AN EXPLORATION OF PSYCHOLOGICAL HARDINESS AND DEPRESSION AMONG COLLEGE STUDENTS

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Abstract: Several scholars have suggested that depression is an increasingly relevant issue for men and women. Young males and females experience many kinds of failures and subsequent stressors as a result of normal aging; therefore, the additional stress relocation to new and unfamiliar surroundings can have a significant impact on physical and psychological well-being. Present study examined the relationship between psychological hardiness and depression. A sample of 200 engineering students was selected from urban and rural background equally. Depression Scale developed by Center for Epidemiological Studies was used to measure depression and the Psychological Hardiness Scale developed by Younkin & Betz was administered to measure hardiness. The findings indicate significantly negative correlation between hardiness with depression, whereas the mean difference between the two groups for depression and hardiness was not found significant.
Design: Cross-Sectional.
Setting: Different students of Amity University Rajasthan Campus.

Keywords: Psychological Hardiness, Depression, Well-being, Urban, Rural.

Introduction: Some people have high levels of stress, but they don't suffer medically as a consequence. These people are rarely ill and have certain personality characteristics. Funk said that these people had another personality type called "Hardiness". Hardiness may also be defined as an individual's ability to resist illness or manage life when under stress (Davis, Webster & Austin, 1999; Kobasa, 1979). Hardiness, ideally mentioned to as psychological hardiness or personality hardiness in the relevant works, is a psyche style first introduced by Suzanne C. Kobasa in 1979. It has three main characteristics which make the individuals behave in a certain way. They are called the 3C's. The three related general character of commitment, control, and challenge that functions as a resilience mean in the encounter with stressful conditions are personality structure that defines Psychological hardiness (Kobasa, 1982). The commitment temperament was defined as a proclivity to include oneself in the activities in life and having a veritable interest in and inquisitiveness about the surrounding world activities, things, other people (Phoolka & Kaur, 2012). Hardy individuals have a sense of purpose in life. They are committed to their work and tackle tasks head on. For e.g. revising for an exam in advance. The control defined as a propensity to trust and act as if one can impact the events taking place around oneself through one's own endeavour. Hardy individuals believe they are in charge of their life and they have the power to change it. If they don't have the skills to do something, they will go out of their way and get them. For e.g. reading extra books to help them learn new skills. Finally, the challenge persona was defined, as the belief that adaptation or adjustment, rather than firmness or solidity, is the quotidian mode of life and amounts to motivating opportunities for personal growth rather than threats to security (Lazarus & Launier, 1978). Hardy people see problems as challenges rather than difficulties. They devote time and energy into solving them on order to succeed. For e.g. revising anything they are not 100% confident on. Kobasa showed this in a study. Parents of autistic children were given a personality test. They chose these parents because autistic children tend to cause more stress on the parent in early years. They found that parents that had the "hardy" personality trait had the least amount of stress related symptoms (Kobasa, Maddi & Zola, 1983). Kobasa reported a pattern of personality characteristics that distinguished managers and executives who remained healthy under life stress, as compared to those who developed health problems (Saxena, 2015). Hardiness may not be consistent over time. People can change. It is hard to generalize and give someone that trait. It requires subjective evaluation. Some people may only have some of the C's. Kobasa showed that theory behind hardiness is correct. Hardiness training is shown to lower stress levels better than meditation in an office community (Hagigi, Attari, Rahimi & Soleimani, 2014).

