

PESSIMISM, SEXUAL TRAUMA, AND PERSONAL DEMOGRAPHICS:
COVARIATES OF DEPRESSION IN COLLEGE STUDENTS

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College students face a variety of stressors after the transition to a university setting. In a new environment, students must negotiate past history, attitudes and interpersonal relationships to cultivate a healthy state of mind. Depending on the individual situation, a combination of certain factors may put the person at a higher risk for depression. Recent research suggests that depression in college students is associated with a history of sexual trauma (Harris 2002). In a separate study, depression in college students was related to living arrangements and level of interpersonal dependency (Polewchak 2002). Additionally, depression in college students was linked to lower levels of optimism (Brissette 2002). These studies separately link depression to various factors, but there is little research that examines depression's relationship to the combination of these factors.

The current study uses a diverse sample (n=532, 70% female, 21% African American, 61% Caucasian, 8% Hispanic, 4% Asian American, 6% other ethnic background, aged 17 to 49) recruited from a state college located in a major southern metropolitan area to examine variables that are associated with depression in college students. Based upon our literature review we measured several correlates of depression (CES-D; Radloff, 1977) that included optimism/pessimism (ELOT; Chang, Maydeu-Olivares, & D'Zurilla, 1997), sexual trauma (THQ; Green, 1996), as well as questions regarding forced or unwanted sexual activity, and a number of pertinent demographic variables (e.g. relationship status, work status, cumulative grade point average, living arrangement, financial income, parental status). We hypothesized that sexual trauma, optimism and sexual behaviors would explain a significant portion of variance in level of depression in college students.

We constructed a model to explore which variables would account for the variance in depression in our sample of college students. After controlling for demographics, an exploratory hierarchical linear regression analysis explained 39% of the variance in depression [adjusted $R^2 = .39$, $F(15,450) = 20.73$, $p < .01$]. Our two variables of interest optimism/pessimism ($t = -14.37$, $p < .01$) and reported sexual trauma ($t = 3.03$, $p < .01$) significantly predicted increases in depression. Due to the significant contribution of optimism to this model, we reviewed the items on both the ELOT and the CESD and ran multi-collinearity diagnostics to assure that this factor was not artificially inflating our results ($VIF = 1.021$). Sexual behaviors were also significant predictors in our model such that students who reported being pressured to engage in unwanted sex ($t = 2.70$, $p < .05$) and students who reported sex with a substance-using partner they suspected to be risky ($t = 3.70$, $p < .01$) also reported higher levels of depression. In addition, several of our demographic variables were predictors of increased levels of depression, these included not being in relationship ($t = -3.16$, $p < .01$), not being employed ($t = -1.492$, $p < .05$), living alone ($t = -1.16$, $p < .05$) and having a child ($t = 1.38$, $p < .05$). Curiously, a

higher cumulative GPA ($t = .13, p < .05$) and an income over ten thousand dollars ($t = -1.39, p < .05$) were also associated with more depression.

Our results paint a complex picture of depression in college students and are important because they identify several points of access for the treatment of depression in this population. Clinicians who work with this population should probe for sexual histories and sexual traumas. Factors may be uncovered that can be processed in therapy to reduce depression. For students who reported engaging in sex with partners they thought might be risky, interventions focused on sexual negotiation may reduce risky behaviors in this population. Outreach programs on campus to at risk populations (i.e. fraternities/sororities, sports teams and freshmen) that include information about risky sexual behaviors and how to negotiate risky circumstances may help reduce depression.

The recently popularized concept of optimism also plays a significant role in our model. Interventions that include a component of training in coping skills to increase optimism may be helpful in reducing depression. Recent research suggests that optimism and pessimism are not orthogonal and thus, an attention to increasing optimism rather than solely decreasing pessimism may be important when addressing depression.

Additionally, our findings that relationships and living alone are important factors in the life of college students are clinically relevant and suggest that social skills training and perhaps relationship groups would be helpful in reducing depression. Undergraduate students with children may need additional support to process the stress associated with school and child-rearing to avoid depression. In our sample, rather than contributing to higher levels of depression, having a job insulated students from depression. As a respite from the scholarly activities involved with college, working may provide students with opportunities to expand social networks in meaningful ways.

Our study is limited in that causal inferences cannot be drawn due to the cross-sectional, correlational design used. Therefore, we can only conclude that sexual behavior, a history of sexual trauma and optimism are associated with increased levels of depression and not that they are causes of depression. It is just as likely that depression is a cause of these variables of interest. Future research that uses a longitudinal design will be able to determine the direction of the relationship of these variables.