



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

Why are they not flourishing: late adolescence, emerging adulthood or excessive demands and uncertainty?

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Flourishing?

- Our students
 - Majority are 18 to 25 year olds
 - Educated
 - Through the adolescence stage
 - Greater freedom and choice (?)
 - Peak of physical fitness (although development still occurring)
 - Relatively strong social support

Levels of psychological distress

- Brief Symptom Inventory
 - Derogatis L. R. (1975, 2004)
- Instructions
 - How much has each problem bothered you in the last 7 days
- 53 items, e.g.,
 - Pains in heart or chest
 - Thoughts of ending your life
 - Feeling lonely
 - Difficulty making decisions
- 5 point scale
 - 0 not at all4 Extremely

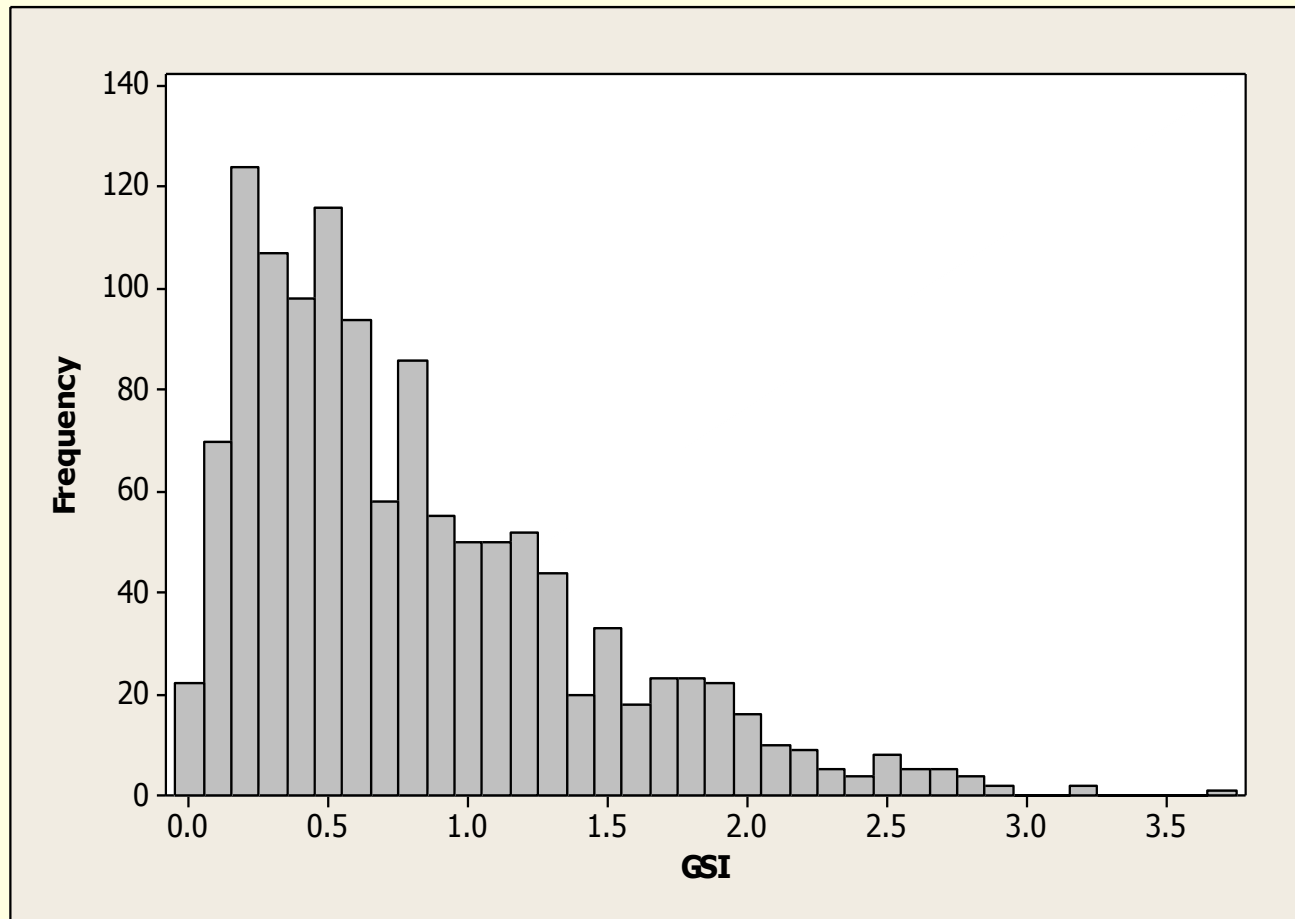
BSI Scores

- Global Severity Index (GSI)
 - Responses summed and divided by 53
 - GSI score range 0 to 5
- Nine symptoms cluster scores
 - Obsessive-Compulsive
 - Interpersonal Sensitivity
 - Anxiety
 - Depression
 - Hostility
 - Paranoid Ideation
 - Psychoticism
 - Somatization
 - Phobic Anxiety

