participated in this study. Participants were asked to complete Tehran Multidimensional Perfectionism Scale (TMPS), Ruminative Responses Scale (RRS), Revised Adult Attachment Scale (RAAS), and Center for Epidemiologic Studies Depression Scale (CES-D). The results demonstrated that insecurity of attachment, socially prescribed perfectionism, and rumination could significantly predict the depressive symptoms in undergraduate students. Confirming predictive risk factors of depressive symptoms, results of the present study can produce an empirical basis for designing educational and health programs for people at risk. Accordingly, proper assessment of the risk factors of depressive symptoms in health care settings may provide invaluable information for prevention and management programs.

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1. Introduction

Park depression is a common mental disorder in both general and clinical populations. Depression is considered as the second cause of life years disability in the age category 15–44 years for both male and female individuals. Many people with a depressive illness never seek treatment. However, the majority of them, even those with the most severe depression, can get better with treatment (WHO, 2001). Among general population, a significant number of students leave university without finishing their studies due to inability to manage psychological conditions such as depression, anxiety, and maladjustment (Porter, 1990). Forty-four percent of American college students report feeling symptoms of depression (MHA, 2007). This data suggests that college aged students may be at high risk for depression or depressive mood. Depressive mood is a primary or associated feature of certain psychiatric syndromes such as clinical depression. Several factors including biological, psychological, and social are considered to have roles in development and perpetuation of depression (e.g., Hyde et al., 2008). Considering long lasting stable and influential factors such as perfectionism, ruminative thoughts, and attachment characteristics provides investigating different risk factors of depressive symptoms together. Results of the present study might shed light on variant impacts of intrapersonal and interpersonal cognitive and emotional risk factors of depression. Building on previous research, the present study might have a useful contribution to understanding youth mental health across cultures.

One of these factors includes the standards and efforts related to perfectionism (Hewitt & Flett, 1991a). Perfectionism is characterized by the attempt at being perfect, setting high standards of performance, inclination to utterly critical attitude towards one's behavior, and oversensitivity with regard to mistakes (Flett & Hewitt, 2002; Stoeber & Childs, 2010). Perfectionism is best conceptualized as a multidimensional characteristic with many adaptive and maladaptive aspects (Hewitt & Flett, 1991a; Yang & Stoeber, 2012). Hewitt and Flett (1991a) described self-oriented perfectionism (critical self-scrutiny and unrealistic self-imposed personal standards), other-oriented perfectionism (the expectation that others should achieve

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unrealistic standards, tendency toward dominance and authoritarianism), and socially prescribed perfectionism (the need to achieve standards and goals indicated by others). Perfectionism is generally related to some negative outcomes and mental vulnerabilities (Besharat & Shahidi, 2010; Erozkan et al., 2011; Flett & Hewitt, 2002). Established is the fact that perfectionism is a remarkable cause of depression (Flett & Hewitt, 2002; Rice et al., 2007; Schiena et al., 2012; Wheeler et al., 2011). The three dimensions of perfectionism are potentially related to depressive symptoms. According to studies, the strongest association has been found between socially prescribed perfectionism and depressive symptoms (Hewitt & Flett, 1991a; Wyatt & Gilbert, 1998). Consistent correlations between depressive symptoms and self-oriented perfectionism are also frequently found (Hewitt & Flett, 1991a). Although other-oriented perfectionism is not related to depression itself, Hewitt and Flett (1991b), found that it may contribute to distress in an indirect manner by creating difficult relationships.

In addition to perfectionism, there are some other cognitive variables contributing to depression, one of which is rumination. During the last 20 years, persistent, recyclic, and repetitive thoughts manifested as rumination, have received a lot of theoretical and empirical attention (Papageorgiou & Wells, 2004). Nolen-Hoeksema (1991) conceptualized rumination as "repetitively focusing on the fact that one is depressed, on one's symptoms of depression, and on the causes, meanings, and consequences of depressive symptoms" (p. 569). There is a bulk of research on depression, investigating the role of repetitive thoughts (rumination) in depression and its symptoms (e.g., Kuyken et al., 2006; Liverant et al., 2011; Nolen-Hoeksema, 1991; Peled & Moretti, 2010). Evidence from studies suggests that the negative implications of rumination are due to cognitive biases, such as memory and attention biases, which predispose ruminators to selectively devote attention to negative stimuli (Joormann et al., 2006). The cognitive model of depression suggests that depression can be intensified due to the interactional cycle of negative thoughts and mood (Beck et al., 1979).

