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PREDICTORS OF ANXIETY AND DEPRESSION

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Abstract

This research is a correlational study in order to create a prediction model, to establish the predictors for anxiety and depression at young people. The aim of this research is to establish the power of prediction of three psycho-individual variables as – negative dysfunctional emotions, automatic negative thoughts and also suppressive thoughts, for anxiety and depression at young people. The results of the research are going to be useful to create a regression on the appearance of depression and anxiety influenced by dysfunctional emotions, negative automatic thoughts, and suppressive thoughts. Nowadays lots of people have different affectivity issues, as we know that anxiety and depression have become one of the most popular problems, especially if we talk about the youth. Knowing about this vulnerability of young people we decided to start this study in order to create a very real and powerful model of prediction for the anxiety and depression, in order to have more information to improve the adaptability of the youth.

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Keywords: Depression, anxiety, dysfunctional emotions, automatic thoughts, suppressive thoughts.



1. Introduction

This research starts with a correlational study in order to investigate the model of prediction for anxiety and depression at young people, on the correlations between negative dysfunctional emotions, suppressive thoughts, and automatic negative thoughts. Searching in the literature, we could find some general ideas as the strong relationship between feelings, affectivity, generally speaking and thinking, the way human judge, as it is well-known that feelings, thoughts and some personality features are predictors for success in life. The study's aim is to establish the prediction value of three psycho-individual variables such as – negative dysfunctional emotions, suppressive thoughts and negative automatic thoughts on the appearance of anxiety and depression at young people. Nowadays lots of people have different affectivity issues, as we know that anxiety and depression have become one of the most popular problems, especially if we talk about the youth. Authors as Loo and Loo (2003) claim that in contact with social, familial or professional factors, man can develop some defence reactions. So, the stress reactions, inner conflicts, obstacles between reality and wishes, generate negative affectivity, sadness, lack of appreciations, and this is what we call depression. The depressed man is sad, has no self-valorisation, and no purpose for living. He presents the lack of vitality and force, insomnia, or the diminishing of cognitive processes, the lack of appetite, and also issues of the sexual aspects.

On the other hand, depression is in comorbidity with anxiety which is the feeling of inner fear, inner tension and the general idea that something bad is going to happen.

We also must say that young people are very vulnerable to all kind of situations and factors, as their experience is very limited and so they can react in a negative way in a stressful situation.

Knowing about this vulnerability of young people we decided to start this study in order to create a very real and powerful model of prediction for the anxiety and depression, in order to have more information to improve the adaptability of the youth.

2. Problem Statement

We may say that dysfunctional negative emotions, as well as suppressive thoughts and negative automatic thoughts in connection with depression and anxiety are very important for the solution of young people problems.

Understanding the social and cultural environment which generates issues as negative dysfunctional affectivity or negative and dysfunctional thoughts at young people, in relation with depression and anxiety is very important for the study of young men adaptation.

The present study contributes to the development of the literature, as there aren't studies with such a purpose.

All in all we can say that dysfunctional emotions and thoughts have a negative impact on performance in different areas in the case of young people.

3. Research Questions

1. Is the analysis of the psychological factors which generate depression and anxiety important for the study of a better adaptation at young people?

2. Knowing the factors which generates depression and anxiety at young people can give us a point of starting personal development plans in therapy?
3. The determination of a specific theoretical model of prediction for anxiety and depression can improve performance in different areas at young people?

4. Purpose of the Study

1. The correlations among dysfunctional negative emotions, suppressive thoughts and automatic negative thoughts and the appearance of depression and anxiety;
2. The identification of the level of development of negative emotions, suppressive thoughts automatic negative thoughts, depression and anxiety using tests as P.D.A, White Bear questionnaire, Negative automatic thoughts questionnaire, Hamilton Depression Scale, Hamilton Anxiety Scale.
3. The determination of the prediction model for anxiety and depression at young people.

5. Research Methods

General hypothesis: There is a specific model of prediction of the level of anxiety and depression based on the level of development of dysfunctional negative emotions, suppressive thoughts and automatic negative thoughts.

Work hypothesis:

- H1. The level of depression can be predicted based on the level of development of dysfunctional negative emotions, suppressive thoughts and automatic negative thoughts.
- H2. The level of psychic-anxiety can be predicted based on the level of development of dysfunctional negative emotions, suppressive thoughts and automatic negative thoughts.
- H3. The level of somatic-anxiety can be predicted based on the level of development of dysfunctional negative emotions, suppressive thoughts and automatic negative thoughts.

Variables:

Independent:

- V1. Negative dysfunctional emotions: sadness and anxiety
- V2. Suppressive thoughts with two categories: under the media and above media
- V3. Automatic negative thoughts

Dependent:

- V4. Level of depression
- V5. Level of psychic-anxiety
- V6. Level of somatic-anxiety

Participants: The number of subjects is 400; all are students at different faculties at the University of Pitesti, 177 males, 223 females with ages between 18-40 years.