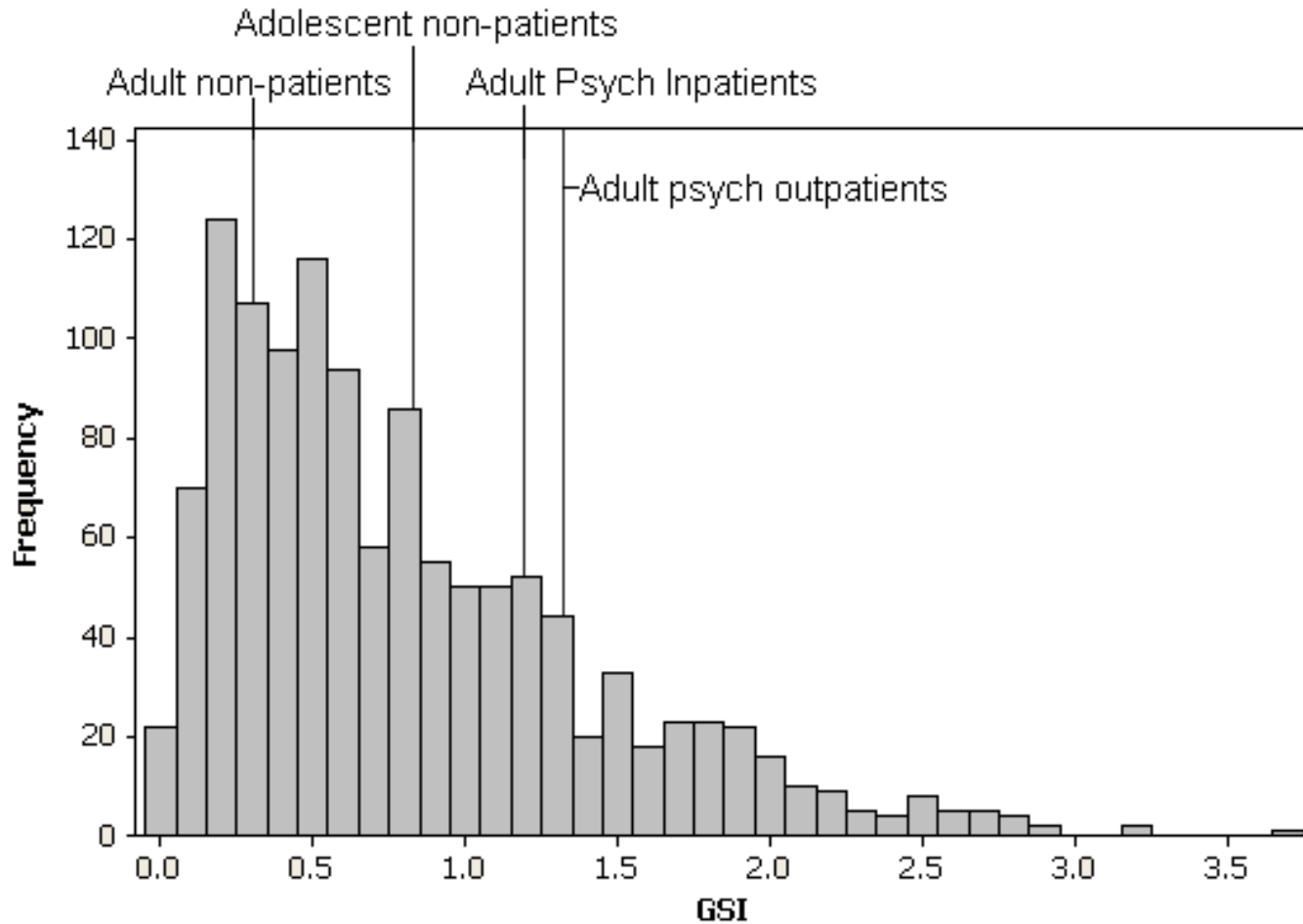
Combined Samples

	Males	Females	Median Age
Medical students	156	244	20
Psychology students	92	356	19
Law students	145	190	20
Total	393	790	