It is believed that individuals with greater hardiness can better use coping strategies to manage stress and are less affected by depression and poor health as a result of stressful events (Cataldo, 2001; Davis, Webster & Austin, 1999). Although people with higher levels of hardiness are less likely to have depression, hardiness explains only part of the variation in depression, and it is possible for depression to occur in hardy people (Cataldo, 1994; Cataldo, 2001; Maddi & Khoshaba, 1994). It is estimated that around 10% of people will at some point of time in their lives suffer from depression; a mood disorder characterized by several symptoms like feeling sad, distressed, unmotivated, excessively tired, losing interest in one's pleasurable activities known as anhedonia, changes in appetite, feeling worthless or excessively guilty, sleeping either too much or too little, poor concentration, restlessness or slowness, loss of energy and recurrent thoughts of suicide (Hammen, 2005). Depression is common in younger generation and is considered to be a public health problem (Godfrey & Denby, 2004; Marcus & Berry, 1998). Depression is a common problem and a significant cause of poor appetite and motivation to eat in younger generation as well as in adults (Donini, Savina & Cannella, 2003). Many people from depression also suffer from anxiety (Siegert & Abernethy, 2005). Neuro-imaging studies reveal that many brain circuits that normally regulate moods are disregulated in depression. Located deep within the brain, the amygdala, processes highly salient stimuli such as rewards and threats. In depression, the amygdala is over-active and responds excessively to negative events (Costello, 2016). In turn, the amygdala connects to excessive brain regions that horn the physiological and behavioral response to emotional stimuli. These areas include the medial prefrontal cortex, the nucleus accumbens, the hippocampus and the insula. The hippocampus is involved in memory formation and along with the prefrontal cortex, is particularly vulnerable to the effects of stress (Maddi, Brow, Khoshaba & Vaitkus, 2006). Depressed people are more susceptible to stress which can cause physical changes in the brain (Eisenberg, Gollust, Golberstein & Hefner, 2007). The medial prefrontal cortex is involved in regulating how strongly we react to emotional stimuli. Treatments such as anti-depressant drugs, cognitive behavioral therapy and electro-convulsive theory affect the structure and function of these under the brain regions (Segal, Williams & Teasdale, 2012).

Aim of the Study: The aim of the present study was to study the relationship between psychological hardiness and depression among college students.

Objectives of the Study:

- To study the relationship between psychological hardiness and depression among college students.
- To find out the gender difference in the relationship between psychological hardiness and depression among college students.

Hypotheses of the Study:

- There is significant relationship between psychological hardiness and depression among college students.
- There is significant gender difference in the relationship between psychological hardiness and depression among college students.

Methods:

Participants: The sample consisted of 122 students (88 boys and 34 girls). The data was collected from the different students of Amity University Rajasthan. The students in the sample were selected on random basis. The selected random students fall into the age group of 20-25 years. The students were further classified on the basis of the areas they belonged to, viz. Urban or Rural.

Measures: Participants were assessed through the administration of two measurements. These included the Center for Epidemiological Studies-Depression Scale (CES-D) and the Psychological Hardiness Scale (PHS) (Radloff, 1977; Younkin & Betz, 1996). Demographics collected included age, race, gender, and education level.

The Psychological Hardiness Scale: The Psychological Hardiness Scale (PHS, Younkin & Betz, 1996) is a 20-item scale designed to measure attitudes reflecting psychological hardiness. Items are scored on a five-point Likert scale, and the average of the items is taken. Higher scores reflect higher levels of psychological hardiness. Cronbach's alpha of .92 was reported (Younkin & Betz, 1996). Cronbach's alpha in the present study was .92 (Cronbach & Meehl, 1955). Furthermore, the convergent validity of this scale has been supported by a correlation of r=.75 with the Cognitive Hardiness scale, and the construct validity has been supported by correlations with self-esteem (r=.56) and depression (r=-.59) (Younkin & Betz, 1996).

The Center for Epidemiological Studies-Depression Scale: The Center for Epidemiological Studies Depression Scale (CES-D, Radloff, 1977) is a 20-item self-rating scale designed for measuring symptoms of depression. It was designed for use in the general population as a measure of level of depressive symptoms, rather than as a tool for screening for clinical depression. The 20 items of the CES-D ask participants to rate how much particular statements have applied to them over the past week. Responses to these items are scored on a 4-point scale, ranging from never or rarely to little or somewhat to occasionally to most. Responses to these items are averaged for a total score reflecting overall depression, with higher scores reflecting higher levels of depression. Radloff (1977) reported Cronbach's alpha coefficients ranging from .85 to .90, and a test-retest reliability coefficient of .67 (4 weeks). Cronbach's alpha in the present study was .91 (Cronbach & Meehl, 1955). The convergent validity of this scale has been supported by moderate correlations with other measures of depression, such as the Beck Depression Inventory (Skorikov & Vandervoort, 2003), and the construct validity has been supported by correlations with self-esteem, anxiety, hostility, hypochondriasis, and locus of control (Radloff, 1977).

