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Students' Psychosocial Needs

DEPRESSION

Anita Vulić-Prtorić

For a lot of students preparing for the university can be a time of great expectations, excitement and enthusiasm. Some have an idealized idea of student life and expect it to offer them more personal, intellectual and social development than is realistic. They also expect they will have no problems handling all the assignments and obligations which await them. Although there are many good things about student life, there are also a lot of challenges a young person needs to overcome: the change of residence, being separated from one's family, academic obligations... Student life is full of possibilities for growth, development and maturing, but it is also about taking on challenges and facing one's weaknesses, fears and depression.

What is depression?

According to the World Health Organization (WHO), depression is currently the world's fourth leading cause of disability, and by 2020 it is expected to be the second.

Research conducted among the general population in the US has shown that the percentage of people suffering from depression has seen a significant increase: of those Americans born before 1905, only 1 percent had suffered from major depression by the age of 75; of those born since 1955, 6 percent had become depressed by the age of 24. Research conducted in the US during the 1990s showed that 20 to 25 percent of adults in the general population had suffered from depression.

Today depression is present all over the world and is experienced by an increasing number of people. It can be said that the 20th century was the century of fear and anxiety, while the 21st century is a century of depression and melancholy. An estimated 20 to 25 % of adults in the general population are currently suffering from strong symptoms of depression.

Text box 1. Some general characteristics of depression:

- Symptoms of depression can appear at any age;
- Depression can range from mild sadness to a major depressive disorder;
- Symptoms of depression can be reduced, but they can also reappear in a more severe and unpleasant form;
- Symptoms of depression and depressive disorder can last from several days to several years;
- Symptoms of depression can appear on their own, or in comorbidity with symptoms of other disorders;
- Symptoms of depression can appear in reaction to a stressful event, but they can also appear without a particular cause;
- Symptoms of depression can be a risk factor for other disorders.

Depression manifests itself in the form of many symptoms: mood swings, loss of interest, anhedonia (inability to experience pleasure), fatigue and weariness, feelings of worthlessness and guilt, difficulty concentrating and making decisions. On the physical level, these changes are followed by appetite, sleep and psychomotor disorders.

In severe forms of depression, a person's way of thinking, self-perception, and perception of the world are significantly affected. In official classification systems (such as DMS-IV, 1996) depression is described using nine major symptom groups listed in Text Box 2.

Text box 2. BASIC SYMPTOMS OF DEPRESSION

- 1 Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others;
- 2 Diminished interest and pleasure in previously enjoyable activities and hobbies. Avoiding these kinds of activities and mentioning other obligations as an excuse. Visible lack of enjoyment in those activities that are not avoided;

- 3 A change in eating habits and in a short-time weight loss or gain;
- 4 Sleeping disorders: insomnia or hypersomnia;
- 5 Feelings of restlessness or sluggishness reported subjectively or observed by others;
- 6 Fatigue or loss of energy even for daily activities. This fatigue can start already at the beginning of the day, upon waking;
- 7 Feelings of excessive or inappropriate guilt, self-reproach;
- 8 Difficulty concentrating, indecisiveness and absent-mindedness;
- 9 Thoughts of death or talk of death-related topics (the meaninglessness of life, suicide, fear of dying, disease, etc.).

The severity of depression is determined by the number of the symptoms, their intensity and the degree to which they interfere with one's daily activities. Everyone feels down or sad from time to time. Bad mood and sadness are normal reactions to stressful life situations (changing residence, having an argument with a friend, losing a job or a loved one, etc.), but most people recover after a short period of time. However, when a large number of these symptoms are present, when they are severe, last for a long period of time, and get in the way of daily activities, then the patient can be diagnosed with a depressive disorder. In this way it is possible to discern between individuals who occasionally feel sad, hopeless or helpless, and individuals who are suffering from a depressive disorder. A depressive disorder is a severe psychological state which can ruin all the positive sides of student life and can lead to academic failure, seclusion and even thoughts of suicide.