Global Severity Index



With norms



Sample mean = .81

Diff to:

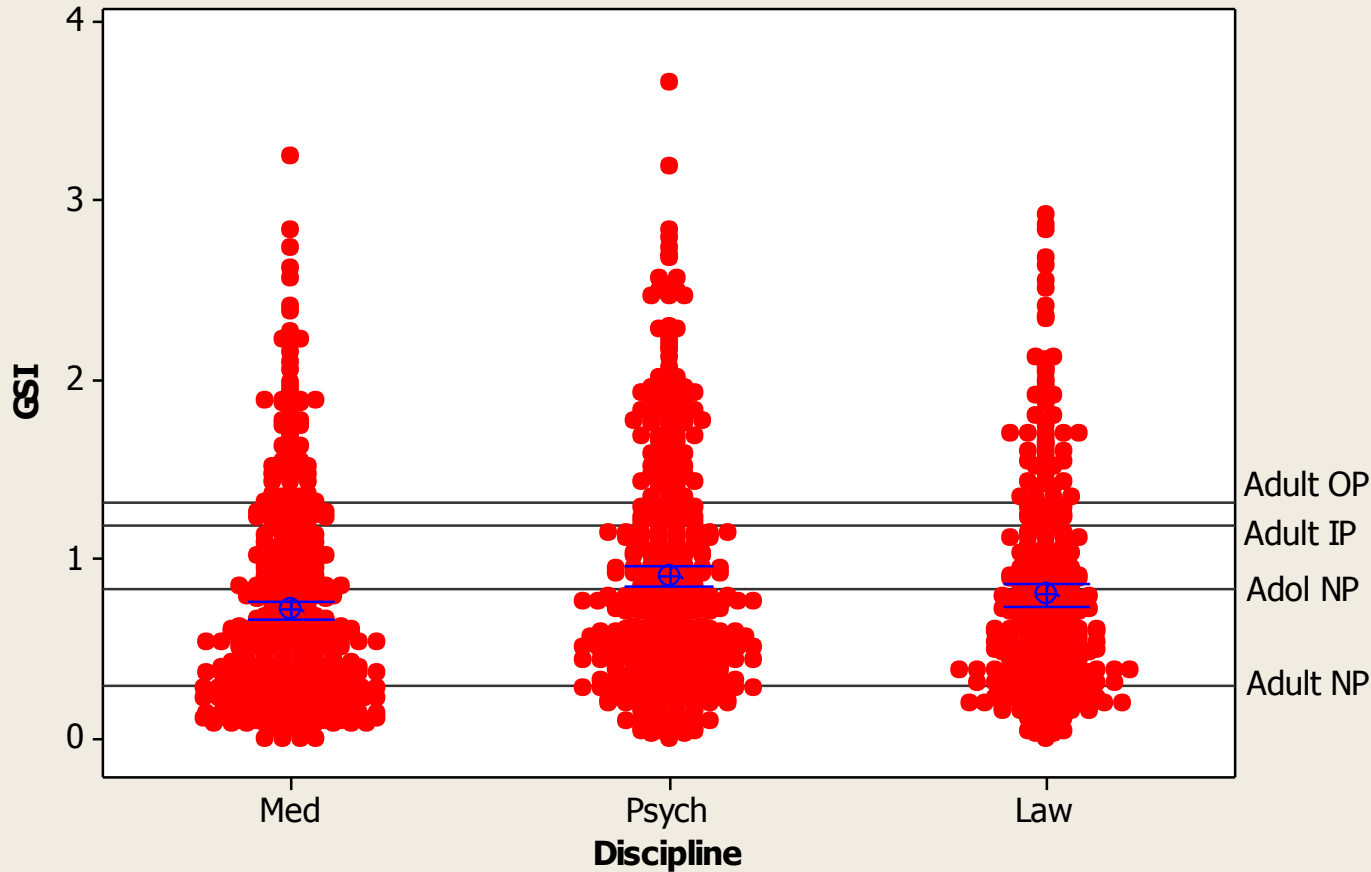
Adult NP $p < .000$

Adol NP ns

Adult PI $p < .000$

Adult PO $p < .000$

GSI by Discipline



Proportion >
than Adult IP
norm:

Med 19%

Psyc 27%

Law 22%

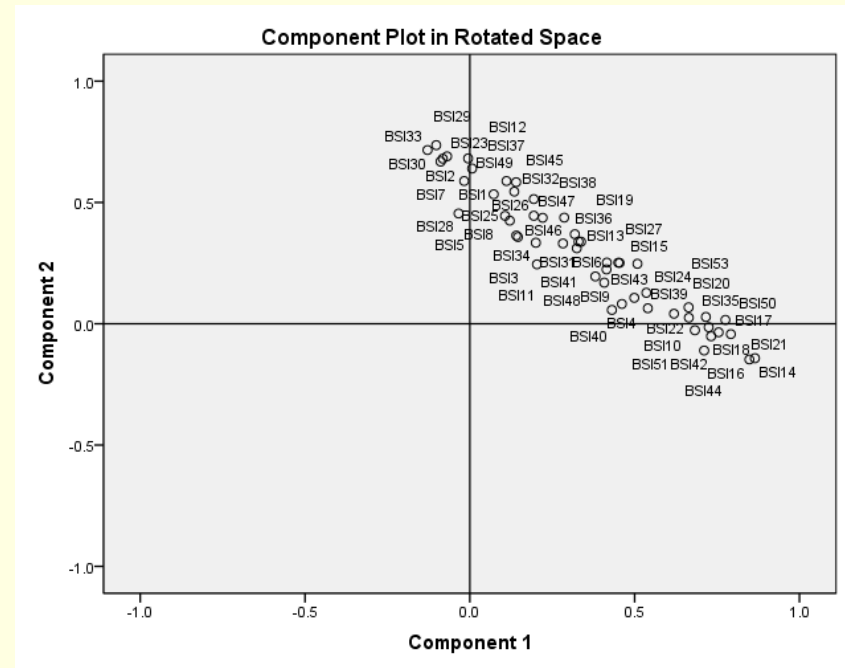
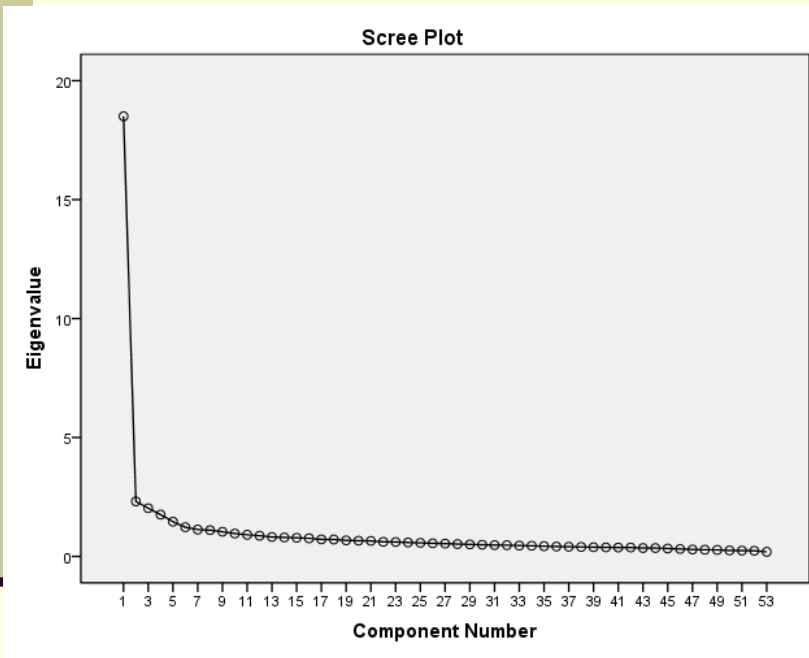
Psyc higher
than Med p
< .05

Law ns Med
or Psyc

Reliability and Validity

- Alpha = .96
- Females score higher than males .75 vs .84, $p = .02$
- Correlates strongly with Big 5 Neuroticism $r = .58$
- Correlates strongly with
 - K10 $r = .63$
 - GHQ12 $r = .61$
 - SWB $r = -.52$
 - Sat W Life $r = -.48$
 - EQ $r = -.38$