Results and Discussion:

Table 1: Correlation between Depression and Hardiness

	Depression	Psychological Hardiness
Depression	1	-.444**
Psychological Hardiness	-.444**	1

**Correlation is significant at the 0.01 level (2-tailed).

This paper was an attempt to find out the relationship between psychological hardiness and depression (Karp, 2016), and the other correlates of them. It was hypothesized that hardiness and depression will be negatively correlated. While finding the correlation between hardiness and depression we get a value of -0.444 which is found to be significant at 0.01 level indicating a negative correlation between the variables, thus proving our hypothesis; which indicates that the people who have a hardy personality tend to be less prone to depression, as hardiness in personality is all about commitment, control and challenge and people who have these attributes in personality don't easily become victims to depression (Gilbert, 2017), which is supported by other studies like using the Correlational and multiple regression analyses showing that, by comparison with religiousness, hardiness has the larger and more comprehensive negative relationship with depression and anger (Maddi, Brow, Khoshaba & Vaitkus, 2006).

Table 2: Comparisons of Mean Values for Depression and Hardiness

	Area	N	Mean	S.D.	D_f	t
Depression	Urban	100	20.78	7.937	198	-.571
	Rural	100	21.40	7.401		
Psychological Hardiness	Urban	100	67.12	10.101	198	1.645
	Rural	100	64.62	11.361		

While comparing the mean values of the two variables we notice that the mean value for depression in urban population is calculated to be 20.78 and that of rural population is found to be 21.40 indicating a higher level of depression in rural population, although the means are not found to be significantly different but the slight higher value of mean for the rural population might be a result of people not being happy with living in rural areas because of lack of opportunity which may lead to lower down their self-esteem. The comparison of mean for hardiness shows that urban population has a higher mean (67.12) than the rural population (64.64), indicating urban population to have a comparatively hardy personality, which may be a result of urban people's lifestyle that demands the people to be more committed towards their goals, more under control and taking more and more challenges every day in order to achieve their short term and the long term goals. This table is a clear depiction of the negative correlation between the two variables.

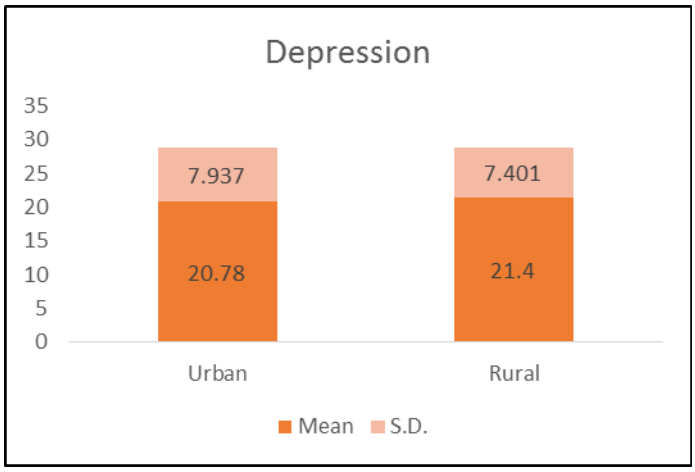

Figure 1: Graph Showing Comparison of Mean and Standard Deviation Values for Depression in Urban and Rural Areas

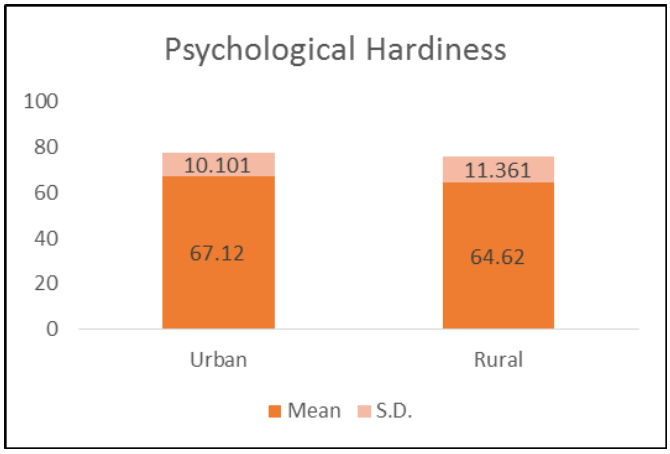

Figure 2: Graph Showing Comparison of Mean and Standard Deviation Values for Psychological Hardiness in Urban and Rural Areas

