



Depression of the young adult
by Zerita Mary O'Reilly Shelby

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING
Montana State University
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Abstract:

The purpose of this study was to determine the degree of depression in selected young adults. It was hypothesized in that there was no difference in depression between college students and Warm Springs State Hospital patients using the Zung Depression Scale to compare the two groups. The second hypothesis stated there was no relationship between grade point averages and scores on the Zung Depression Scale for college students. Both hypotheses were accepted.

The tool used was the Zung Depression Scale. It was composed of twenty questions and was designed to determine the degree of depression in the individual. The scale was given to an equal number of college students and clinically diagnosed depressed patients. Both groups were composed of young adults.

The data was programmed for the Montana State University computer using the "t" test statistical measurement.

The findings described in the following chapters revealed depression in both groups.

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Date December 31, 1975

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A thesis submitted in partial fulfillment
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MASTER OF NURSING

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To her husband, Dr. David Shelby from whom she received unlimited understanding and support.

The author hopes to contribute to the profession of nursing which has been most generous to her.

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Abstract

The purpose of this study was to determine the degree of depression in selected young adults. It was hypothesized in that there was no difference in depression between college students and Warm Springs State Hospital patients using the Zung Depression Scale to compare the two groups. The second hypothesis stated there was no relationship between grade point averages and scores on the Zung Depression Scale for college students. Both hypotheses were accepted.

The tool used was the Zung Depression Scale. It was composed of twenty questions and was designed to determine the degree of depression in the individual. The scale was given to an equal number of college students and clinically diagnosed depressed patients. Both groups were composed of young adults.

The data was programmed for the Montana State University computer using the "t" test statistical measurement.

The findings described in the following chapters revealed depression in both groups.

Introduction

So farewell hope, and with hope farewell fear,
Farewell remorse: All good to me is lost.

— John Milton, Paradise Lost

These lines by Milton depict the despair and hopelessness often felt by a depressed person.

A depressed person is recognized by a lack of drive, both mental and physical. The person in the mild form of depression experiences exhaustion, lack of interests and increased irritability, while the person with severe depression suffers a feeling of complete dejection and a wish to be dead.

It is significant to note that more human suffering has resulted from depression than from any other single disease affecting mankind (Holme, Richard, Abnormal Psychology, 1972, p. 300). Depression affects millions of Americans yearly but only thirty thousand patients are recognized and treated (Beck, Aaron, Depression: Clinical, Experimental and Theoretical Aspects, 1967, p. 6).

Depression among college students is not often recognized to be significant. This condition can not only affect the scholastic function of the student; it can be detrimental to his emotional state. A depressed person may lose his ability to cope with his environment because of loss of interest, positive self-image, or confidence in others. He may express this inability to cope through defiance, drug abuse, hostility, promiscuity, depersonalization and total withdrawal (Godenne, Ghislaine D., M.D., Medical Insight, March 1974, p. 9).

Advanced depression, if allowed to continue, may result in the most severe emotional crisis: suicide.

Suicide is the tenth leading cause of death in the United States and ranks third as a cause of death among college students (Beck, 1967).

Statement of the Problem

The major purpose of the study was to determine the degree to which specific identified symptoms of depression were found in selected individuals.

Commonalities of selected symptoms were looked for in two sample groups.

Symptoms of masked depression in the college group were investigated.

Hypotheses

1. There is no significant difference among the scores on the Zung Depression Scale between the behavior and symptoms of hospitalized patients and the behavior of a random selection of nursing students.
2. There is no relationship between scores on the Zung Depression Scale and college grade point averages.

Justification for the Study

Depression in the young adult is becoming more evident. Studies of youth culture in the last decade are relevant. Young adults have

been bombarded by fragmented cultures and role conflicts. As a result they have never experienced a whole culture. Coleman states the post World War II baby boom increased the young adult population in relationship to other age groups. This increase in population placed great strain on our institutions that provided guidance and education (Kalkman, Marion and Anne J. Davis, New Dimensions in Mental Health Psychiatric Nursing, 4th ed., 1974, p. 130). Schools were not able to provide an adequate amount of guidance for this group (Weissman, Myrna M., "The Epidemiology of Suicide Attempts," Archives of General Psychiatry, Vol. 30, No. 6, June 1974, p. 737-745).

