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Mental health of first year college students from the psychoanalytic approach of Cencillo

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Abstract

There is a scarcity of studies taking a psychoanalytic perspective on college students' psychological adjustment. Our aim was to assess the degree of psychological adjustment of one hundred and thirty seven first-year college students using assessment tools from different psychological orientations: Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI) and Goldberg Health Questionnaire (GHQ-28). In addition, we used ISMOS (Ortiz & Sedano, 2012) a recently constructed questionnaire which evaluates the psychological adjustment according to Cencillo's psychoanalytic principles. Significant and medium-high associations were obtained between measures. A small but significant group of first year students presented higher scores denoting psychological distress.

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1. Introduction

The study of psychological adjustment in college students, particularly in their first year of college, has been the subject of interest in several studies, as this transition time is specially challenging for freshmen (Conley, Travers, & Bryant, 2013; Ribeiro, Feixas, Maia, Senra, & Given, 2012; Yaffe, 1998). Some of these studies have been conducted from phenomenological perspectives, using techniques such as the George Kelly's grid (Ribeiro, et al.,

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2012). A large number of studies use questionnaires developed from a cognitive behavioral approach (Agudelo-Velez, Casadiegos-Garzon, & Sanchez-Ortiz, 2009; Leenaars & Rinaldi, 2010), although there are some studies that employed evaluation techniques based on psychoanalytic principles (Brown, 2010). Gender has emerged as a relevant variable in identifying anxiety disorders and insomnia (Christopoulos, 2001). In other cases, specific issues have been analyzed in freshmen students, such as problematic or inappropriate use of the Internet (Jenaro, Flores, Gomez-Vela, Gonzalez-Gil, & Knight, 2007; Tomşa, Jenaro, Campbell, & Neacşu, 2013). There are a number of studies evaluating anxiety and depression in college population (eg., Conley et al., 2013). Attempts to find features or cognitive profiles that help to explain the presence of anxiety or depression in general population still require further studies (Agudelo-Velez, et al., 2009). From a psychoanalytic point of view there is also some evidence of an association between failure in college and pre-oedipal conflicts and oedipal neurosis related to success (Frank, 1977).

In the Hispanic speaking countries, an important figure from a psychoanalytic approach was Luis Cencillo (Arribas, 2009; Gonzalez, 2009; Machado Fernandez, 2009; Ortiz, 1992, 2009; Sedano & Ortiz, 1992). Cencillo shared the Freudian idea of the unconscious life and argued that such unconscious includes four interconnected layers: radical, instinctual, emotional and semic. According to Cencillo these elements occasionally cause imbalances and disturbances that require psychotherapeutic techniques in order to integrate drive energy in a balanced structure (Cencillo, 1988). The "converging evidence" of mental health are collected by Cencillo in a classification consisting of four levels (Cencillo, 1977): (1) emotional, (2) practical, (3) bodily, and (4) existential. First, the emotional level is related to the absence of negative emotions and the ability to relate emotionally in a proper and adult manner. It is also related to psychological well-being even when facing adversity. Secondly, the practical level refers to productivity (i.e. developing viable projects, time management, mental focus, emotional independence and ability to behave ethically assuming responsibilities and consequences of one's actions). Thirdly, the physical level is related to absence of somatization and normal functioning of the different physical systems (respiratory, digestive, and so on). Fourth and lastly, the existential level refers to self-identity, acceptance of oneself, and self-esteem. It also relates to the ability to adapt to changes, to flexibility in social relations, and decision making skills (Cencillo, 1977). Recently, Ortiz and Sedano (2012) have developed the ISMOS questionnaire which evaluates the psychological adjustment according to Cencillo's psychoanalytic principles.

Given the paucity of studies focusing on the evaluation of college students from a psychoanalytic perspective, and given our interest in providing evidence on the association between the postulates of Cencillo, in the current study we have utilized the ISMOS questionnaire together with other widely used measures to assess psychological adjustment. The present study has several objectives: (1) it assesses the degree of psychological adjustment of first-year college students, using assessment tools from different psychological approaches, (2) it analyzes the association between the constructs analyzed. Several hypotheses are tested: (1) First-year college students will show high levels of psychological distress; (2) there will be significant relationships between the constructs assessed by measures from different psychological approaches, (3) gender and age will significantly affect the experienced psychological adjustment.

