

PSYCHOLOGICAL VULNERABILITY FOR ANXIETY AND DEPRESSION IN FRESHMEN STUDENTS WITHIN A SOCIAL SCIENCES FACULTY

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Keywords:
psychological
vulnerability, cognitive-
behavioural paradigm

Abstract: *Introduction: Mental health is a perfect precursor of any and all types of activities and there is an international consensus in this respect. The cognitive-behavioural paradigm explains at the basis of the emotional and behavioural problems, there are the irrational beliefs about self, world and life. Aim: evaluation of psychological vulnerability in freshmen students within a social sciences faculty. Material and method: in the production of the psycho-diagnosis, I used the psychological screening applied to all 1st year students within that faculty (N=205) with the following instruments: the Dysfunctional Attitude Scale (DAS-A) and the Attitude and Beliefs Scale 2 (ABS-2). Results: One global feature may be observed on both scales: the subjects with a high risk to develop emotional disorders ranged a 27.3 percent on the DAS-A scale (respectively, 56 participants with attitudes predisposing to depression) and 40.5 percent on the ABS-2 scale. Discussions: There are situations in which the results of the two scales are in a comorbidity relationship, thus accounting for a more complex psychological vulnerability. Conclusions: As the psychological screening was applied to a population chosen on non-clinical premises, I conclude that the percentages uncovered were rather high and therefore, justify the introduction of certain psychological education programmes within the university curricula.*

Cuvinte cheie:
vulnerabilitate
psihologică, paradigma
cognitiv-
comportamentală

Rezumat: *Introducere: Sănătatea mentală este un bun precursor al oricărui gen de activitate și aici există un consens internațional în acest sens. Paradigma cognitiv-comportamentală explică că la baza problemelor de tip emoțional și comportamental sunt credințele iraționale despre sine, lume și viață. Scopul lucrării: evaluarea vulnerabilității psihologice la studenții de anul 1 din cadrul unei facultăți de profil științe socio-umane. Material și metode: pentru realizarea psihodiagnosticului s-a folosit metoda de screening psihologic aplicată tuturor studenților din anul 1 din acea facultate (N=205) folosind drept instrumente Scala de atitudini disfuncționale (DAS-A) și Scala de atitudini și convingeri 2 (ABS-2). Rezultate: Se poate observa global următorul aspect la ambele scale: subiecții aflați într-un grad mare de risc spre a dezvolta tulburări emoționale au înregistrat un procent de 27,3 % pe scala DAS-A (adică 56 de subiecți ce prezintă atitudini predispozante pentru instalarea depresiei) și 40,5% la ABS-2. Discuții: Sunt situații când rezultatele celor două scale sunt în relație de comorbiditate, astfel constituind un grad mai complex de vulnerabilitate psihologică. Concluzii: Având în vedere că screeningul psihologic a fost aplicat pe o populație ce pornea cu premiza de non-clinic conchid că procentele obținute sunt mari și justifică dezvoltarea unor programe de psihoeucație introduse chiar în curricula universitară.*

INTRODUCTION

Beck's theory suggests an interactive pattern in which life stress factors interact with a person's cognitive vulnerability and bring about a psychopathological state of mind.(2) According to Beck, the individuals with "dormant" dysfunctional patterns have an increased psychological vulnerability to developing various disorders. Moreover, he claims that each psychological disorder has a cognitive profile specific to all levels of cognitive functioning.(2)

PURPOSE

The purpose of this study is to evaluate the psychological vulnerability in freshmen students within a social sciences faculty.

METHODS

Psychological testing in this case refers to the screening phase using the battery of tests that was selected

especially for the purpose of the present study, respectively an activity preliminary to detailed psycho-diagnosis focused on identifying the psychological vulnerability of the participants towards psychological-behavioural conducts, envisaging depression and anxiety of subclinical intensity. The screening is not related to the profound psycho-diagnosis of the psychological-behavioural disorders, but it refers to the early identification of the presence or absence of symptoms particular to these disorders and the presence or absence of vulnerability factors for developing psychological-behavioural disorders in the hope of finding potential solutions.