The strong family unit and religion, which at one time served to integrate the individual within a social group is no longer an effective resource for support. Coleman recognizes the deterioration of the nuclear family in our society. A strong family unit might have buffered the strain of our society for the young adult (Choron, Jacques, Suicide, 1972, p. 54).

Family deterioration, increased population in the young adult group, role conflict, and the inability of our institutions to provide guidance and support have produced depression in the young adult. Depression in this age group is a direct cause in suicide attempts (Weissman, p. 737-745).

A crisis exists in our society because of the young adults' need to adapt to overwhelming changes. These rapid changes produce conflicts

in the individual's identity and self worth (Weissman, p. 737-745).

The young adult may be unaware that he is depressed. The clinical signs of depression are often masked by a variety of behavioral and psychological defenses. Depression and self destruction in the young adult are major public health problems in the 70's, which demand attention from all levels.

Basic Assumptions

1. Young adulthood is a traumatic developmental period.
2. Diagnosed depressed hospital patients at Warm Springs State Hospital experience depression to a greater degree than do college students.
3. College students experience depression.
4. Depression can be measured by a scale previously devised.

Limitations

There were several limiting factors involved in this study. The hospital patients were selectively chosen. Thus, no random sampling of participants in this group was done. The researcher chose the participant according to his age and diagnosis. It was difficult to obtain similar hospital patients in relation to their treatment. The hospital patient's ability to respond to therapy may have influenced his scoring. The college student group took the depression scale during final week, which may have affected their scoring.

Although it was assumed that all subjects provided honest

answers on the depression scale, the researcher knew that such an assumption was questionable. Dr. William Zung's Depression Scale has been proven valid Zung (Cerch. Gen Psychiatry. Vol. 13, p. 508, 1965).

Definition of Terms

1. Depression - An emotional disorder marked by sadness, inactivity, difficulty in thinking and concentration, and feelings of dejection.

2. Masked depression - Clinical signs of depression that are disguised by a variety of behavioral and psychological defenses.

3. Group I - Participants in the study who were Sophomore nursing students.

4. Group 2 - Participants in the study from Warm Springs State Hospital who were clinically diagnosed as depressed.

5. Zung Depression Scale (S.D.S.) - Self rating depression scale that was used as the tool in the study.

6. Symptoms - Expressions of depression.

7. Items - Statements on the Zung depression scale which are designed to help the therapist recognize a particular symptom of depression.

8. Positive Item - On the Zung depression scale, ten items were worded symptomatically positive. The positive item does not refer to a higher level mental health.

9. Negative Item - Items on the Depression scale worded symptomatically negative.

10. Young Adult - The author included in this group anyone between 16 and 30 years of age.

Review of Related Literature

Predisposing Factors

Depression in the young adult is an emotional reaction to a loss or threatened loss of something highly valued. This emotional state is accompanied by dejection, sadness, and a loss of self esteem (Dodenne, "The Masked Signs of Depression," Medical Insight, March 1974, p. 9). Seiden states that it is not the loss of a love object that is disturbing, but it is the loss of love. When the loss of love occurs to young children it can stifle their ability to form relationships that are needed for healthy emotional development (Seiden, Richard, "Suicide Among the Young: A Review of Literature 1900-67", a supplement of the Bulletin of Suicidology, Dec. 1969, p. 34).

The lack of a secure relationship between parents and child has lasting effects on an individual in forming relationships with other people. The individual who has not experienced a secure love is likely to find himself socially isolated in adult life. Social isolation is one of the main causes for depression and suicidal acts (Seiden, p. 36). (Hodge, James R., M.D., "Just What is Depression?", Psychiatry for the Family Physician, Vol. 102, No. 2, Feb. 1974, p. 102). Broken homes or disorganized family life and a feeling of being unloved are precursors for the emotional reaction of depression.