I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on the earth. Whether I shall ever be better I cannot tell; I awfully forebode I shall not. To remain as I am is impossible; I must die or be better, it appears to me.

Abraham Lincoln, 1841

There are three major types of depressive disorders:

1. Major depressive disorder is a relatively severe, acute form of depression characterized by most of the symptoms mentioned in Text Box 1. Episodes in which these symptoms may appear can occur once, twice or several times during one's lifetime. A less severe form of this disorder is called dysthymia.
2. Bipolar disorder (better known as manic-depressive disorder) is a mood disorder which involves sudden mood swings from sadness and depression to overexcitement and good mood. Sometimes these changes happen fast, but in most cases they happen gradually. The period of excitement is called the manic phase. Symptoms of this phase are: increased energy, hyperactivity, little need for sleep, over-involvement in activities as a result of delusions of grandeur; talkativeness and a tendency to sexual promiscuity.
3. Adjustment disorder with depressed mood is a mild depressive disorder, a response to an easily recognizable stressful event which disappears after this event has ended. The response is considered unadjusted because of the inability to function or because of the extreme intensity of depression symptoms.

Even when a person suffering from depression is familiar with the symptoms of depression, it is possible that they remain unrecognized.

"I kept asking myself: how is it possible that I am so depressed? I have good parents, good grades and have never had a traumatic experience in my life. Where did the depression come from?"

Vlado, 22

Depression can be described by many symptoms which have nothing to do with sadness or bad mood, such as restlessness, inability to concentrate, lack of patience, indecisiveness, spasms, pain or nausea. This is why diagnosis should be left to professionals.

University students and depression

"I have always had periods of anxiety and seclusion. In secondary school I realized I didn't have much faith in my abilities and that I underestimated myself. Whenever I got a good

grade, I thought it was because I got lucky or because the teacher was in a good mood. I blamed myself for all the failures and made myself work harder. When I became a university student it all changed. Everything was happening so fast. On the one hand, there were deadlines to meet, books to read; and on the other hand, I met a lot of interesting people who wanted to get to know me, hang out...

I felt like everything was falling apart. I was no longer in control of my own life. I wanted to be successful as I had been in secondary school, but I also wanted to socialize with the other students because I didn't want them to say I thought I was too good for them. On the other hand, my parents wanted me to come home more often and my mother was worried about my weight loss. Near the end of the first semester, I realized I couldn't keep up the juggling act and that it was all just too much. Everybody wanted something from me, and all I wanted was a bit of peace and quiet; a bit of my old life back. I stopped going out with my friends in order to spend more time studying, but I just couldn't; it seemed I had lost the knack. Even coffee didn't seem to help me concentrate, it only made me sleep less and less and became increasingly more tired. I managed to pass a couple of mid-terms, but that just wasn't what I had expected of myself. I couldn't tell my parents what my grades were. I thought about talking to my professors, telling them I wasn't feeling well and asking them to let me retake the mid-terms, but I never got up the nerve to do that. After all, I only had myself to blame.

I don't know exactly how or when it happened, but I found myself feeling terribly lonely and thinking that the university, which I had looked forward to so much, had become a living nightmare. I stopped eating (who would venture out to the cafeteria in a situation like that?!). Other students started asking me about my health. Some started to avoid me because they were annoyed by my bad mood. A friend of mine told me to get my act together and to stop being so depressed all the time. I was angry at myself for being that way, but I couldn't see a way out. I couldn't force myself to snap out of it; it was like I had no energy to do anything. In the mornings, I asked myself what the point was of getting out of bed at all. I just wanted to sleep and wake up on some other planet or turn back time to six months before all these events. Very soon I couldn't fathom a way out of the whole situation. Even today, when I look back at that period in my life, I can't think of a more terrible feeling than that. But today I know there is a way out and other people can help."