2. Method

2.1. Participants

The study is conducted from a convenience sample of 137 students from University of Bucharest, Faculty of Psychology and Education Sciences), distributed in 129 women (94.2%) and 8 men (5.8%). Ages ranged between 18 and 48 years ($M = 21.64$, $SD = 5.52$) and the participants were first year students in the Educational sciences department and in the Special education department. For this study, the inclusion criteria were the absence diagnosis of depression, anxiety or other psychological problem. That is, it has been our intention to include only general population, rather than clinical participants. Data were collected in February 2013, employing a computer application that allows the completion of questionnaires. Students voluntarily agreed to participate.

2.2. Measures

For this study we used three widely known questionnaires, such as the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI) and the 28 item version of the Goldberg Health Questionnaire (GHQ-28). In addition, the ISMOS questionnaire was used (Ortiz & Sedano, 2012). Specifically, we used the Spanish version of the 1979 BDI (Beck, Rush, Shaw and Emery, 1979). The instrument consists of 21 items with four responses (from 0-3) for each symptom and a total score that ranges from 0-63. The severity categories are classified as normal (0-9 points), somewhat (10 to 15), moderate (16 to 23), and severe (from 24-63) (Burns & Beck, 1978). For this study we used both the cutoff point of 18, as well as different levels of depression. The reliability of the instrument was verified by Cronbach's alpha and the results ($\alpha = 0.85$) supported its reliability. Secondly we use the Beck Anxiety Inventory (Beck, Brown, Epstein, & Steer, 1988). BAI is an inventory of 21 items to assess the intensity of clinical anxiety, and the cutoff of clinical samples is 14. Other studies (e.g., Silove, et al., 2003) establish the cutoff point at 10. This is the point used in this study. We also calculated Cronbach's alpha and the results ($\alpha = .91$), supporting its reliability. Thirdly, we used Goldberg Health Questionnaire-GHQ28 (Goldberg & Hillier, 1979; Goldberg & Williams, 1988). The GHQ-28 is one of the instruments used to detect disease in clinical and research contexts. This version consists of four subscales identified by factor analysis (Goldberg & Hillier, 1979). These subscales are: (1) somatic symptoms, (2) social dysfunction, (3) anxiety, insomnia, and (4) depression. Usually, the cutoff used in clinical contexts is 4/5 (i.e. 6 or more points) if using a dichotomous response scale, as in our case. In the present study, the alpha obtained for the overall measure was .85. Reliability indices of the four factors were $\alpha = .65$ for somatic symptoms, $\alpha = .76$ for Anxiety-insomnia, $\alpha = .50$ for social dysfunction, and $\alpha = .77$ for depression. The ISMOS scale (Ortiz & Sedano, 2012) consists of 32 items grouped into four factors, eight items each, measuring psychological adjustment. Each item is rated on a 4-point scale (0 = rarely, 3 = always) and higher scores indicate a better fit. The four factors are: (1) emotional level, which in this study has an $\alpha = .71$, (2) practical level, which has an $\alpha = .78$, (3) body level, $\alpha = .65$, and (4) existential level, where $\alpha = .65$. The global scale obtained an $\alpha = .89$.

3. Results

Concerning our first hypothesis, results revealed that 12 (8.76%) participants scored higher than 18 in the BDI scale, with 10 (7.30%) scoring as having moderate depression, and three (2.20%) scoring as having severe depression. Regarding BAI scores, 43 (31.40%) participants obtained higher scores than the 14 point cut-off. Data concerning clinical scores in the GHQ-28 revealed that seven students (5.11%) showed clinical scores in somatic symptoms, 42 (30.66%) obtained clinical scores in anxiety-insomnia, and five participants (3.65%) obtained clinical scores in depression. No clinical scores were obtained for social dysfunction. Finally, and concerning the ISMOS scores, 49 (35.77%) participants obtained moderated emotional symptoms; five (3.65%) participants obtained severe practical symptoms and 64 (46.72%) participants obtained moderated practical symptoms. Regarding bodily symptoms, 13 (9.49%) participants obtained scores denoting severe issues, and 78 (56.93%) scored as having moderate bodily symptoms. As existential symptoms are concerned, three participants (2.19%) obtained scored denoting severe symptoms and 38 (27.74%) obtained moderate scores. Second, Pearson's correlations were computed to test for potential associations. Results are summarized in Table 1. With the exception of social dysfunction, all the variables are associated as expected.

