
Social- Inhibition, Negative Affectivity In Relation To Depression among College Students

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ABSTRACT

Type-D personality, a concept used in the field of medical psychology, is defined as the joint tendency towards negative affectivity (e.g. worry, irritability, gloom) and social inhibition (e.g. reticence and a lack of self- assurance). Research has shown that CHD patients with a Type-D personality have a worse prognosis following a myocardial infarction (MI) as compared to patients without a Type-D personality. Type-D is associated with a 4-fold increased risk of mortality, recurrent MI, or sudden cardiac death, independently of traditional risk factors, such as disease severity. Present research aims to study the relationship between Type-D personality and depression among 200 college students(age 18-26 years). A valid reliable 14 item questionnaire. Type D scale (DS14) Denollet (2005). Seven items refer to negative affectivity and seven items refer to social inhibition. Beck Depression Inventory was administered for measuring depression was administered. Prevalence rate of depression was 46%, among male students which was mostly of mild type (25%). And in female population 58 % of the students had depression but 35 % of the female students suffered from mild depression and only 8% from severe depression. Type D personality was present in 55% male students and 68 % in female students. Both depression and Type D personality were present in 42% cases. Negative affectivity component was significantly associated with depression.

Keywords: *Depression, medical students, type D personality, negative affectivity*

INTRODUCTION

Depression is a common but serious mental illness typically marked by sad or anxious feelings. Most college students occasionally feel sad or anxious, but these emotions usually pass quickly—within a couple of days. Untreated depression lasts for a long time, interferes with day-to-day activities, and is much more than just being "a little down" or "feeling blue."

In 2011, the American College Health Association–National College Health Assessment (ACHA–NCHA—a nationwide survey of college students at 2- and 4-year institutions—found that about 30 percent of college students reported feeling "so depressed that it was difficult to function" at some time in the past year.

Depression can affect your academic performance in college. Studies suggest that college students who have depression are more likely to smoke. Research suggests that students with depression do not necessarily drink alcohol more heavily than other college students. But students with depression, especially women, are more likely to drink to get drunk and experience

problems related to alcohol abuse, such as engaging in unsafe sex.⁵ Depression and other mental disorders often co-occur with substance abuse, which can complicate treatment.

Depression is also a major risk factor for suicide. Better diagnosis and treatment of depression can help reduce suicide rates among college students. In the Fall 2011 ACHA–NCHA survey, more than 6 percent of college students reported seriously considering suicide, and about 1 percent reported attempting suicide in the previous year. Suicide is the third leading cause of death for teens and young adults ages 15 to 24. Students should also be aware that the warning signs can be different in men vs. women.

The World Health Organization has identified depressive disorders of adolescence as “priority mental health disorder.” Globally, its prevalence rate is 15 to 20% and recurrence rate is 60-70% whereas in India it is reported as 11.2%. However, studies have reported that 50% of cases remain undiagnosed. The consequences of this depression are serious, causing suicide, school dropout, and drug abuse etc., Often adolescent depression leads to adult depression.

Young medical students are no exception to this trend. Studies have already reported that depression is the most common mental disease affecting them. The rate of depression and suicide have been found to be higher in medical students than other undergraduate students. Academic burden, though have been identified as source of depression, cannot be changed. So other determinants of depression should be worked out which could be treated and contribute for benefit of the students.

One situation is handled by different students in different ways which largely depends on the personality of the students. Recently, a new type of personality, type D had been established which can be regarded as psychopathological condition as these individuals are at increased risk of developing psychiatric disorders like depression, anxiety, post traumatic stress disorder, panic or phobic disorder, and medical disorders like cardiovascular disease and stroke. It involves those who tend to experience negative distress and who do not express these in social interaction. Thus, type D personality is based on two stable personality traits, negative affect (NA) and social inhibition (SI), and gives an interaction between them.

Negative affect is the tendency to experience negative emotions like depressed or low mood, hopelessness, anger, and anxiety etc., Those people scoring high on negative affect are not only dysphoric, but also have negative views about self, future, world, and present many somatic symptoms. SI is an avoidance of potential dangers involved in social interacting situations. They feel uncomfortable, shy, tense, and inhibited while interacting with people.

In this backdrop, the present study was undertaken to find out the prevalence of depression and type D personality among college students and to find out whether they bear any significant correlation or not.

MATERIALS AND METHODS

A total of 200 undergraduate and postgraduate students of different academic years of HMV and DAV College Jalandhar were selected. Students known to suffer from hypothyroidism or diabetes were excluded from this study. Students who were taking antihypertensive drugs, beta blockers, anticonvulsants, or corticosteroids were not included in this study. Students of all academic years were included in the study.

Each of them was presented with one copy of questionnaire to assess depression (Beck Depression Inventory) and one copy of questionnaire to assess Type-D personality (DS 14). Informed consent was taken from each participant after explaining them the objectives of the study.

