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

Miles Bore, Peta Apostolatos, Emma Prowse, Suzanne Stevens, Colin James.
School of Psychology, University of Newcastle, Australia
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
- 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 all ……4 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

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Median Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical students</td>
<td>156</td>
<td>244</td>
<td>20</td>
</tr>
<tr>
<td>Psychology students</td>
<td>92</td>
<td>356</td>
<td>19</td>
</tr>
<tr>
<td>Law students</td>
<td>145</td>
<td>190</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>393</td>
<td>790</td>
<td></td>
</tr>
</tbody>
</table>
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

[Graph showing symptom dimensions for different groups: Students, Adult norm, Adoles norm, Adult IP norm. The graph includes data for OCD, IntSen, Anxiety, Depress, Hostility, Paranoid, Psychotic, Soma, PhobAnx.]
# Top 5 rated items

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Med</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble concentrating</td>
<td>Feeling blocked in getting things done</td>
<td>Feeling easily annoyed or irritated</td>
</tr>
<tr>
<td>Trouble remembering things</td>
<td>Trouble concentrating</td>
<td>Trouble concentrating</td>
</tr>
<tr>
<td>Feeling easily annoyed or irritated</td>
<td>Feeling easily annoyed or irritated</td>
<td>Trouble remembering things</td>
</tr>
<tr>
<td>Feeling blocked in getting things done</td>
<td>Trouble falling asleep</td>
<td>Feeling blocked in getting things done</td>
</tr>
<tr>
<td>Difficulty making decisions</td>
<td>Trouble remembering things</td>
<td>Having to check and double-check what you do</td>
</tr>
<tr>
<td><strong>Psyc</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Law</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

😊
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 complement the theory and research knowledge
- Application to self of intervention strategies