Marija, 24

Depression is an emotional problem which can appear while one is adjusting to the academic environment. Apart from depression, the most common emotional problems during this period are general discomfort, physical problems, anxiety and low self-esteem. These problems are important causes of university dropout. According to data provided by the Croatian Bureau of Statistics (cited in Živčić-Bećirević et al, 2007), only around 35 percent of all university students enrolled in the first academic year manage to graduate.

A study involving 1176 students from the University of Rijeka has shown that around 50% have experienced psychological tension related to a lack of control, irritability, occasional aggressive and destructive behaviors, persistent sadness, sleep disturbances, loneliness and a lack of emotional support (Bezinović et al, 1998).

Research has shown that university students suffering from depression are more likely to report health issues involving chronic pain and sinus infection. They are also more likely to experience smoking related health problems (Billie et al, 2009).

A study conducted among 310 university students from the University of Zadar has shown that 17% have significant symptoms of depression which could affect their quality of life (Vulić-Prtorić and Marinović, 2010). The symptoms included loss of interest, lack of motivation, feelings of loneliness and worthlessness, sadness and hopelessness. This research has also shown that the students who experience more symptoms of depression are generally less satisfied with their lives, and especially with their studies and social relationships, that they feel overwhelmed and have more health problems. It is interesting to note that this research found no difference between male and female students when it came to depression. The findings also indicated that these symptoms did not affect their academic performance.

Most research has found that women are more likely to suffer from depression than men. However, research conducted among university students has shown little difference between the two groups. Studies have shown that the differences are present during the first year of studies. After six months, both male and female students have an equal number of symptoms of depression. There are several reasons why male and female students do not differ with regard to depression: university is a place where gender roles and stereotypes are the least visible, and where social relations between men and women are the most similar (Ivanov, 2008). Where differences are found, they are attributed to the fact that depression

symptoms in men tend to be concealed. The authors point out that male students are more likely to ignore the problem, turn to other activities, consume alcohol or other substances, act antisocially or narcissistically and have more problems with obligations and social relationships. This kind of behavior can mask the real symptoms and make the diagnosis of depression more difficult (Michael et al, 2006). At the same time, male students are less willing to seek help when they are having a hard time.

Factors that contribute to depression among university students

Although many variables may contribute to depressive symptoms and to the development of depression, the most common factors are the following:

Age

Depression symptoms have become more frequent in the past few decades and they appear earlier in life. Today the critical age has moved to between 15 and 19. Depression symptoms are believed to be experienced by nearly 50% of university students both in Croatia and worldwide, while as many as 10% of all students meet the criteria for depressive disorder (DeRoma et al, 2009). The first signs of depression often occur precisely during higher education.

Change of residence

Change of residence marks the beginning of independent life, maturity, financial responsibility, new social relations, and awareness of one's sexual identity. All of these things can contribute to personal growth and development, but they can also become a source of difficulties (Smojver-Ažić, 1998).

Housing and food quality can be a source of stress for students used to different living conditions. Students who live in dormitories develop better social and emotional relations than students who do not live in a dormitory or travel from home to a university.

At the beginning of their first year of studies, students who have left their home are more likely to experience depression (Lacković-Grgin et al, 1997). A series of studies conducted among the students at the University of Zadar have shown that first-year students who had to change their place of residence to go to university are the loneliest. However, by the end of the academic year, their loneliness is significantly decreased (Lacković-Grgin and Sorić, 1995, 1996; Ivanov, 2008). Some recent studies have shown that students who have had to change their place of residence had more difficulties adapting emotionally (i.e. they experienced more emotional discomfort and physical symptoms) than their colleagues. However, by the end of the final academic year, the situation was the opposite (Živić-Bećirević et al, 2007; Ivanov, 2008).

Health problems and disabilities

Chronic diseases combined with stressful academic obligations and feelings of loneliness can make symptoms of depression even worse. However, most university students who have chronic diseases or disabilities begin their higher education with well developed strategies for coping with emotional problems, and as a result their difficulties and psychological problems are not all that different from those of their colleagues. Research has shown that students with disabilities are no different from their colleagues as far as symptoms of depression are concerned (Martinez and Sewell, 2000). The findings also indicate that stress management strategies which proved beneficial to students with disabilities (strategies aimed at solving problems and seeking social support), are the same strategies which make adjustment easier for all other university students (Livneh and Wilson, 2003).

