

The relationship between depression, satisfaction with life, and social interest.

Shaun A. Saunders and Cherie Roy,
Department of Psychology
University of Newcastle
NSW 2308 Australia

Abstract

Depression is occurring in almost epidemic proportions in modern society (Seligman, 1990). The current study aims to explore the relationship between depression, life satisfaction, and social interest. Eighty-seven students from the University of Newcastle were administered the Beck Depression Inventory (BDI), the Satisfaction with Life Scale (SWLS), and the Social Interest Index (SII). As hypothesised, it was found that depression was negatively correlated with life satisfaction and social interest. It was also found that females displayed greater social interest than males, however no difference was observed in level of depression by gender. These findings support the concept that treatment for depression might be oriented away from introspection, and directed instead towards increasing social awareness and interaction.

It has been contended that depression is occurring in epidemic proportions in modern society (Seligman, 1990), despite a myriad of treatment options (Meyer & Deitsch, 1996). Depression is currently the most commonly diagnosed mental disorder in the United States, accounting for 75% of psychiatric admissions, and affecting between 15 and 30% of that country's population each year. In Australia, one in four women and one in six men experience depression in their lifetime (Kessler, 1996, cited in Report of the Chief Health Officer, 1997), with peak occurrence between the ages of 20-45 years. Further, in nations as

diverse as the United States, Taiwan, New Zealand, and Lebanon, there is evidence that with each successive recent generation, there is a growing susceptibility to depression. Whilst it is reasonable to suggest that better recognition of depression plays a role in this trend, of equal importance is the influence of the stress associated with modern life (Meyer & Deitsch, 1996).

Evidence suggests that many elements play a role in depression, including biochemical, genetic, cognitive, social, and cultural factors (Baron, 1998). Specifically, predisposing factors are believed to include a family history of depression, a depressive episode during childhood, recent losses, alcohol abuse, high levels of negative stress, chronic low self-esteem, and any history of chronic illness (Meyer & Deitsch, 1996).

Behavioural formulations of depression hold that depression is due to inadequate or insufficient availability of reinforcements (Williams, 1984). For example, Lewishon (1974) has suggested that depressed people miss opportunities for positive reinforcement, because they interact with fewer people. This approach appears compatible with Adler's (1964) notion of social interest, which can be thought of as 'community feeling,' and cooperating with others to achieve communal goals rather than personal ones (Feist, 1994). Adler (1927) argued that as humans are social animals by nature, then social interest must not only be a prerequisite of human society, but an important indicator also of psychological health. Support for the latter has been provided by Fish and Mozdierz (1991), who found that social interest is negatively correlated with self-report measures of depression, anxiety, and hostility.

Given that social interest has been described as a willingness to cooperate and contribute

within four areas of life task (friendship, love, work, and self-significance [Greever, Tseng, & Friedland, 1973]), social interest may be an indicator of the likelihood of a person placing the self in a position in which such reinforcement might be received. For example, one would expect that low levels of depression might be associated with high levels of social interest, because if depression might be considered a 'turning in on oneself' and away from possible social reinforcement, then the opposite would surely entail engendering an interest in others.

However, support for this line of reasoning is limited. For example, Zauszniewski (1995) examined the characteristics of 126 depressed outpatients with and without prior hospitalisation, and found that social interest in both groups was slightly negatively - but not significantly - correlated with depressive symptoms. It is important to note however, that social interest was a significant predictor of adaptive functioning in the group of outpatients who reported no prior history of hospitalisation for treatment of depressive illness (Zauszniewski, 1995).

The relationship between social interest, stress, and depression, has also been explored by Crandall (1984), who found that scores on the Social Interest Index (SII) (Greever, Tseng, & Friedland, 1973) were negatively related to the number of stressful experiences encountered during the following year. Additionally, stress was more strongly correlated with depression among those evidencing low social interest than among those evidencing high social interest.

It has been proposed that gender influences the experience of depression. It has been reported that 21.3% of women and 12.7% of men will experience depression at some time during their lives (Baron, 1998). Of these,

approximately 3% of males and 6% of females experience a severe depressive episode. Factors that predict depression in women include economic deprivation, preoccupation with failure, low self-esteem, a sense of helplessness, a pessimistic attitude toward the world, and narcissistic vulnerability (Meyer & Deitsch, 1996). The role that gender plays in the level of social interest has been addressed by Kaplan (1991), who found that females scored significantly higher on the SII than males, indicating that their level of social interest was higher. Yet, in Australia, females are reported to be more likely to experience depression than males (Report of the Chief Health Officer, 1997).