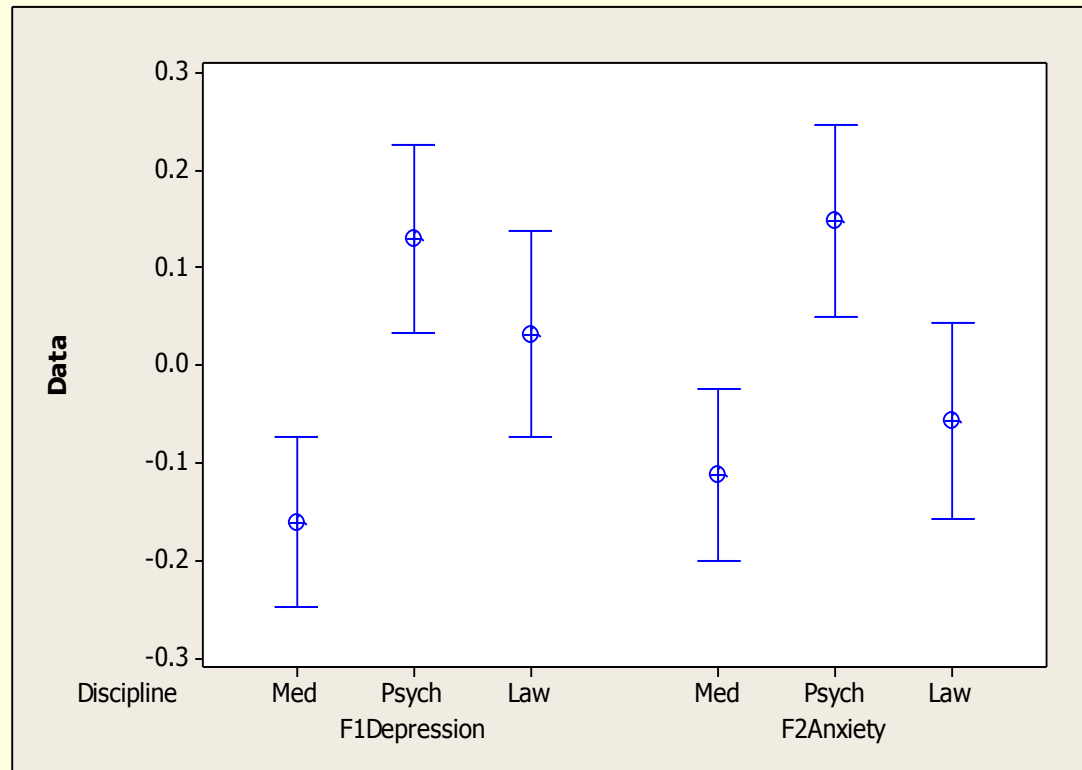
Factor Analysis



Extracted two factors, Oblimin rotation:

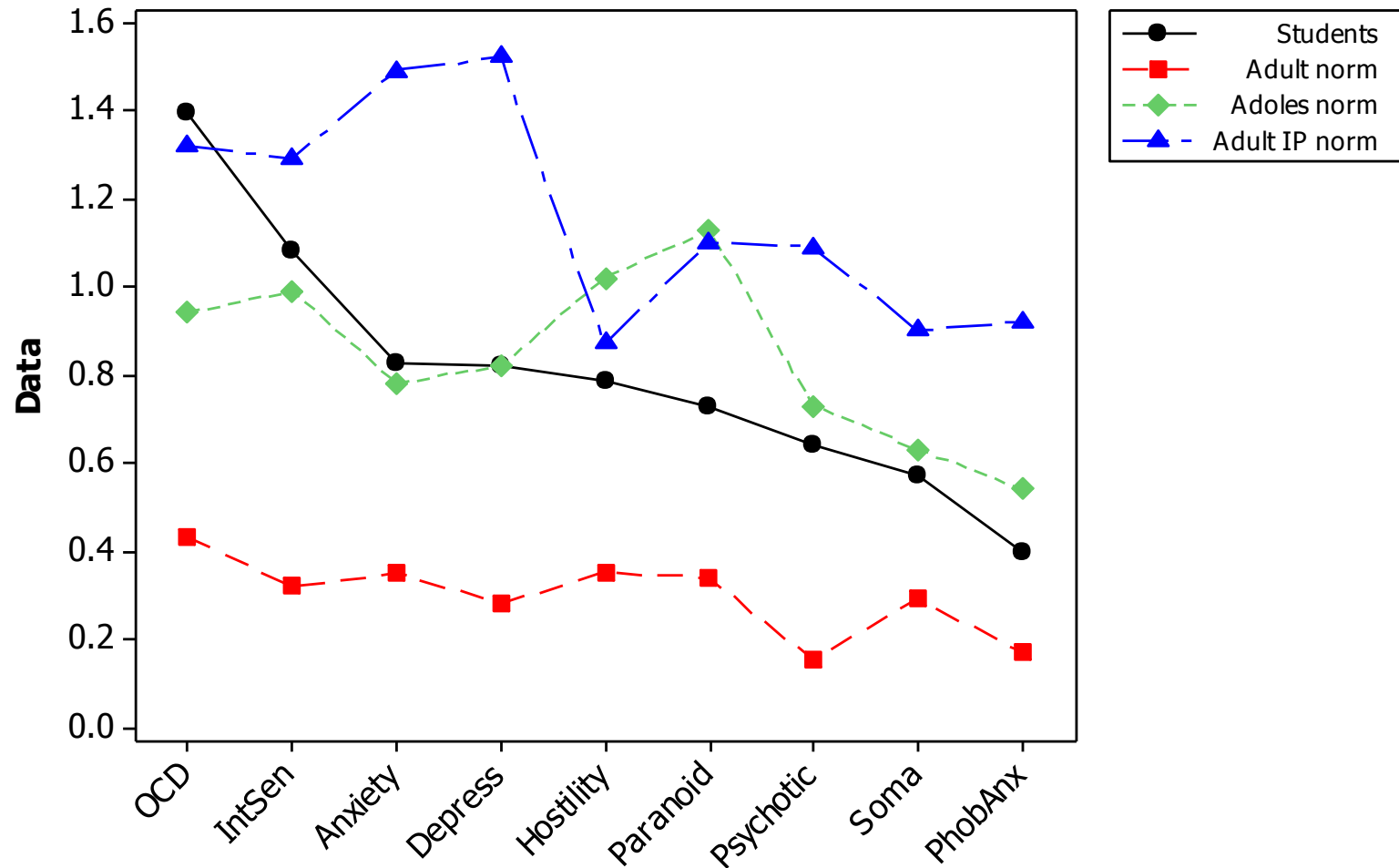
Depression factor and Anxiety factor, $r = .68$

