



# Comparing chronic interpersonal and noninterpersonal stress domains as predictors of depression recurrence in emerging adults<sup>☆</sup>



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## ABSTRACT

Understanding how persistent interpersonal difficulties distinctly affect the course of major depressive disorder (MDD) during emerging adulthood is critical, given that early experiences impact future coping resources and functioning. Research on stress and MDD has mostly concentrated on stressful life events, while chronic stress largely has not been explored. The present study examined interpersonal (intimate relationship, close friendships, social life, family relationships) and noninterpersonal (academic, work, financial, personal health, and family members' health) domains of chronic stress as time-varying predictors of depressive recurrence in emerging adults. Baseline assessments identified previously depressed emerging adults ( $N = 119$ ), who subsequently completed 6-month, 12-month and 18-month follow-up interviews to determine chronic stress experiences and onset of new major depressive episodes. Survival analyses indicated that time-varying total chronic stress and chronic interpersonal stress predicted higher risk for depression recurrence; however, chronic noninterpersonal stress was not associated with recurrence. Intimate relationship stress, close friendship stress, family relationship stress, personal health, and family members' health independently predicted MDD recurrence, over and above well-established depression risk factors of dysfunctional cognitions and personality disorder symptoms. Evidence that interpersonal stress could have substantial impact on course of depression is consistent with theories of emerging adulthood, a time when young people are individuating from the family and experiencing significant social transition.

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By emerging adulthood (ages 18–29), major depressive disorder (MDD) is a leading cause of disability (Ferrari et al., 2013). Given the high rates of MDD onset and recurrence during this developmental period, Rohde and colleagues (Rohde, Lewinsohn, Klein, Seeley, & Gau, 2013) recommended that emerging adulthood should be a primary focus of MDD research. Interpersonal stress experiences may be particularly acute during the transition from adolescence to adulthood as young people individuate from the family and strive to create new social support networks (Arnett, 2004). Understanding how persistent interpersonal difficulties uniquely affect the course of MDD during emerging adulthood is essential for

prevention and intervention efforts adapted for this critical period of psychiatric vulnerability.

To date, the majority of research on stress and MDD has concentrated on stressful life events, or episodic stress, as predictors of new major depressive episodes (MDEs) while the role of chronic stress has seldom been explored (Hammen, 2005; Kessler, 1997). Stressful life events are conceptualized as discrete, psychologically threatening experiences that occur within a limited time period. Conversely, chronic stress refers to enduring pressures or difficulties in one or more domains of functioning (e.g., Vrshek-Schallhorn et al., 2014). In preliminary investigations, chronic stress has been associated with greater risk for depression (Hammen, Davila, Brown, Ellicott, & Gitlin, 1992; Hammen, Kim, Eberhart, & Brennan, 2009; Shih, Eberhart, Hammen, & Brennan, 2006). This research commonly has combined individuals with and without a history of depression, despite evidence that other forms of stress (life events) have differential impact on first onset versus recurrent episodes of MDD (Kendler, Thornton, & Gardner, 2000; Monroe & Harkness, 2005). Severe life events are more likely to precede a first MDE and less likely to precede later

<sup>☆</sup> These data were collected at the University of Colorado at Boulder.

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episodes as the number of MDEs increases (Monroe, Slavich, Torres, & Gotlib, 2007; Stroud, Davila, Hammen, & Vrshek-Schallhorn, 2011). However, the risk for MDD recurrence continues to increase with each successive episode, suggesting that other forms of chronic or lesser stress supplant severe events as key predictors of MDD recurrence (Burdusa & Iacono, 2007). Monroe et al. (Monroe et al., 2007) reported that severe chronic stress was more common for individuals with a greater number of prior MDEs. Also, earlier age of onset of MDD was associated with greater chronic stress (Hammen et al., 1992). Building on this preliminary evidence that chronic stress may be critical to those at risk for depression recurrence, the present study examined chronic stress among emerging adults with a history of MDD during adolescence.

Of the limited research on chronic stress and depression, most studies have focused on a single domain of stress, such as poverty/financial stress or prolonged marital conflict (e.g., Davila, Bradbury, Cohan, & Tochluk, 1997; Dohrenwend et al., 1992; Poyner-Del Vento & Cobb, 2011; Vrshek-Schallhorn et al., 2014). This methodology does not allow for examination of the cumulative impact of multiple stressors and may underestimate the true overall effect of chronic stress on MDD (Mazure, 1998). Additionally, little is known about which particular domains of stress exert the strongest influence on MDD symptom recurrence and should, therefore, be primary targets for intervention. Improving upon this limitation, the present study compared multiple domains of chronic stress simultaneously as time-varying predictors of depressive recurrence.

