

6th INTERNATIONAL MULTIDISCIPLINARY CONFERENCE

SUBCLINICAL DEPRESSION SYNDROME, DISFUNCTIONAL ATTITUDES AND FAMILY SOCIALIZATIONAL FACTORS AT COLLEGE STUDENTS

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INTRODUCTION

International and domestic research projects put the worldwide prevalence of depression between 7 and 15%. Weissman et al. conducted a research covering several countries and found that the prevalence of unipolar depression has been increasing in the world since 1915. In addition, the age of people suffering from it is becoming lower; in the U.S.A. it is now 27 years (1).

Kopp et al. conducted a representative survey of the adult population in Hungary in 1995. 31,8% of those interviewed complained about depression syndrome. 14% of them reported medium and 7% complained about serious depression. Serious depression was found at 7,7% of the women and 6,3% of the men (2).

Beck asserts that individuals characterised by dysfunctional attitudes are more susceptible to depression. These attitudes in themselves usually do not indicate any disease, what is more, some are important motivational power in society. When they cumulate, however, they might turn the individual towards pathological development (3).

The representative research carried out by Kopp et al. (2, 4), as well as the nationwide survey of the health status of young women indicate that the most important psychological background of the physiological ill health of people in Hungary is the depression syndrome. In this respect, they have found the following dysfunctional attitudes the most important: increased demand for love, increased demand for appreciation, increased demand for performance.

In the case of the young women the following dysfunctional attitudes were found to be connected to the depression syndrome: perfectionism, increased demand for appreciation, demand for external appreciation, increased demand for love

The maladaptive, dysfunctional attitudes are the individuals' negative attitudes to themselves and the world. These attitudes are petrified into cognitive schemes, and the

individuals tend to measure their experiences against these schemes. These schemes are organized and shaped in the course of socialization, based upon the individual's personal and family relations and the value judgments and opinions of other people. Inclination to depression emerges in childhood, as a result of the negative assessment by the parents, the family (5).

Richter's research revealed positive connections between depression and the educational methods of the parents, especially the rejective and punitive methods (6).

Ross carried out a survey into the attitudes of parents of adolescents struggling with suicidal ideas. The research was conducted within the framework of the EMBU project. The researchers identified deprivative, punitive qualities in the fathers, and—jointly with the mother—rejective, punitive and remorse-generating attitudes (6).

Csorba and Huszár interviewed suicide-threatened girls and found that the educational methods of the parents of the girls are significantly characterised by inconsistency (7)

Csorba and Huszár examined the educational methods of girls suffering from psychic distress, and found significant differences between the inconsistency of the parents, the lack of acceptance, ignorance and hostility (8).

According to the findings of Kopp et al., the lack of a supportive family always plays an important role in the emergence of psychological disturbances. They claim that a supportive family, especially in the case of young children, is the best protecting factor against the emergence of behavioural discrepancies (9).

THE OBJECTIVES OF THE RESEARCH

In the course of our research an effort has been made to find whether and depression syndrome is present at college students who do not belong to any clinical population and whose socialization is largely successful. An answer is sought as to whether any dysfunctional attitude is present in such a group of individuals. If such attitudes are found, the possible interrelations between the attitudes and the educational methods and attitudes of the parents, the family atmosphere and parental treatment shall be examined.

Our research has been based upon the following hypotheses:

1. A connection exists between depression syndrome and dysfunctional attitudes. Specifically: individuals showing depression syndrome score a higher number of points on the various DAS scales. Individuals with depression syndrome are characterized primarily by increased demand for performance, perfectionism, increased demand for love and appreciation (2, 4).
2. The subclinical depression syndrome is linked to family socializational factors. Specifically, persons with such syndrome are characterised by the following:
 - inconsistent parental upbringing attitude (7, 8)
 - parental treatment with little care and affection (7, 8)
 - punitive parental education (6).
 - non-supportive parental education (9)

SAMPLE AND METHODS

Data gathering took place at the College of Nyíregyháza, selecting students at random from all the faculties. Participation was always and strictly voluntary, the students gave their approval each time. The questionnaires were completed at a lecture, with the guidance and assistance of the researchers.

Out of all the participants (n=681) 465 were women and 216 men. The breakdown according to the subject majors of the students was the following: 225 undergraduate BA students, 125 undergraduate BSc students, 125 business students, 74 students studying to be infant teachers, 70 studying to be social teachers and 62 students of arts (visual arts and music).

The average age was 19,98 years (distribution 1,51), with the median value of 20.

The following methods and means have been used for the research:

1. The abridged, screening version of Beck's Depression Scale (10).
2. Weismann's Disfunctional Attitude Scale (11).
3. Goch's Family Socialisational Questionnaire (12)
4. The Hungarian version of the Parental Treatment Questionnaire, developed by Parker et al. (13).

The data gathered has been processed with SPSS for Windows 12.0 statistical software.

The interrelations between the depression symptoms and the disfunctional attitudes concerned as dependent variables have been examined with linear regressin analysis, comparing them to the independent variables of the family socialization.

RESULTS

Subclinical depression syndrome and disfunctional attitudes

The occurence of depression syndrome at the college students is not different from the proportions described by Kopp at al. (2), although it is somewhat higher 36,6% of all the participants show depression syndrome, within which the share of men is 29,3%, whereas the proportion of women, in accordance with statistics in the related literature is, 40%. Syndrome of medium gravity has been found at 6,7% of all the participants. Here the share of women is larger, 8,4%, as opposed to the 3,4% of men.