Two factors

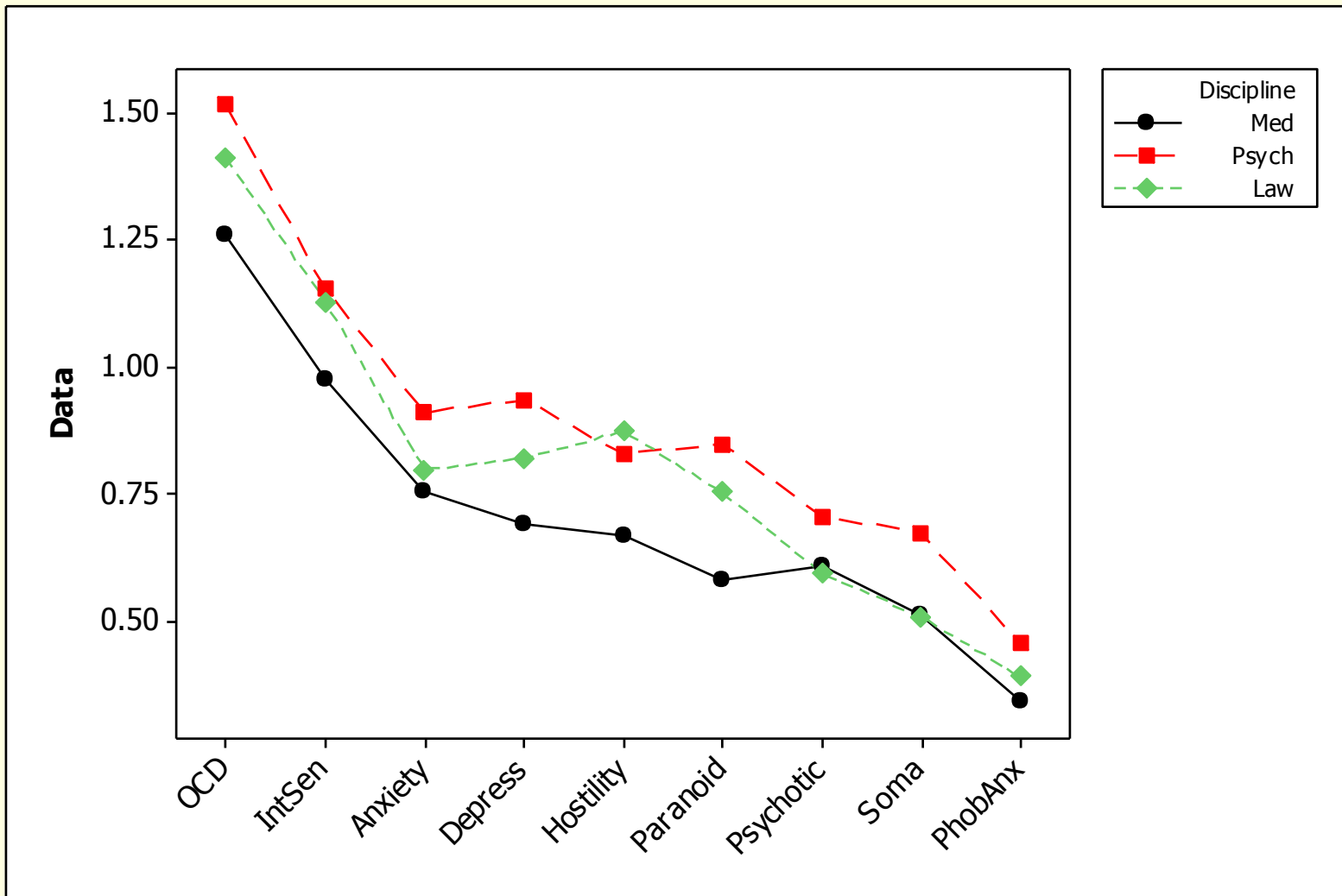


Factor mean scores by group with 95% CIs

Symptom Dimensions



Symptom Dimensions by Group



Top 5 rated items

Males		
Med	Psyc	Law
Trouble concentrating	Feeling blocked in getting things done	Feeling easily annoyed or irritated
Trouble remembering things	Trouble concentrating	Trouble concentrating
Feeling easily annoyed or irritated	Feeling easily annoyed or irritated	Trouble remembering things
Feeling blocked in getting things done	Trouble falling asleep	Feeling blocked in getting things done
Difficulty making decisions	Trouble remembering things	Having to check and double-check what you do
Females		
Trouble concentrating	Feeling easily annoyed or irritated	Feeling easily annoyed or irritated
Trouble remembering things	Trouble concentrating	Trouble concentrating
Feeling easily annoyed or irritated	Feeling blocked in getting things done	Difficulty making decisions
Nervousness or shakiness inside	Trouble falling asleep	Feeling tense or keyed up
Feeling blocked in getting things done	Trouble remembering things	Feeling blocked in getting things done