Schrut studied fourteen adolescent girls who had engaged in suicidal behavior. These girls were victims of chaotic disrupted families, isolation, and condemnation. A feeling of hopelessness and

failure developed in the girls because of the lack of love and support from the family (Peck, Michael, "Research and Training in Prevention of Suicide in Adolescent Youths", Bulletin of Suicidology, No. 6, 1970, p. 36).

The lack of familial support and constancy produces a poorly defined ego structure. The young adult questions himself and his world. He cannot cope with disappointment and it re-enforces his negative feelings about himself. A negative self concept intensifies and distorts rejection. The inability to handle these situations often produces a damaged ego. The young adult's reaction to a perceived rejection is to separate himself from society. This social isolation perpetuates his negative feelings (Weissman, p. 42).

Expression of Depression

Poor family relationships produce a fear of being unloved, which creates hostility or rage in the individual. The young adult who is depressed may turn the feelings of hostility inward or may direct his aggression toward others (Rita-Bach-George, M.D., "Habitual Violence and Self Mutilation", American Journal of Psychiatry, Vol. 131, No. 9, Sept. 1974, p. 1018-1019), (Seiden, Supplement, 1969, p. 33).

Rita's study on violent men relates depression as the motive for their acts. The early history of these men revealed deprivation of love and chaotic home environments. As a result, loneliness and depression were experienced by these individuals. The depression alter-

nated with outward violent anger (Rita-Bach-George, 1974, p. 1018-1019).

Rage or feelings of hostility may be internalized and result in suicide. Depression and suicidal behavior are linked. Silver found that 80% of the young adult attempters were clinically depressed at the time of the attempt (Weissman, p. 737-745), (Seiden, p. 34).

The highest risk of suicide is in the ages 20 to 30, and especially 20-24 years of age are peak years. About 50% of the attempters are under 30 years of age (Weissman, p. 737-745).

Depression is a universal human experience. When the feelings are those of sadness, despair, helplessness and hopelessness, the depressed young adult loses interest in the world and may feel isolated from it. He often feels guilt, self accusation, sometimes delusions with thoughts of suicide (Godenne, p. 9).

In the young adult, the clinical signs of depression are often masked. Delinquency, defiance, aggression, running away, school phobias and poor scholastic performance are manifestations of depression.

A young adult who is depressed may physically express his depression through sighing respirations, fatigue, digestive troubles and a disturbance in his sleeping pattern. The use of drugs and alcohol, promiscuous behavior are all efforts to fill the void and escape depression (Godenne, p. 11).

These are important reflective clinical signs that deserve immediate recognition. Early identification of depression is important because of its disruptive effects on work, social life, and the risk of suicide.

Prevention

The drop-out rate from American colleges is 50%. Academic difficulty with lack of motivation is an attributing factor in the high attrition percentage (Bindnan, Arthur J., & Allen D. Spiegel, Perspectives in Community Mental Health, 1969, p. 414). Several recent studies have suggested that depression is one of the most common emotional disturbances associated with a student's poor academic functioning (Jones, Parry W. L., "Masked Depressive Illness", Update International, Vol. 1, No. 4, April 1974, p. 239), (Leifel, Herman, ed. The Meaning of Death, 1959, p. 415). Detection and treatment of depression that interferes with school performance may prevent a wastage of human resources.

It is important that teachers, administrators, counselors, psychiatrists and nurses work together to help prevent emotional conflicts in the young adult. Recognition of the symptoms of low-grade depression is needed to intervene.

Sensitive collaboration between a mental health worker and teacher may enable a student to solve some of his own problems. These problems, if allowed to continue, might be perpetuated to the point of

causing lasting distress (Leifel, p. 415).