It seems that stereotypes are a bigger problem, and they go both ways. A study conducted among students has shown that there is no difference between students with physical disabilities and those without disabilities when it comes to personality traits (extraversion, conscientiousness, agreeableness, emotional stability and culture). However, both groups perceived each other through stereotypes: students with disabilities felt that their colleagues were more extraverted and emotionally stable, while their colleagues felt that students with disabilities were more conscientious and cultured (Kelly et al, 1994).

Academic obligations

Students who are just beginning their first year of higher education may be asking themselves whether they have chosen the right university and the right study program. In addition to that, academic obligations are different from the obligations in their secondary education: meeting deadlines, writing papers, giving presentations in front of new classmates, passing exams, relations with professors and administrative staff, etc. Competitiveness in society has had an effect of student relations. Being forced to compete for the same jobs after graduation can increase the feeling of loneliness and helplessness in tackling the numerous obstacles and challenges. Some students can become depressed towards the completion of their studies, fearing the end of student life and transition to the “grown-up world” which is full of new challenges such as looking for a job or getting married.

“Going home has turned into a real nightmare for me. I argue all the time with my dad, who treats me like a child. The worst thing is that my mother expects me to go back home in a few months, after I graduate. She has already started looking for a job for me. We are all miserable when I come home and when I go back to college I feel guilty. Everything is so complicated between us now. I don’t know how to tell them I want to stay here and find a job. A friend of mine keeps teasing me that I’m only postponing the end of my studies so that I don’t have to go back home.”

Vera, 23

Academic performance and depression

Psychological problems which occur as a consequence of adapting to the academic environment can affect students and their academic performance, as well as their intellectual and social development. The non-intellectual, non-cognitive factors such as motivation for studying, having adequate studying strategies and studying habits, self-confidence, perception of social support and satisfaction with student life play an important role in academic performance (Bezinović et al, 1998). What sets the more successful students apart from the less successful ones are not intellectual abilities but higher self-esteem, clear focus and better learning skills, efficient time management, as well as a sense of certainty that they have made the right choice of study program.

Some studies have shown that depression is associated with lower academic performance, but this correlation is not straightforward (DeRoma et al, 2009). Students prone to depression are often ambitious, sometimes perfectionist. These characteristics help them study, pass exams and fulfill their academic obligations despite their depression. On the other hand, these students can be too focused on their academic performance, disregarding other aspects of life (e.g. spending time with their friends). These results have been confirmed by studies which indicate that a perfectionist way of thinking is related to academic adjustment problems and emotional distress, including depression and anxiety (Chang and Rand, 2000). Perfectionism does have its positive sides because it motivates students to set clear goals for themselves and to work hard to achieve them. However, unrealistic goals can result in a continuous feeling of failure, excessive self-criticism, a negative image of self and consequently depression. A study conducted among university students in Croatia has shown that the bigger the gap between one's set and achieved goals, the more depressed that person is (Jurin, 2005).