Methods: We used the investigation to collect data about the occupation of the subjects, and the age. We also used the test method using: P.D.A- The affective distress profile to establish the level of negative dysfunctional emotions, White Bear questionnaire-for measuring the suppressive thoughts level, Negative automatic thoughts questionnaire-for measuring the automatic thoughts level, Hamilton Depression Scale-to establish the level of depression, Hamilton Anxiety Scale- to establish the level of

anxiety. All the instruments that we used have very good psychometrical features. We also used statistical methods as: the Cronbach coefficient, the multiple linear regression.

6. Findings

- The mean of age of the male subjects is 28,68, and the mean of age of the female subjects is 28,97, and the most frequent age is 18 years;

- the mean of points for the variable negative dysfunctional emotions is 50,34, the median is 50 which shows a little variability of the scores between 35-67, as the maximum score is 70. The most frequent score is 37 which illustrates that the subjects have a medium level of the presence of the negative dysfunctional emotions. The standard deviation is 6, 32 which shows us a positive deviation and a moderate variation of the answers which means that the subjects show an above presence of dysfunctional emotions. The variance is between 40, 01 which indicates us a variation above the mean in the case of negative dysfunctional emotions. Skewness is 0, 27 which shows us a migration of the scores in the right side of the media, and also Kurtosis is between -0, 53 which shows us a relative uniform distribution of scores. The Cronbach coefficient shows us very good intern fidelity.

- the mean of points for the variable suppressive thoughts is 51,66 the median is 51 which shows a little variability of the scores between 36-68, as the maximum score is 75. The most frequent score is 53 which illustrates that the subjects have a high level of the presence suppressive thoughts. The standard deviation is 6, 53 which shows us a positive deviation and a moderate variation of the answers which means that the subjects show an above presence of suppressive thoughts. The variance is 42, 67 which indicates us a variation above the mean in the case of suppressive thoughts. Skewness is 0, 37 which shows us a migration of the scores in the right side of the media, and also Kurtosis is -0, 10 which shows us a relative uniform distribution of scores. The Cronbach coefficient shows us very good intern fidelity.

- the mean of points for the variable negative automatic thoughts is 53,15 the median is 52 which shows a little variability of the scores between 36-71, as the maximum score is 75. The most frequent score is 51 which illustrates that the subjects have a medium level of the presence negative automatic thoughts. The standard deviation is 7, 31 which shows us a positive deviation and a moderate variation of the answers which means that the subjects show a medium presence of negative automatic thoughts. The variance is 53, 48 which indicates us a variation above the mean in the case of negative automatic thoughts. Skewness is 0, 42 which shows us a migration of the scores in the right side of the media, and also Kurtosis is -0, 19 which shows us a relative uniform distribution of scores. The Cronbach coefficient shows us very good intern fidelity.

- The mean of points for the Hamilton's Depression Scale is 26, 67 the median is 26 which shows a little variability of the scores between 8-42, as the maximum score is 68. The most frequent score is 26 which illustrates that the subjects have a medium level of depression. The standard deviation is 7, 35 which shows us a positive deviation and a moderate variation of the answers which means that the subjects show a medium level of depression. The variance is 54, 09 which indicates us a variation above the mean in the case of depression. Skewness is - 0, 17 which shows us a migration of the scores in the left side of the media, and also Kurtosis is -0, 58 which shows us a relative uniform distribution of scores, frequently low scores. The Cronbach coefficient shows us very good intern fidelity.

- The mean of points for the Hamilton's Anxiety Scale is 5, 93 - psychic anxiety, and 22, 90 - somatic anxiety, the median is 5 for psychic anxiety and 23 for somatic anxiety, which shows a little variability of the scores, as the maximum score is 56. The most frequent scores are 3 and 20 which illustrates that the subjects have a medium-high level of psychic and somatic anxiety. The standard deviation is 3, 49 and 3, 88 which shows us a positive deviation and a moderate variation of the answers which means that the subjects show a medium-high level of anxiety. The variance is between 12.20 - 15.10 which indicates us a variation above the mean in the case of psychic anxiety and somatic-anxiety. Skewness is 0,42 and 0,43 which shows us a migration of the scores in the right side of the media, and also Kurtosis is -0,13, -0,34 which shows us a relative uniform distribution of scores, frequently low scores. The Cronbach coefficient shows us very good intern fidelity.

H1. The level of depression can be predicted based on the level of development of dysfunctional negative emotions, suppressive thoughts and automatic negative thoughts.