Beck Depression Inventory is a 21 item self administered inventory where 1 statement is to be chosen from each item. The scores have to be summed up to identify not only the presence of depression but also its severity. (Score 0-9=no depression, 10-25=mild depression. 16-24=moderate depression, more than or equal to 25=severe depression).

DS 14 contains 14 items which were instructed to answer in Likert scale (five point scale; where 0=false, 1=mostly false, 2=neutral, 3=mostly true, 4=true). Sum of question numbers 2, 4, 5, 7, 9, 12, 13 denoted negative affect and sum of question numbers 1, 3, 6, 8, 10, 11, 14 denoted SI. Those scoring high on either or both subscales taking cut off value as 10 was considered as Type D.

All the data were tabulated. Depression score and Score of type D personality were expressed in Mean±SD. Significance of association of depression and Type D personality was done by Fisher's 2 sample *t*-test. A *P* value of less than 0.05 was considered to be significant.

RESULTS

Table 1 shows distribution of study population and Table 2 shows age and sex distribution of study population, which includes 200 college students (male=100 and female=100) studying in different academic years in HMV and DAV College jalandhar. Their age ranged from 18 to 26 years.

Academic year	Male	Female	Total
1 st Year	31	32	63
2 nd Year	40	37	77
3 rd Year	15	19	34
4 th Year	11	07	18
5 th Year	03	05	08
Total	100	100	200

Table 2 Distribution of Study population according to age and sex			
Age group	Male	Female	Total
18-20 Years	55	48	93
21-23 Years	43	33	76
24-26 Years	02	19	21
Total	100	100	200

Table 3 and Table 4 Shows the Score of depression and Type D personality respectively. Prevalence rate of depression was 46%, among male students which was mostly of mild type (25%). In female population 58 % of the students had depression but 35 % of the female students suffered from mild depression and only 8% from severe depression. Type D personality was present in 55% male students and 68 % in female students. Both depression and Type D personality were present in 42% cases. Negative affectivity component was significantly associated with depression.

Table 3 Distribution of Study population and sores of depression				
Absent/present With grade	Number of students(%)		Scores (Mean SD)	
	M	F		
Absent	54(54%)	42(42%)	6.3	2.3
Present	46 (46%)	58(58%)		
Mild	25(25%)	35(35%)	16.5	3.1
Moderate	12(12%)	15(15%)	23.7	2.4
Swear	09 (9%)	08(08%)	38.5	4.7
Total		100	100	

Table 4 Distribution of Study population and sores on Type D personality.				
Absent/present With grade	Number of Male students(%)	Number of Female students(%)	NA (Mean SD)	SI Score (Mean SD)

Absent	45(45%)	34(34%)	8.2	4.9	10.8	5.2
Present	55(55%)	68(68%)				
Mild	36(36%)	48(48%)	11.6	5.8	11.0	1.6
Moderate	14(14%)	16(16%)	13.6	6.5	11.2	5.7
Swear	05(05%)	04(04%)	14.6	6.9	12.6	7.1
Total		100	100			

DISCUSSION

The boundary between depressive disorder and the human distress is a gray zone Vaidya and Malgaonkar reported a prevalence of depression as 39.44% among 109 medical students of T. N. Medical College, Mumbai. A study from Pakistan reported that 60% students suffer from anxiety and depression. Contrary to the early belief, it has now proved beyond doubt that adolescents and young can become victim of depression. Depression in them usually involves social and interpersonal difficulties which directly lead to self esteem problem. Students of this age group have to deal with new social demands as well as academic demands. Depression often results in lower academic performance, behavior problem, and poor socialization. Dramatic behavior such as aggression and an obsession or fascination with death often accompanies their depression.

DS 14 have been shown to be valid and reliable measure associated with increased symptoms of anxiety and depression independent of socio demographic and clinical risk factors. Type D individuals are known to experience hostility, anxiety, anger, depressed mood, tension, and a negative view of themselves. People with Type D personality are unable to express the emotions which lead them feeling tense, insecure, and socially uncomfortable. It has been found that 70% of study population had either one or both the components (Negative affectivity (NA) and SI) of Type D personality. No study to our knowledge has reported prevalence of type D personality in any community or such distribution pattern. Negative affect (NA) component of Type D personality had been found to be significantly correlated with depression of all grades when compared with subjects without depression. But when compared among each other (mild vs. moderate, moderate vs. severe), none was found to be significant. However, SI component was never found to be significant. (Mild vs. normal, moderate vs. normal, and severe vs. normal). Thus, our study shows that NA component is more significantly related to depression. This seems to be an important finding as studies have revealed that the prevalence of cardiac events in persons who score high in NA but not in SI is more than for individuals scoring high in both the components, NA and SI.

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