The selection of the scales served the purpose of the research and was founded on the basic assumption of the cognitive-behavioural paradigm, saying that at the basis of emotional and behavioural problems, there are the irrational beliefs about self, world and life. If a person has irrational beliefs about self, others and life in general, and may consider himself/herself a valuable human being, regardless of his/her

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Article received on 02.08.2012 and accepted for publication on 23.10.2012
ACTA MEDICA TRANSILVANICA December 2012;2(4):308-309

behaviour, shall experience positive or negative emotions, according to the dynamics of life events and personal goals, and will not experience invalidating / dysfunctional emotions.

The scales that measure irrational beliefs within the present study (of the type: absolutist exigencies, negative evaluation of self, diminished tolerance to frustration, inclination to catastrophic views, negative functional and dysfunctional emotions, “must” directing towards self and towards others) are as follows: DAS-A (which operationalizes and measures most adequately the vulnerability for depression) and ABS-2 which operationalizes anxiety, and in both cases we studied the overall scores obtained by the participants.

Selection of the subjects: The participants to the present study constitute a presumptively non-clinical population – in other words, the negative emotions lived should not appear as part of an invalidating clinical panel. The selection of the scales for the psychological testing was performed based on the indications within test handbooks that specify positive association of irrational beliefs, anxiety and depression evaluated as complexes of cognitive manifestations, behavioural, physiological and subjective manifestations (DiGiuseppe R Leaf, Exner T and Robin M. (2007). Handbook: The Scale of Attitudes and Beliefs 2 (adapted by Macavei, B.) within D. David (coordinator), *Clinical Evaluation System*, RTS Publishing House, Cluj-Napoca.(4)

As the battery of tests was completed, each subject was randomly encoded by being attributed a number between 1 and 205, thus protecting the identity of the subject according to the standard regulations of the Romanian College of Psychologists described in the Code of Ethics of the profession of psychologist.

RESULTS

Table no. 1. DAS-A standard, frequency and number of subjects of high and very high scores in dysfunctional attitudes

| | Standard DAS-A | Frequency | Percentage |
|-------------------------|---------------------------------|-----------|------------|
| Dysfunctional attitudes | High level | 52 | 25.4 |
| | Very high level | 4 | 2.0 |
| | Total | 56 | 27.3 |
| | Average, low and very low level | 149 | 72.7 |
| Total | | 205 | 100.0 |

Table no. 2. ABS-2 standard, frequency and number of subjects of high and very high scores in irrationality

| | Standard ABS-2 | Frequency | Percent |
|---------------------|---|-----------|---------|
| Irrationality level | Elevated irrationality | 75 | 36.6 |
| | Very elevated irrationality | 8 | 3.9 |
| | Total | 83 | 40.5 |
| | Average, low and very low irrationality | 122 | 59.5 |
| Total | | 205 | 100.0 |

DISCUSSIONS

The overall aspect on both scales is readily noticeable: the subjects with very high risk of developing emotional disorders reached 27.3% on the DAS-A scale (respectively, 56 participants with attitudes predisposing to depression) and

40.5% on the ABS-2 scale (i.e. 83 participants with a very high level of irrationality). In details, according to DAS-A scores, 2% (4 of the participants) of the subjects register a very high level of dysfunctional attitudes, while ABS 2 results indicate that 3.9% (i.e., 8 subjects) have a very high level of irrationality.

From the psychological perspective, these subjects have a very elevated psychological vulnerability risk because of their absolutist and rigid manner of interpreting life events and situations, which may predispose them to develop emotional disorders. These subjects require thorough psychological diagnosis carried out in focused clinical interviews, investigation of the Axis II in DSM-IV and psychological intervention. According to DAS-A 25.4% (52 participants) of the subjects manifest a high level of dysfunctional attitudes. The ABS-2 results point to a percentage of 36.6 (75 subjects) participants with elevated irrationality levels. There are situations in which the results of the two scales are in a comorbidity relationship, thus accounting for a more complex psychological vulnerability.

CONCLUSIONS

Plainly, these subjects operate in cognitive structures mainly with irrational cognitions of the type of catastrophising, reduced tolerance to frustration, absolute demands and negative global evaluations; it is desirable that within certain psychological education programmes, they have this manner of thinking flexibilized until they obtain rational cognitions such as rational preferences, tolerance to frustration, non-conditional self acceptance, layered evaluation of the aversive character of an event. As the psychological screening was applied to a population chosen on non-clinical premises, I conclude that the percentages uncovered were rather high and therefore justify the introduction of certain psychological education programmes within the university curricula.

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