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References:

1. Cataldo, J. K. (1994). Hardiness and death attitudes: Predictors of depression in the institutionalized elderly. Archives of Psychiatric Nursing, 8(5), 326-332.
2. Cataldo, J. K. (2001). The relationship of hardiness and depression to disability in institutionalized older adults. Rehabilitation Nursing, 26(1), 28-33.
3. Costello, C. G. (2016). Depression: Loss of Reinforcers or Loss of Reinforcer Effectiveness?–Republished Article. Behavior Therapy, 47(5), 595-599.
4. Cronbach, L. J., & Meehl, P. E. (1955). Construct validity in psychological tests. Psychological bulletin, 52(4), 281.
5. Davis, B., Webster, C., & Austin, W. (1999). Health-related hardiness and the effect of a psychoeducational group on clients' symptoms. Journal of psychiatric and mental health nursing, 6(3), 241-247.
6. Donini, L. M., Savina, C., & Cannella, C. (2003). Eating habits and appetite control in the elderly: the anorexia of aging. International psychogeriatrics, 15(01), 73-87.
7. Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. American Journal of Orthopsychiatry, 77(4), 534-542.
8. Gilbert, P. (2017). Depression: The evolution of powerlessness. Routledge.
9. Godfrey, M., & Denby, T. (2004). Depression and older people: towards securing well-being in later life. Policy Press.

10. Hagigi, J., Attari, E., Rahimi, S., & Soleimani Nia, L. (2014). The relationship between hardiness and its components with mental health in undergraduate male university students. Journal of Education Science and Psychology, Shahid Chamran University, 2, 181.
11. Hammen, C. (2005). Stress and depression. Annual Review of Clinical Psychology, 1, 293-319.
12. Karp, D. A. (2016). Speaking of sadness: Depression, disconnection, and the meanings of illness. Oxford University Press.
13. Kobasa, S. C. (1979). Stressful life events, personality, and health: an inquiry into hardiness. Journal of personality and social psychology, 37(1), 1.
14. Kobasa, S. C. (1982). The hardy personality: Toward a social psychology of stress and health. Social psychology of health and illness, 4, 3-32.
15. Kobasa, S. C., Maddi, S. R., & Zola, M. A. (1983). Personality and social resources in stress resistance. Type A and hardiness. Journal of behavioral medicine, 6(1), 41-51.
16. Lazarus, R. S., & Launier, R. (1978). Stress-related transactions between person and environment. In Perspectives in interactional psychology. Springer US, 287-327.
17. Maddi, S. R., & Khoshaba, D. M. (1994). Hardiness and mental health. Journal of personality Assessment, 63(2), 265-274.
18. Maddi, S. R., Brow, M., Khoshaba, D. M., & Vaitkus, M. (2006). Relationship of hardiness and religiousness to depression and anger. Consulting Psychology Journal: Practice and Research, 58(3), 148.
19. Marcus, E. L., & Berry, E. M. (1998). Refusal to eat in the elderly. Nutrition Reviews, 56(6), 163-171.
20. Phoolka, E. S., & Kaur, N. (2012). Adversity Quotient: A new paradigm to explore. Contemporary Business Studies, 3(4), 67-78.
21. Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. Applied psychological measurement, 1(3), 385-401.
22. Saxena, S. (2015). Relationship between psychological hardiness and mental health among college students. Indian Journal of Health and Wellbeing, 6(8), 823.
23. Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2012). Mindfulness-based cognitive therapy for depression. Guilford Press.
24. Siegert, R. J., & Abernethy, D. A. (2005). Depression in multiple sclerosis: a review. Journal of Neurology, Neurosurgery & Psychiatry, 76(4), 469-475.
25. Skorikov, V. B., & Vandervoort, D. J. (2003). Relationships between the underlying constructs of the Beck Depression Inventory and the Center for Epidemiological Studies Depression Scale. Educational and Psychological Measurement, 63(2), 319-335.
26. Younkin, S. L., & Betz, N. E. (1996). Psychological hardiness: A reconceptualization and measurement. Theory and assessment of stressful life events, 157-174.

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