Out of the disfunctional attitudes, the one very closely related to the subclinical depression syndrome was the external control attitude (Table 1) for the entire group, and for the women ($p < 0,000$) and men separately ($p < 0,003$).

Fiske and Taylor are convinced that from the aspect of developing a proper self-evaluation it is decisive how effective the person regards himself/herself in a certain situation, whether the person is able to influence or control the situation (14).

Seligman asserts that whenever individuals have the impression that their fate is beyond their control, and things simply happen to them (external control attitude), then the

unpredictable and uncontrollable traumas may easily lead to the state of "acquired impotence" which, together with erroneous cognitive processes, may bring about depression syndrome (15).

In the case of men, no connection with attitudes other than the external control attitude has been found.

Table 1

Interrelations Between Subclinical Depression Syndrome and Disfunctional Attitudes

SCALE OF DISFUNCTIONAL ATTITUDE	COMBINED (N=681)			MEN (N= 216)			WOMEN (N= 465)		
	Aver- -age	Distr i- butio n	Sign. level	Aver- age	Distri- bution	Sign. level	Aver- age	Distri- bution	Sign. level
Demand for external appreciation	-0,03	3,21	0,027	-0,45	3,30	n.s.	0,17	3015	0,003
Demand for love	0,49	3,781	0,032	0,13	3,86	n.s.	0,66	3,72	0,018
Perfectionism	0,07	3,28	0,019	0,13	3,24	n.s.	0,04	3,3	0,034
External-control-autonomy	0,56	3,67	0,000	0,08	3,59	0,003	0,78	3,68	0,000

At women, a close connection has been detected with the demand for external appreciation ($p < 0,003$), demand for love ($p < 0,018$), and perfectionism ($p < 0,034$).

The findings of the research partly reinforce the results of the survey conducted in this field by Kopp et al. (2). An increased demand for love and external appreciation is observable at college students as well. Increased perfectionism, however, only appears at women, as no trace of this has been found at the men involved in the research. Neither sex demonstrated an increased demand for performance.

Subclinical depression syndrome and family socializational factors.

The subclinical depression syndrome shows a very close relationship ($p < 0,001$) with a conflict-oriented family atmosphere at all the individuals involved in the research. (Table 2: only the factors showing any significant connection with the depression syndrome are included in the table, as the number of factors is too high to include them all in the chart). The findings relate primarily to women ($p < 0,021$), as no remarkable connection was identified in the case of men.

Table 2:
Interrelations Between Subclinical Depressions Syndrome and Family Family
Socializational Factors

QUESTIONNAIRE	SCALE	LEVEL OF SIGNIFICANCE		
		combined	men	women
Family Socializational Questionnaire	Conflict-oriented family atmosphere	0,001	n.s.	0,021
	Consistency: mother	n.s.	n.s.	0,022
	Consistency	n.s.	n.s.	0,025
	Consistency: father	n.s.	n.s.	0,030
	Inconsistency: mother	n.s.	0,048	n.s.
Parental treatment Questionnaire	Father: love - care	0,000	0,004	0,001
	Mother: love - care	0,020	n.s.	0,016
	Mother: overprotection	0,025	n.s.	0,019

At women, connection was found to the low level of consistent parental attitude ($p < 0,025$), which applied to both the maternal ($p < 0,022$) and paternal ($p < 0,03$) inconsistency. No such correspondence has been found at men.

Csorba and Huszár demonstrated the presence of inconsistent parental attitude at girls suffering from psychic distress and threatened by suicidal intentions. As the connection between depression syndrome and inconsistent parental attitudes has been aptly demonstrated in both cases, we have been led to assume, that parental attitude is probably a background factor here. A summary of the statistical data clearly shows that this assumption is profound, although we have only been able to demonstrate the presence of interrelation in the case of women. Women are sensitive to both the maternal and paternal inconsistency (7, 8).

At men only the maternal inconsistency ($p < 0,048$) shows any close relationship with the depression syndrome.

An analysis of parental treatment has indicated that it is primarily the lack of parental love and care that generate depression syndrome. This is also a finding that applies to the entire group of individuals involved in the survey ($p < 0,000$), but also separately to women ($p < 0,001$) and men ($p < 0,004$). The lack of maternal affection and care ($p < 0,016$), and the mother's overprotective attitude ($p < 0,019$) is more likely to generate depression syndrome, as no evidence to any such correspondence has been found at men.

These results reinforce the findings of Csorba and Huszár (7, 8) in connection with girls with psychic distress and risk of suicide. Csorba and Huszár have found that the attitude of the parents of these girls is characterised by little love and care. It is interesting to note that an indifferent or rejective father may generate depression syndrome at both men and women if they are individuals susceptible to it, as both sexes are sensitive to the lack of

paternal care. Women react to the lack of maternal love more sensitively, as we have only found adequate evidence to this.

We have not been able to find evidence to support the findings published by Ross, that is, the punitive attitude of the parents may trigger depression syndrome. We have not found any evidence to that at college students of either sex (6).

Similar is the case with the results of Kopp et al, as no interrelation was found between the lack of supportive parental educational attitude and depression syndrome at either sex (9).

SUMMARY

The statistical results that we have found justify our first hypothesis, that is, the depression syndrome and certain dysfunctional attitudes are closely linked to each other.

The findings of our research also demonstrate that certain family socializational factors are closely connected to the depression syndrome, so our second hypothesis has also been justified. The factors may, however, be different at the two sexes.

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