

Academic Encumbrance Induced Modification of Indicators of Depressive Symptoms in Adolescent Students

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Objectives: Academic stress is overwhelming for some adolescent students and that has been taking a toll on mental health. Unsuccessful response to academic stress is reported to be associated with cognitive factors as distraction, preoccupation with nonacademic matters, and declined problem resolution power. Distraction involves engaging in pleasant, engrossing and positively reinforcing activities. Preoccupation implies focusing passively and repetitively on one's symptoms of distress and the meaning of those symptoms without taking action to correct the problems. Problem resolution refers to an active attempt to change unfavorable life situations or resolve problems. Researches support detrimental influences of distraction and preoccupation on depressive symptoms (Roberts, Gilboa, Gotlib, 1998). Despite research implicating the role of distraction and preoccupation in predicting and characterizing future episodes of depression, the role of those in relapse following treatment has yet to be investigated. The present study was aimed to examine the relationship of distraction and preoccupation to levels of depression symptoms six months following successful antidepressant medication treatment.

Methods: Total fifty-five (n= 55) adolescent students who came for treatment of problems related to academic advancements were selected for the study from the Salt Lake hospital outdoor, Kolkata. Mean age was 15 and they were screened for any psychotic or manic features. The test batteries used were Study Skills Inventory (SSI), Creativity Testing Scale (CTS), Beck Depression Inventory (BDI), Hamilton Rating Scale for Depression (HRSD). The patients were treated for at least 6 months by antidepressant medications. Assessments were done at the beginning and at the end of the treatment.

Results: Two hierarchical multiple regression analyses were estimated with Time 2 depression symptoms as the dependent variable. In both types, HRSD scores were entered into first to control for symptom severity at Time 1. In the first model, Time 1 preoccupation was entered followed by Time 1 distraction. In the second one, HRSD was entered first followed by Time 1

distraction and Time 1 preoccupation. Findings from both models indicated independent contributions of distraction and preoccupation in the prediction of subsequent depression symptoms after accounting for baseline depression levels. In the first model, preoccupation exhibited a strong positive association ($pr = .35$; Cohen's $f^2 = .17$) with future depression symptom scores. Distraction exhibited a strong negative relationship with future depression symptoms ($pr = -.24$; $f^2 = .13$). In the second model, distraction exhibited a strong negative relationship with future depression symptoms ($pr = -.28$; $f^2 = .13$) while preoccupation exhibited a strong positive relationship with future depression symptoms ($pr = .32$; $f^2 = .18$).

Discussion: Our results reveal the depressive adolescent students' unsuccessful responses to escalating study stress. While trying to study, the state of distraction and preoccupation had been found to be related to levels of depressive symptoms six months following the successful medication treatment for depression. Findings from both models indicated independent contributions of distraction and rumination in the prediction of subsequent depression symptoms after accounting for baseline depression levels. Our results indicate that both distraction and preoccupation predict recurrence of depression in a sample of adolescent students.

Conclusion: It may be suggested that successful treatment with antidepressant medication may reduce depressive symptoms temporarily. But when academic pressure escalates, tendency for being distracted and being preoccupied may reappear as antidepressant treatments may fail to provide prophylactic benefits against certain cognitive vulnerabilities such as the tendency to be preoccupied with focusing passively and repetitively on one's symptoms of distress. Further work has been ongoing to repeat similar results in other age groups and with different antidepressant medications.

References:

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