One of the emotional variables contributing to depression is the quality of the individual's attachment. The main result of the mother-child interaction is an affective attachment which displays the emotional relation between the two, and results in child's seeking comfort from mother, especially in times of fear or insecurity (Crain, 2005). It is thought that the experiences of early loss, separation and rejection by the parent or caregiver (conveying the message that the child is unlovable) may all lead to insecure internal working models (Ma, 2006). The relation between the quality of attachment and psychological disorders has been the subject of a large number of psychological studies which have revealed a significant correlation between insecure patterns of attachment and disorders like depression (Kamkar et al., 2012) and anxiety (Bifulco et al., 2002; Lopez et al., 2001). While a wide variety of studies has upheld the basic tenets of attachment theory, research has been inconclusive as to whether self-reported early attachment and later depression are demonstrably related (Ma, 2006).

Research has showed that across many nations, cultures, and ethnicities, women are about twice as likely as men to develop depression (e.g., Nolen-Hoeksema, 2001). Many different explanations for this gender difference in depression have been offered, but none seems to fully explain it. Recent research has focused on gender differences in stress responses, and in exposure to certain stressors (Nolen-Hoeksema, 2001). These studies suggest gender as a factor that moderates the effect of stress on depressive affect. Research shows that interpersonal stressors of all types, including family stressors, peer stressors and romantic stressors, have been associated with increases in depressive symptoms for adolescent females (Hankin, 2006). During the university, social stressors may be particularly problematic as females report more social stressors than males (Darling et al., 2007). Sociocultural models (e.g., Ahmed, & Bhugra, 2006; Hammarström et al., 2009; Karasz, 2005) explain gender differences of vulnerability to psychopathology in terms of familial and cultural factors. For example, it is argued that the interplay of family functioning (Chao & Aque, 2009; Davidov & Khoury-Kassabri, 2013; Ellison et al., 2011; Gunnoe et al., 2006) and gender socialization (Cyranowski et al., 2000) may have an important impact on psychological adjustment and mental health outcomes. Therefore, exploring cultural factors that may be involved in vulnerability to and development of depressive symptoms would be critical.

Building on previous research, the present study was conducted with the aim of investigating the association of several cognitive, emotional, and interpersonal variables including perfectionism, rumination, and attachment quality with depressive symptoms in a sample of Iranian undergraduate students. Magnitude of the effect of each of these variables in predicting depressive symptoms for both male and female students was also investigated.

2. Method

2.1. Participants and procedure

A sample of 300 male and female Iranian undergraduate students who had not a history of psychiatric disorder or illness requiring medical treatment, participated in the study voluntarily. Participants included 144 males (mean age = 19.78, SD = 1.54) and 156 females (mean age = 19.64, SD = 1.58) from Urmia University, Urmia University of Technology, and Urmia University of Medical Sciences. Participants were asked to take part in a "study on personality and behavior" via announcements made by relevant lecturer in classrooms. Questionnaires were completed in classes consisting of 30–40 students in the presence of the researchers who gave a brief description of the materials and answered questions. All participants were asked to complete Tehran Multidimensional Perfectionism Scale (TMPS), Ruminative Responses Scale (RRS), Revised Adult Attachment Scale (RAAS), and Center for Epidemiologic Studies Depression Scale (CES-D). The order of the questionnaires was counterbalanced across participants. University of Tehran Department of Psychology approved the protocol. All participants signed an informed consent beforehand. All participants were debriefed upon completion and thanked for their participation.

2.2. Measures

2.2.1. Tehran Multidimensional Perfectionism Scale (TMPS)

This scale has 30 questions which was derived from the Multidimensional Perfectionism Scale (Flett & Hewitt, 2002; Hewitt & Flett, 1991a) and the Multidimensional Perfectionism Scale (Frost et al., 1990) and validated for the purpose of measuring dimensions of perfectionism on Iranian population (Besharat, 2011). The TMPS is comprised of three subscales, which measures different sources and foci of perfectionistic standards. The self-oriented, other-oriented and socially prescribed perfectionism were assessed using a Likert scale ranging from 1 to 5. Scores in each of the subscales change from 10 to 50 and they have good internal consistency. The test-retest reliability for self-oriented, other-oriented, and socially prescribed perfectionism were .85, .79, and .84, respectively ($p < .001$).

2.2.2. Ruminative Response Scale (RRS)

The RRS is a subscale of the Response Styles Questionnaire (RSA; Nolen-Hoeksema & Morrow, 1991) which consists of 22

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