Munter, in his study, recommends close contact between students and faculty as a preventive measure. Faculty members should be trained to recognize the signs of depression. Once recognized, referrals should be made to physicians, nurses, and counseling treatment facilities. The health care worker should work in collaboration with instructors and family members to relieve the conflict and stress the individual is experiencing (Seiden, Dec. 1969).

If acceptance and support is given, the student may re-channel his energies. The energy spent in depression can be converted into constructive channels. Re-directed energies would be more productive and life-fulfilling for the student.

Nurses represent a large group that could be used in the prevention of depression and suicide in the young adult. Early case findings, home and family follow-up care, crisis intervention, and implementing prevention techniques will be the nurse's major contribution (Bell; Karen Kloes, R.N., M.S., "The Nurse's Role in Suicide", Bulletin of Suicidology, No. 6, Spring 1970, p. 61).

Methodology

To effectively recognize depressive symptoms, a number of self-report measures were designed; i.e., Minnesota Multiphasic Personality Inventory (1952) (M.M.P.I.), Beck Depression Inventory (1967), Meskimens Discrepancy Scale (1968). One of the most valid tests is the Self-Rating Depression Scale (S.D.S.) constructed by Zung (Arch. Gen. Psychiat. Vol. 13, p. 508, 1965) (Seitz, U. of Colorado, 1969).

In a study of depression, both the M.M.P.I. and the S.D.S. scales were used. An analysis of variance of the Mean M.M.P.I.S. scale score differentiated the depressive groups at the 0.05 level of significance, while analysis of the S.D.S. indices differentiated them at the 0.01 level of significance, suggesting that the S.D.S. is a more sensitive measure for the purpose (Zung, 1965, p. 508-15).

Recent implementation of the Self-Rating Depression Scale has substantiated it to be a valuable tool in the assessment of depressive disorders in hospitalized inpatients (Zung, Arch. Gen. Psychiat., Vol. 12, 1965, p. 63-69). The S.D.S. by Zung contains 20 items which are designed to correspond with the clinical diagnostic criteria often used to characterize depressive disorders. The items are stated as sentences which are designed to help the therapist recognize a particular symptom. The individual is asked to rate each of the twenty items as it applies to him at the time of testing in the four quantitative terms: a little of the time, some of the time, a good part of the time and most of the time. These terms have numerical values of

one through four. The scale was designed so that of the 20 items used, ten were worded symptomatically positive and ten worded symptomatically negative, which is taken into account by the scoring procedure. An index for the S.D.S. is determined by dividing the sum of the raw score values obtained on the twenty items by the highest possible score of 80, converted to decimal and multiplied by 100 (Zung, 1965).

The Zung Depression Scale was administered to two groups:

1) General nursing students; 2) Inpatients at Warm Springs State Hospital who were described by their physicians or therapists as having depression as a primary diagnosis.

The college group sampled was randomly chosen from a sophomore nursing class. There was a total of 32 participants. These participants were given a copy of the depression scale, accompanied by an instruction sheet (see Appendix). This test was given final week of Spring Quarter.

Winter Quarter of the following school year each participant was sent a letter requesting them to fill out the depression scale a second time. If these participants were no longer in the nursing curriculum they were asked for the reasons they changed their major study area. Of the 32 people, twenty returned the depression scale. Written permission for using grade point averages was obtained from each student involved in the study.

The people who filled out the depression scale twice made up the

sample group; the other 12 people who did not reply were no longer considered in the study.

The second group consisted of in-patients at Warm Springs State Hospital who were clinically diagnosed as depressed.

Each participant was given a copy of the depression scale and directions on an individual basis. The researcher explained that the depression scale was to be incorporated in a thesis study. The participants were told that their responses would be compared to those responses obtained from the college group.

Participants in each group were asked to record their age and sex on the test form. Age and sex, however, were not determinants in sample selection. The age of the participants ranged from 16 to 30 years.

Analysis of the Data

The major purpose of the study was to determine the degree to which specific identified symptoms of depression were found in selected individuals. Commonalities of selected symptoms were looked for in the two sample groups. Symptoms of masked depression in the college group were investigated.