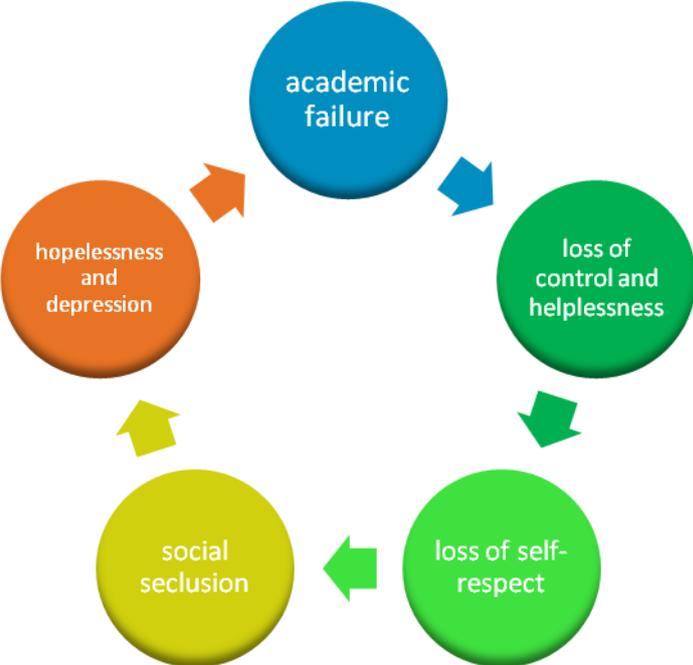
The same study also found that students who have a pessimistic view of themselves, the world and the future are more likely to give up and become depressed in a situation of increased pressure over difficult academic assignments. In the first year of university, optimism and efficient problem-solving are related to good academic adjustment, which is equally true of students with physical disabilities and their abled colleagues (Martinez and Sewell, 2000).

For many students academic performance is tied to their self-worth and self-concept. Studies have shown that university students with low self-esteem and self-concept are very prone to depressive reactions in stressful situations. Getting bad grades, failing a test or failing to meet all the academic obligations can represent a threat to their self-esteem and increase the likelihood of depression symptoms. Students who experience depression symptoms and academic failure can thus be trapped in a vicious circle whereby the two experiences are mutually reinforcing.

The third important factor is one's belief in one's own abilities. Students' perception of self-efficacy represents trust in their own ability to deal with different situations and to achieve academic success (Ivanov, 2008; DeRoma et al, 2009). Students who have more trust in their self-efficacy are more capable of meeting more complex academic demands. Such belief

affects the way in which students motivate themselves and also the use of efficient studying strategies. Depression symptoms can have a negative effect on students' belief in their own abilities by decreasing their expectations of academic success and lessens their motivation to study.

Figure 1. Vicious circle of depression



What can be done?

“How weary, stale, flat and unprofitable

Seem to me all the uses of this world!”

W. Shakespeare

Seeking professional help is an adaptive and mature way of dealing with personal problems and difficulties, as it contributes to adjustment to different stressful situations. There is ample evidence of positive effects of counseling and treatment, but many people are still reluctant to seek help when they are having a difficult time. University students are no exception in this respect. Although there is an increasing awareness of the importance of seeking help, only about 1% of Croatian students report to the student counseling center (Jakovčić and Živić-Bećirević, 2008). However, a far greater number (more than 60%) have expressed readiness to come to the student counseling center for individual counseling sessions if they ever encounter any psychological problems (Nekić et al, 2008).

Depressive disorders deserve special attention because depression is not something a person can adapt to and it is not something that goes away on its own. Unfortunately, a person suffering from depression is usually the last one to realize that something has changed and that he or she should seek help. According to some findings, over 50% of the people suffering from depression do not seek medical help, but withdraw and suffer quietly. The number of people who seek help is even lower among university students. An estimated 15 to 17% of all university students suffering from depression seek help in student counseling centers (Michael et al, 2006). On the other hand, with the right therapy, 80% of those suffering from depression can recover and return to normal life.

SOME USEFUL TIPS:

- If you or one of your friends or colleagues should find yourselves feeling down, give each other emotional support – understanding, patience, and encouragement.
- Do not try to console each other with words such as: “It’s nothing”, “You’re just feeling a bit sad”, “You’ll get over it”, “Get your act together”, “It happens to everyone”, etc.

- The best thing you can do is to seek professional help.
- Keep in mind that 50% of depression cases are not recognized. Depression develops slowly and can be difficult to detect. This means that a lot of patience is needed to recover from depression. Long lasting improvement can be expected after 16 sessions.
- Recovering from depression is far more important than fulfilling your academic obligations!