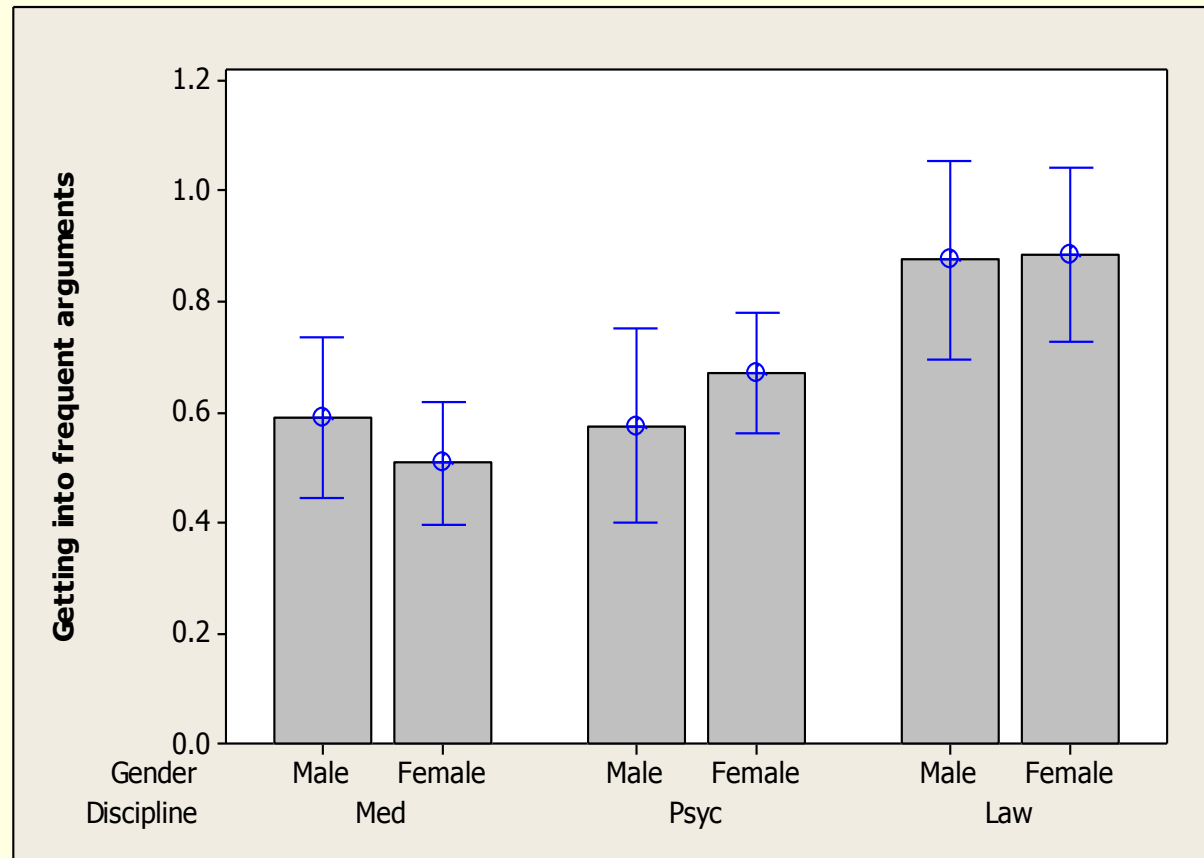
Obsessive Compulsive

Hostility

Anxiety

General Items

Item with greatest differential: 'Getting into frequent arguments'



Main effect of
Discipline
significant:

$F = 10.3, p < .001$

Law 'getting into
frequent
arguments'
significantly more
than Med or Psyc



Symposium Summary

- A significant proportion of students report high levels of
 - General psychological distress
 - K10, GHQ, GSI
 - OC anxiety symptoms
 - Personality disorder symptoms
 - Eating disorder symptoms
- BSI profile looks more like adolescent (15 y.o.) profile
 - With greater OC symptoms and lesser Hostility and Paranoid Ideation symptoms

Causes?

- High scorers likely made up of people who:
 - have a mental illness
 - are experiencing developmental delay
 - Delay in moving from adolescent stage?
 - are typical of a new stage?
 - Emerging Adulthood stage (Arnett, 2000)
 - Period between adolescence and young adulthood
 - 18 to 25 years old
 - Delayed marriage and parenting
 - Extended education
 - Period of high 'volition'

-
- are experiencing significant stressors
 - Death of grandparents
 - Change in family/social support
 - Relationship issues
 - Work and finance
 - High need to achieve
 - University stressors
 - are susceptible/have low 'resilience'?

What is 'Resilience'

- Schetter and Dolbier, (2011)
 - “the process involving an ability to withstand and cope with ongoing or repeated demands and maintain healthy functioning in different domains of life such as work and family’ (p. 637)
- Present a taxonomy of resilience resources >

Taxonomy of Resilience Resources

Schetter and Dolbier, (2011)

- Personality/dispositional
 - Neuroticism (all Big 5), hardiness, sense of coherence
- Self and Ego
 - Mastery, control, agency, self confidence, autonomy, identity
- Interpersonal/Social
 - Support, connectedness, relationships
- Cultural Beliefs
 - Spirituality, values
- Behavioural and Cognitive Skills
 - Mindfulness, coping, reframing, flexibility, communication, emotional regulation etc
- Other Resources
 - Physical fitness, diet, SEC, intelligence, healthy practices

What we can do for our students

- Embed resilience skill development within our courses
- Helen Stallman (UQ):
 - Universities could include resilience as a graduate attribute
- Future research
 - Working with University Counselling Service
 - Design a resilience intervention
 - Embedded and evaluate in 1st year course

For Psychology students

- The learning and application of resilience skills can compliment the theory and research knowledge
- Application to self of intervention strategies