The researcher studied or investigated two groups. Group I was composed of college students and Group II was composed of hospital in-patients. The individuals in each group scored the items on the depression scale: a little of the time, a good part of the time, and most of the time, which have numerical values of one to four. If the item on the depression scale was positive, little of the time became 1; some of the time 2; a good part of the time 3; and most of the time 4. If the item was negative, a little of the time became 4; some of the time 3; a good part of the time 2; and most of the time 1. Each item was scored positive or negative, according to the question, and the individual's response recorded. The twenty items were scored and totalled for both groups. A mean was tabulated for each group and a "t" test was done to determine the difference in scores between the groups.

The nursing students' first test scores and hospital patients' scores show there is no significant difference between the scores on the Zung Depression Scale, between the behavior and symptoms of hospitalized patients and the behavior of a random selection of nursing students;

therefore, the first hypothesis was not rejected.

The following Winter Quarter the Zung Depression Scale was given again. The results of the first test were different from the results of the second test. On the second test the nursing students obtained significantly lower scores and less depression was noted.

The researcher continued the investigation and compared the first test scores of the nursing students with test scores of hospitalized patients. The first test scores of the nursing students showed more evidence of depression according to the t test (refer to Table 1).

Table 1. Means, Standard Deviations and t Values between students and hospital patients on the Zung Depression Scale.

		N	Mean	Standard Deviation	t Test
Nursing Students	Test 1	20	80.55	10.16	
				1.55	
Hospital Patients	Test 1	20	84.70	6.13	
				5.09*	
Nursing Students	Test 2	20	60.30	14.58	

* Significant beyond the .05 level

The items on the depression scale were designed by Zung to be worded symptomatically positive or negative. Both positive and negative items on the Zung Depression Scale are reflective of depression. A positive item does not necessarily refer to a higher level of mental health.

The researcher felt the positive items were reflective of masked depression, while negative items exhibited overt depression; therefore, a comparison was done to determine the differences of responses between the nursing students and hospital patients.

The researcher totalled the positive and negative scores and averaged them for each group. A test of difference was achieved by a t test to determine the similarity between the two groups (refer to Table 2).

Table 2. Test of difference on negative and positive items on Zung's Depression Scale between college students and hospital patients.

	Nursing Students	t Test	Hospital Patients
Positive Items			
Mean	29.00		22.45
Standard Deviation	5.86		7.88
t Test		2.9	
Negative Items			
Mean	34.40		24.54
Standard Deviation	3.46		6.25
t Test		6.17	

* Significant at .05 level (t = 1, d.f.)

The value 2.5 was assigned as an average score for each item. If a 2.5 or above was scored, the individual was considered to be less depressed. Below a 2.5 the individual was considered depressed. The value of 2.5 was arbitrarily assigned by the researcher.

The positive items showed a greater relationship than did the negative items, between nursing students and hospital patients. However, according to the t Test, there is a significant difference between the two groups on the positive items.

In their responses to the positive items, the nursing students had a higher average numerical value than did the hospital patients. The higher numerical value is represented in the chart by a higher mean for the nursing students.

A greater difference was noted in the negative items between the two groups. The hospital patients were lower in their response to negative items, thus giving them a significantly lower mean. According to the chart (or graph) shown on the following page, the hospital group reflects more depression as the scores were lower on both positive and negative items.

In the hospital group the individuals showed 40% above 2.5, while nursing students were 100% above 2.5. The hospital group was more depressed as they had a higher percentage. According to the scale, no depression was reflected in the negative items by the nursing group, as everyone was above 2.5.

For both groups, more depression was reflected in the positive items. Twenty percent of the nursing students scored below 2.5 on the positive items. This percentage reflects a small amount of depression. The hospital patients scored 55% below 2.5, which represents over half the population.