The stress generation model suggests that previously depressed individuals are more likely than others to experience dependent stress, stress that is partially or wholly due to their own behavior (Hammen, 1991, 2006). Dependent stressors are particularly likely to occur within interpersonal contexts. Within this literature, interpersonal stress refers to problems with romantic partners, peers, or family, while noninterpersonal stress traditionally refers to occupational, academic, or health difficulties. In a sample of emerging adult women, interpersonal events were twice as likely to trigger MDEs as noninterpersonal events (Stroud et al., 2011). Major interpersonal events were found to interact with genetic risk (5-HTTLPR) to predict depression onset while noninterpersonal events did not in a late adolescent sample (Vrshek-Schallhorn et al., 2014). It is unknown if this pattern extends to chronic stress; further research is needed to distinguish the relative impact of interpersonal versus noninterpersonal chronic stress on MDD recurrence (Liu & Alloy, 2010).

Finally, chronic stress has rarely been examined relative to other well-established depressive risk factors, such as cognitive vulnerabilities and personality pathology. Dysfunctional cognitions are well-known predictors of MDD recurrence (Ilardi, Craighead, & Evans, 1997; Otto et al., 2007; Segal, Gemar, & Williams, 1999). Similarly, greater personality disorder symptoms are consistently associated with greater rates of MDD recurrence and decreased time between MDEs (Hart, Craighead, & Craighead, 2001; Ilardi et al., 1997; Skodol et al., 2011). A previous report from the study's larger parent project indicated that residual subsyndromal levels of depressive symptoms and total personality pathology predicted greater recurrence of MDD (Craighead, Sheets, Craighead, & Madsen, 2011). The present study aimed to identify how chronic stress uniquely impacts depression beyond these predictors, so baseline subclinical depressive symptoms, dysfunctional cognitions, and personality pathology were covariates in all models.

A series of survival analyses were conducted to examine chronic stress broadly, and then increasingly more specifically, as a key contributor to MDD recurrence in emerging adulthood. Total chronic stress was hypothesized to predict MDD recurrence, over and above known depressive risk factors. Additionally, chronic

interpersonal stress was expected to predict recurrence, while chronic noninterpersonal stress was not. Emerging adulthood is a developmental phase in which young adults are increasingly exploring and relying on new social networks yet remaining connected with family (Arnett, 2004). Therefore, chronic stress in romantic relationships, close friendships, social life, and family relationships were expected to contribute uniquely to the prediction of MDD recurrence. If supported, the predicted results would highlight the importance of evidence-based interventions that target social problem-solving and stress management during the transition to adulthood.

## Method

### Participants

Participants were students at a large, public university in the Western United States. All participants were recruited by mail and email during the summer and early fall of their first semester of college. The screening survey asked participants if they had experienced a depressive episode during high school and if they were currently in treatment for depression. Respondents were asked to return the survey only if they believed they had experienced a previous depressive episode (for a detailed description of sampling and recruitment, see Craighead et al., 2011). All enrolled participants met DSM-IV diagnosis of at least one past episode of major depressive disorder (MDD), but they had recovered from depression when they enrolled in the project. Recovery was defined as a period of 2 months or longer during which the individual no longer met DSM-IV diagnostic criteria for MDD and experienced no more than two depressive symptoms. Additional inclusion criteria were: 18–21 years of age, and a full-time, first-year university student. Exclusion criteria included current mood disorder (i.e., major depressive disorder or dysthymic disorder), bipolar disorder, history of any psychotic disorders, current substance dependence, imminently suicidal, currently in psychotherapy, or currently taking an antidepressant medication.

The present study combined data from two research projects with identical recruitment and assessment procedures; both studies were approved by the university's institutional review board. The first 50 participants of the present study were randomly assigned to the assessment only condition of a larger study examining a group intervention for depression prevention. In order to examine predictors of depression recurrence, 85 additional participants were recruited directly for assessment only, forming an initial sample of 135 participants; the latter group followed assessment procedures that were identical to the randomly assigned participants. Five participants were excluded due to missing IPDE or BDI data; at the first follow-up interview, two others retrospectively reported that a new MDE had begun at the time of study entry and were excluded. Nine participants did not complete any follow-up assessments and therefore could not be included in final analyses. The final sample for survival analysis comprised 119 participants (79% female, 71% Caucasian).

### Assessment measures

#### Structured clinical interview for DSM-IV, research version

The SCID (First, Spitzer, Gibbon, & Williams, 2001) is a commonly used semi-structured interview, which provides information for current and lifetime diagnoses of Axis I disorders. A random 20% of interviews from the larger project were evaluated for interrater reliability; MDD diagnosis reliability was moderately satisfactory ( $\kappa = 0.66$ ).

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