After we have done the Pearson correlation in order to develop the multiple linear regression model, correlations that we are not going to present as they aren't the purpose of our study we introduced 3 predictors-negative dysfunctional emotions, suppressive thoughts and negative automatic thoughts, and the criterium variable represented by depression in the case of the 400 subjects evaluated in the research. So in the first bloc we entered the variable dysfunctional negative emotions, in the second one suppressive thoughts and in the third one we entered automatic negative thoughts. The results show us that the variable dysfunctional negative emotions contributes in a significant way ($\Delta R^2 = 0,011$, $p = 0,035$) to explain the variance of the level of depression ($F(1; 398) = 4,492$, $p = 0,035$). The variable suppressive thoughts does not contribute in a significant way ($\Delta R^2 = 0,012$, $p = 0,587$) to explain the variance of the level of depression ($F(1; 397) = 0,295$, $p = 0,587$). The variable negative automatic thoughts contributes in a significant way ($\Delta R^2 = 0,022$, $p = 0,045$) to explain the variance of the level of depression ($F(1; 396) = 4,038$, $p = 0,045$).

The significance level shows us some differences:

1. Model 1 and model 2 of prediction ($F(1; 397) = 4,492$ and $p = 0,035$): the inferiority of model 2 which predicts the level of depression by the constant, 2 predictors - the negative dysfunctional emotions and the level of suppressive thoughts;

2. Model 3 and model 2 of prediction ($F(3; 396) = 2,951$ and $p = 0,033$): the superiority of model 3, which predicts the level of depression by the constant, 3 predictors - the negative dysfunctional emotions, the level of suppressive thoughts and the level of negative automatic thoughts.

From the final model we can see that only 2 predictors are significant: the negative dysfunctional emotions ($\beta = -0,220$, $p = 0,019$), the level of suppressive thoughts ($\beta = -0,050$, $p = 0,606$) and the level of negative automatic thoughts ($\beta = 0,193$, $p = 0,045$). So we can say that depression appears when the level of negative dysfunctional emotions is lower, the level of suppressive thoughts is lower and the level of negative automatic thoughts is higher. Our hypothesis was confirmed.

H2. The level of psychic-anxiety can be predicted based on the level of development of dysfunctional negative emotions, suppressive thoughts and automatic negative thoughts.

After we have done the Pearson correlation in order to develop the multiple linear regression model, correlations that we are not going to present as they aren't the purpose of our study we introduced 3 predictors-negative dysfunctional emotions, suppressive thoughts and negative automatic thoughts, and

the criterium variable represented by the psychic-anxiety in the case of the 400 subjects evaluated in the research. So in the first bloc we entered the variable dysfunctional negative emotions, in the second one suppressive thoughts and in the third one we entered automatic negative thoughts. The results show us that the variable dysfunctional negative emotions contributes in a nonsignificant way ($\Delta R^2 = 0,0001$, $p = 0,734$) to explain the variance of the level of psychic-anxiety ($F(1; 398) = 116$, $p = 0,734$). The variable suppressive thoughts doesn't contribute in a significant way ($\Delta R^2 = 0,006$, $p = 0,121$) to explain the variance of the level of psychic-anxiety ($F(1; 397) = 2,413$, $p = 0,121$). The variable negative automatic thoughts contributes in a nonsignificant way ($\Delta R^2 = 0,007$, $p = 0,729$) to explain the variance of the level of psychic-anxiety ($F(1; 396) = 0,120$, $p = 0,729$).

The significance level shows us some differences:

1. Model 1 and model 2 of prediction ($F(1; 398) = 0,116$ and $p = 0,734$): the inferiority of model 1 which predicts the level of psychic-anxiety by the constant, 1 predictor - the negative dysfunctional emotions;

2. Model 3 and model 2 of prediction ($F(2; 397) = 1,264$ and $p = 0,284$): the inferiority of model 2, which predicts the level of psychic-anxiety by the constant, 2 predictors - the negative dysfunctional emotions, the level of suppressive thoughts.

3. Model 3 of prediction is superior for the level of psychic-anxiety by the constant, 3 predictors - the negative dysfunctional emotions, the level of suppressive thoughts and negative automatic thoughts ($F(3; 396) = 0,881$ and $p = 0,451$). From the final model we can see that all 3 predictors aren't significant: the negative dysfunctional emotions ($\beta = -0,104$, $p = 0,268$), the level of suppressive thoughts ($\beta = 0,116$, $p = 0,239$), and the level of negative automatic thoughts ($\beta = 0,034$, $p = 0,729$). So we may say that psychic anxiety level is higher when the level of negative dysfunctional emotions is lower, the level of suppressive thoughts is higher and the level of negative automatic thoughts is higher. But our hypothesis is not confirmed.