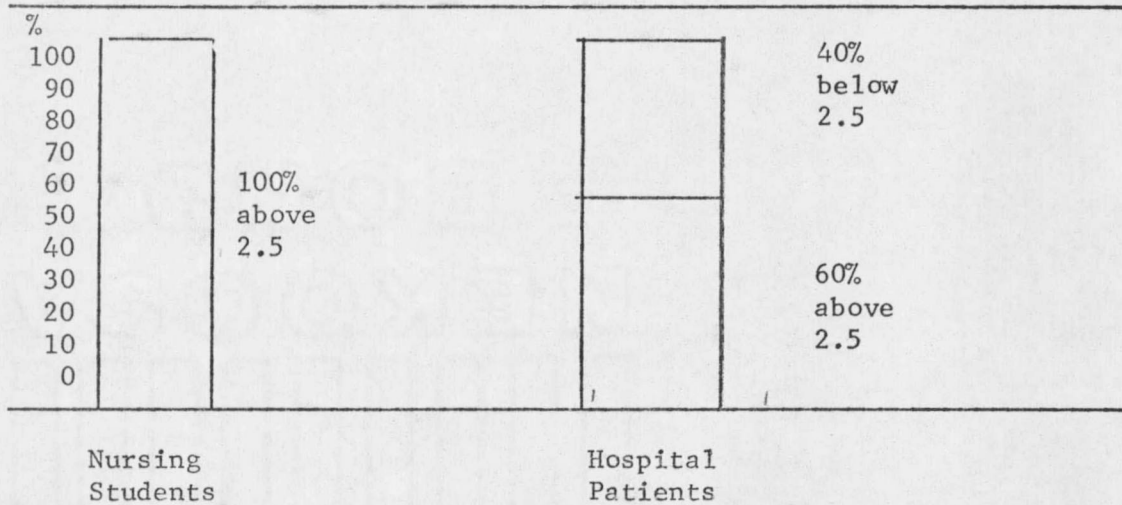


Chart IA. Percent of hospital patients and nursing students scores on negative items.

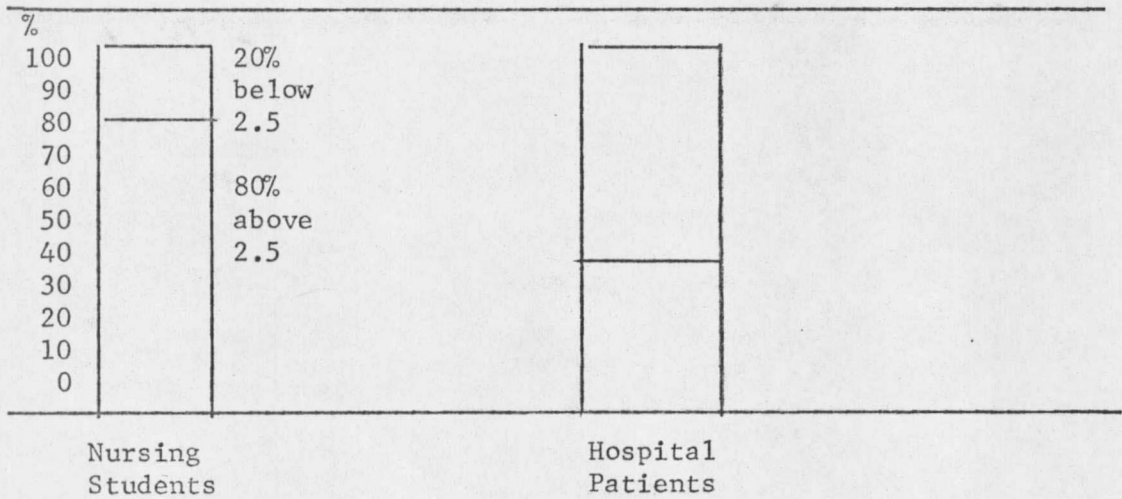


Chart IB. Percent of hospital patients' and nursing students' scores on positive items.

Above 2.5 = not depressed
Below 2.5 = depression reflected