Thirdly, GLM (MANOVA like) multivariate procedure were conducted to test for potential differences based on gender. The GLM simultaneously tests the impact of the independent variable on all dependent variables, dealing with the existing correlation among the dependent variables. By using MANOVA we are examining several correlated dependent measures at once and so, we are controlling the overall error-rate which reduces the risk of Type I errors (Cooley & Lohnes, 1971). We have tested an unbalanced model because each group contained a different number of participants. If an overall F-test has shown significance, we have used ANOVA tests to identify significant differences. MANOVA test revealed significant effect of gender [Pillai's Trace = 0.155, $F(10, 126) = 2.313$, $p = .016$, $\eta^2 = .155$]. ANOVA tests revealed that gender had a statistically significant effect on BAI scores [$F(1,135) = 5.099$; $p = .026$; $\eta^2 = .036$], and Bodily symptoms [$F(1,135) = 10.717$; $p = .001$; $\eta^2 = .074$]. In both cases

female participants obtained scores denoting more clinical symptoms. In addition, Pearson's correlations were computed between each psychological variable and age, and results revealed that the only significant association was found between age and anxiety-insomnia scores from the GHQ-28 ($r=-.171$; $p=.046$).

Table 1. Pearson's Correlation among measures

	BDI	SS	AI	SD	D	EM	PR	BO	EX
BAI	.609**	.473**	.581**	-.116	.485**	-.235**	-.201*	-.350**	-.286**
BDI		.320**	.432**	-.026	.664**	-.364**	-.381**	-.404**	-.372**
SS			.646**	-.029	.311**	-.161	-.234**	-.292**	-.173*
AI				-.009	.438**	-.168	-.277**	-.361**	-.302**
SD					.100	.017	.018	.012	-.018
D						-.310**	-.360**	-.426**	-.337**
EM							.620**	.562**	.598**
PR								.632**	.614**
BO									.583**

** signif. with $p < .01$ (two-tails); *signif. with $p < .05$ (two-tails).

Note: BAI=Beck Anxiety Inventory; BDI= Beck Depression Inventory; SS=Somatic Symptoms; AI=Anxiety-Insomnia; SD= Social Dysfunction; D=Depression; EM=Emotional; PR=Practical; BO=Bodily; EX=Existential

4. Conclusion

The use of a wide range of assessment tools investigating the psychological adjustment of first-year college students allowed us to obtain several interesting results. First, as expected, we found adequate levels of psychological adjustment. However, a small but significant group of freshmen showed different issues that may require psychological counseling. Among the most frequent are: the presence of bodily symptoms, anxiety, emotional, somatic, and existential symptoms. These results agree with previous work in which we have found evidence of the presence of symptoms associated with eating disorders (Tomşa, et al., 2012). While it is not surprising that anxiety disorders are the most common among this population, as any other general population, it is important to provide early attention to these symptoms so as to eliminate maladaptive schemas that been shown to be associated with depression and anxiety (Agudelo-Velez, Casadiegos-Garzon, & Sanchez-Ortiz, 2009). The high presence of symptoms related to existential identity, assertiveness or decisions making ability can also be explained by the vital moment of transition and adjustment which freshman experience, as found in previous studies (Yaffe, 1998). Psychological counseling has proved to be useful to reduce anxiety, depression and other psychological issues in university students (Koutra, Katsiadrami, & Diakogiannis, 2010). Other findings relate to the relative higher vulnerability of women compared to men. While these results must be taken with caution, given the limited sample of college men, these results are consistent with a large amount of literature (e.g. Ozen, Bez, Ari, & Ozkan, 2010). The present study reveals that there is a medium-high association between different symptoms, especially anxiety and depression, and between somatic symptoms and anxiety-insomnia, which agrees with previous studios with different populations. It is also interesting to note the high association between different symptoms assessed by the ISMOS, which reinforces the importance of analyzing the basic structure of the personality, as postulated by Cencillo (1977, 1988).

5. Discussion

Psychological adjustment of college students' has been investigated mainly by using questionnaires constructed from a cognitive behavioral approach. The use of instruments constructed from other perspectives such as the psychoanalytic approach proposed by us, and the resulting evidence on the convergence of information obtained from different types of measures and approaches, opens the door to building and fostering quality tools developed from less "objective" approaches, and more consistent with existential, humanistic and psychoanalytic perspectives.

Further analysis on the psychometric properties of the ISMOS, especially on its construct validity, will help provide additional evidence on its usefulness.

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