H3. The level of somatic - anxiety can be predicted based on the level of development of dysfunctional negative emotions, suppressive thoughts and automatic negative thoughts. To realise the multiple linear prediction, we did the analysis of the relations between the criterium variable – *somatic anxiety* and the three predictors: the level of negative dysfunctional emotions, the level of suppressive thoughts, and the level of negative automatic thoughts. So in the first block we entered the variable dysfunctional negative emotions, in the second one suppressive thoughts and in the third one we entered automatic negative thoughts.

The results show us that the variable dysfunctional negative emotions contributes in a significant way ($\Delta R^2 = 0,381$, $p = 0,0001$) to explain the variance of the level of somatic-anxiety ($F(1; 398) = 245,43$, $p = 0,0001$). The variable suppressive thoughts contributes in a significant way ($\Delta R^2 = 0,655$, $p = 0,0001$) to explain the variance of the level of somatic-anxiety ($F(1; 397) = 314,96$, $p = 0,0001$). The variable negative automatic thoughts contributes in a significant way ($\Delta R^2 = 0,818$, $p = 0,0001$) to explain the variance of the level of somatic-anxiety ($F(1; 396) = 16,402$, $p = 0,0001$).

The significance level shows us some differences:

1. Model 1 and model 2 of prediction ($F(1; 398) = 245,43$ and $p = 0,0001$): the inferiority of model 1 which predicts the level of somatic-anxiety by the constant, 1 predictor - the negative dysfunctional emotions;

2. Model 3 and model 2 of prediction ($F(2; 397) = 377,01$ and $p = 0,0001$): the inferiority of model 2, which predicts the level of somatic-anxiety by the constant, 2 predictors - the negative dysfunctional emotions, the level of suppressive thoughts.

3. Model 3 of prediction is superior for the level of somatic-anxiety, 3 predictors - the negative dysfunctional emotions, the level of suppressive thoughts and negative automatic thoughts $F(3; 396) = 266,56$ and $p = 0,0001$.

From the final model we can see that all three predictors are significant the negative dysfunctional emotions ($\beta = -0,198$, $p = 0,0001$), the level of suppressive thoughts ($\beta = 0,781$, $p = 0,0001$) and negative automatic thoughts ($\beta = 0,226$, $p = 0,0001$). So we may say that somatic anxiety level is higher when the level of negative dysfunctional emotions is lower, the level of suppressive thoughts is higher and the level of negative automatic thoughts is higher, and our hypothesis is confirmed.

7. Conclusion

The conclusion of the first hypothesis is that the level of depression of the young people with ages between 18-40 years old grows when the level of negative dysfunctional emotion is lower, the level of suppressive thoughts is also lower but the level of negative automatic thoughts is higher. Depression can be seen as the result of the interaction between cognitive factors and the stressor agents from the environment. People who are vulnerable to depression can be identified in stressful situations. Beck (2008) was the first to argue that depression is the result of the wrong adaptive schemes at the cognitive level, as the depressed men were seeing reality in a dysfunctional way. As Beck (2014) claimed, depressed men have a negative perception of their self image, of their life experiences in present or in future and this issue is influenced by the negative automatic thoughts which represent a dysfunctional way of thinking, or errors in thinking. So, we may say that the cognitive aspects are more important in generating depression, than the affectivity factors. This is also a statement claimed by Ellis (1962, 1963, 2009, 2010) who talks about the irrationality of men which is the main cause for the lack of adaptation.

The conclusion of the second hypothesis is that the level of psychic-anxiety is not higher when the level of negative dysfunctional emotions is lower, but when the level of suppressive thoughts is higher and also the automatic thoughts level is higher. The anxiety is a general fear, a feeling that something wrong is happening. The suppressive thoughts are that category which indicate an inner conflict, that the subject wants to avoid, though he can not. Though it's hard to believe it seems that suppressive thoughts, negative automatic thoughts and also dysfunctional emotions are not the causes for psychic anxiety. We can explain this by the fact that the socio-cultural factors are really important in adaptation, and also that at a young age the experience is limited, so one can see in an optimistic manner the situations in his life. At a young age, from the cultural and social perspective we don't have too many responsibilities as we are young and we have to enjoy more. Beck (2008, 2014) claims that anxiety comes only in stressful situations. So, this could be an explanation for the fact that the psychic anxiety isn't generated by the variables - negative dysfunctional emotions, suppressive thoughts, automatic thoughts, as the subjects do not have stressful experiences. This could also be explained by the fact that young people generally experience somatic-anxiety, since at the cognitive level they aren't too conscious of what they experience.

In this way, the conclusion of the third hypothesis is that somatic-anxiety is higher, when the level of negative dysfunctional emotions is lower, the level of suppressive thoughts is higher and also the automatic thoughts level is higher. When someone shows suppressive thoughts this is proof that he has an inner conflict of which he is not necessarily conscious about, and if he also shows negative automatic thoughts then he is going to experience the somatic-anxiety.

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