Shin and Johnson (1978) define life satisfaction as "a global assessment of a person's quality of life according to his chosen criteria" (p. 477) and, perhaps not surprisingly, life satisfaction has been reported to be negatively associated with depression (e.g., Lam, Pacala, and Smith, 1997; Simpson, Schumaker, Dorahy, & Shrestha, 1996).

The aim of the present study is to explore the possible relationship between depression, life satisfaction, and social interest. Specifically, it is hypothesised that higher levels of depression will be associated with reduced life satisfaction.

Further, the relationship between depression and social interest will also be examined with the view to further investigate the findings of Zauszniewski (1995). As such, in view of the findings by Crandall (1984), it is hypothesised that a significant, negative correlation between depression and social interest will be observed.

Given the findings by Kaplan (1991) and Baron (1998) above concerning gender differences, it is also hypothesised that both

depression and social interest will be greater for females than for males.

Method

Participants

The participants were 87 students (33 males, mean age 28.4yrs, range: 18-60 yrs, and 54 females, mean age 27.3 yrs, range: 17-51 yrs), of which 50 were from the University of Newcastle (Callaghan campus), and 37 were first- and second-year psychology students from the Ourimbah campus (located 70 km south of the Callaghan campus).

Instruments

The *Beck Depression Inventory (BDI)*: This consists of 21 items and was designed to assess attitudes and symptoms that are specific to depression and consistent with those described in psychiatric literature (Beck, Ward, Mendelson, Mock, and Erbaugh, 1961). Note that this questionnaire may be used to assess levels of depression in non-clinical populations (Seligman, 1991). Past studies have confirmed the internal validity (e.g., Zauszniewski, 1995), while the construct validity has been assured through comparisons with other rating scales of depression (Beck, Steer, & Garbin, 1988). In the present study, a Cronbach alpha of .83 was recorded.

The *Satisfaction With Life Scale (SWLS)* (Diener, Emmons, Larsen, & Griffin, 1985): This is designed to measure global life satisfaction across all age groups, and does not tap related constructs such as positive affect or loneliness (Diener et al, 1985). This scale is reported to have a two month test-retest correlation coefficient of .82, and a

coefficient alpha of .87 (Diener et al, 1985). Further, scores on the SWLS were found to correlate moderately too highly with other measures of subjective well being (Diener et al, 1985). In the present study, a Cronbach alpha of .70 was recorded.

The *Social Interest Index (SII)* (Greever, Tseng, & Friedland, 1973): This was designed to measure Alder's concept of social interest. It consists of 32 items and has four scales (social relationships, self-significance, love relationships, and work), each of which has eight items. Persons exhibiting low social interest would be characterised by a need to compete with others while maintaining personal superiority, while high social interest would be characterised by "democratic cooperation for the good of family, community, and the whole of society" (Greever, Tseng & Friedland, 1973, p. 454). Cronbach's coefficient Alpha has been reported at .81, with a test-retest reliability, after 14 days, of .79 (Greever et al, 1973). In the present study, a Cronbach alpha of .66 was recorded.

Procedure

The 87 participants from Newcastle University completed all of the above questionnaires in their own time, and did so voluntarily in order to gain course credit.

Results

These were analysed using Minitab V12, and correlations between each of the scales can be seen in Table 1.

Table 1
Correlations (Pearson)

	Age	Gender #	BDI	SII
BDI	-0.094	0.083		
SII	0.101	0.260*	-0.405***	
SWLS	0.053	0.162	-0.506***	0.462***

* $p < .05$ # point-biserial correlation where male = 1, female = 2

** $p < .01$

*** $p < .001$

In Table 1, the correlations between the BDI, the SII, and SWLS, were all significant. Furthermore, females scored significantly higher on the SII than males. Considering that both social interest and depression are each significantly correlated with life satisfaction, a partial correlation was calculated for the relationship between the BDI and the SII with SWLS held constant. This yielded a statistically significant correlation of -0.22 ($p < .05$). The partial correlation between the BDI and

the SWLS, with the scores on the SII held constant, was $-.39$ ($p < .001$), and the partial correlation between the SWLS and the SII, with scores on the BDI held constant, was $.33$ ($p < .005$).

In Table 2, females scored significantly higher on social interest than did males. However, there is no significant difference in scores on depression between males and females.

Table 2
Descriptive statistics (by gender)

	Female <i>n</i>	<i>M</i>	<i>SD</i>	Range	Male <i>n</i>	<i>M</i>	<i>SD</i>	Range	<i>t</i>
Depression	54	8.4	7.7	.5-38	33	7.18	5.75	0-27	.82
Social interest	54	125.7	12.77	92-149	33	118.9	11.53	95-141	2.55**
Life Satisfaction	54	24.4	6.22	6-35	33	22.2	6.87	6-35	1.48

Discussion

The hypothesis that higher levels of depression would be associated with reduced life satisfaction was supported. These results are consistent with the findings of Simpson et al (1996), who reported a significant inverse relationship between depression and life satisfaction.

The hypothesis that depression would be significantly and negatively related to social interest was also supported. This agrees with Zauszniewski's (1995) finding of a slightly negative but non-significant correlation between depression and social interest, and is in accordance with the results of Crandall (1984), as well as Fish and Mozdierz (1991). A further finding was that a significant positive correlation was observed

between satisfaction with life and social interest, suggesting that high levels of depression might lead to lower levels of social interest, as proposed by Zauszniewski (1995). Of course, caution must be exercised when attributing a possible direction of causation to a correlation between variables. For example, in this instance, it might also be that a lack of social interest leads to depression.

The aim of the present study was to investigate the relationship between social interest, depression, and life satisfaction. Considering that all of these variables were significantly inter-correlated, partial correlations were calculated between each pair of variables, holding the scores on the third variable constant. Even so, the correlations between each of the variable pairings remained significant, yielding further support for the above hypotheses. Thus, the partial correlation between depression and social interest remained significant when the effect of life satisfaction was held constant, and the partial correlation between depression and life satisfaction remained significant when the effect of social interest was held constant. It can be concluded, then, that each of these variables makes a significant unique contribution to the above relationships.

The negative association found between depression and social interest in the present study supports DSM-IV (1994) which notes that decreased social functioning is a characteristic of depression. The practical implications of this finding may be that therapy for depression should focus on promoting social interest in the individual. Further support for this notion can be found in non-western societies, such as the Kaluli of New Guinea, where depression, as Westerners define it, does not appear to exist at all (Scheiffelin, 1984; Schumaker, 1996). It has been suggested that the strong

element of reciprocity between Kaluli culture and the individual acts as a buffer against social isolation and hence ameliorates depression, which has been described by Seligman (1991) as an individualistic disorder.

Further to the above, there is evidence at the international level of a global shift towards individualism (Hofstede, 1980), which Cushman (1990) describes as a shift from a communal to an individual subject. For example, in the United States, the percentage of large, extended families has decreased drastically, while the proportion of one person households doubled between 1950 and 1973 (Cushman, 1990). As a result of this, "Individuals...without a cohesive community, are struggling to find sense and meaning in a confusing world" (Cushman, 1990, p. 606). Seligman agrees, and asserts that "individualism without commitment to the commons produces depression and meaninglessness on a massive scale" (1991, p. 287). Depression is thought to ensue in such individuals as a result of feelings of helplessness in reaching goals (Seligman, 1975), which is exacerbated by a lack of reciprocity between the individual and market society. Social interest was described above as a willingness to cooperate with others to achieve communal goals, rather than personal ones, and this appears consistent with Seligman's 'commitment to the commons.' Perhaps then, our present results could also be interpreted as suggesting that the increase in depression in individualistic countries may be the concomitant of a loss of social interest. This could be explored in a future research, by examining the relationship between the cultural dimensions of individualism, collectivism, and social interest.

The hypothesis that females would score higher on social interest than males was supported, which may lead one to expect

that females would experience less depression. In the present study though, there was no difference between males and females on scores of depression, which supports Faied (1998). However, both Faied and the present study utilised non-clinical populations, and as such one might be less likely to expect to observe any overt gender bias in responding. Furthermore, the present study's sample population was of a higher educational level, and hence presumably more articulate, which may also have diminished any gender effect. A consequence of this finding is that the generalisability of the relationship between life satisfaction and social interest, in the present results, is somewhat weakened.

In summary, the negative correlations between depression, and life satisfaction, and social interest, are supportive of the notion that the experience of depression may be a predominantly individualistic event. However, future research may benefit from the participation of clinical populations.

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