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Cognitive Vulnerability and Depressive Symptoms among Emirati College Students Before and After the Enactment of COVID-19 Curfew and Home-learning Measures

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ABSTRACT

The COVID-19 pandemic has meant that college students in many nations, the United Arab Emirates (UAE) included, have had to switch to home-learning. Additionally, infection control measures in the UAE have also led to the enactment of population-wide curfews. The present study represents an exploration of cognitive vulnerability to depression and depressive symptomatology, both before and after the UAE enacted measures to curb the spread of COVID-19. The study relied upon a quasi-experimental design, where two groups of college students from the same population completed measures of depressive symptoms and cognitive vulnerabilities before (N= 34) and after (N= 85) the UAE implemented home learning and curfew measures. The posited cognitive vulnerability's (ruminative response styles and dysfunctional attitudes) were both retained as predictors of depressive symptoms. Furthermore, depressive symptom scores were significantly higher after the enactment of the UAE's curfew and home learning measures. It may be particularly important to provide mental health support for college students during extended periods of enforced home learning and curfew. Key words: depression, rumination, COVID-19, university students.

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Novelty and Significance

What is already known about the topic?

- Negative-life events, especially those that disrupt social rhythms are associated with depressive onset.
- Ruminative response styles to dysphonic moods appear to be a cognitive vulnerability for depression.
- Dysfunctional attitudes centering on sociotropy and autonomy are associated with depressive states.

What this paper adds?

- This paper identified a clear rise in depressive symptoms among an very homogeneous sample of Emirati college students, assessing the population before and after the enactment of COVID-19 curfew and home-learning measures.
- The idea that ruminative response styles and dysfunctional attitudes are a cognitive vulnerability for depression is extended to an Arabian Gulf sample.
- This study expands the cross-cultural applicability of such cognitive models, and strengthens the evidence-base underpinning cognitive and metacognitive approaches to prevention and intervention.

In recent years, the rates of depression and anxiety among college students has risen sharply in some nations. After analyzing national survey data between 2007 and 2018, Duffy, Twenge, and Joiner (2019) concluded that there had been a "broad worsening" of mental health among US college students over the past decade. The condition's relatively early age of onset and chronicity (Scott & Dickey, 2003) also make it a growing public health concern. For around 20% of people experiencing depression,

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symptoms will persist beyond 2 years (Keller & Mueller, 1992). Furthermore, 80% of patients will go on to experience additional episodes across the life-span, an average of four, with each subsequent episode increasing the likelihood of future relapse (Teasdale, Williams, Soulsby, & Segal, 2000). For these reasons preventing depressive onset and recurrence are increasingly important public health objectives (Rodgers et alia, 2012).

Identifying psychological risk factors, or cognitive vulnerabilities, for depression has proven feasible. Alloy, Abrahamson, Wayne, and Whitehouse (1999) successfully used scores on the dysfunctional attitudes scale (Weissman & Beck, 1978) and ruminative response styles scale (Nolen-Hoeksema, 1987) to prospectively identify college students that were more likely to develop major depressive episodes over a two year period. Using such approaches can better help identify at risk students, who may benefit from prevention orientated psycho-educational initiatives. Such experiences may strengthen the student's resilience and ability to cope with stressful life events, the type of events that often precipitate the onset or recurrence of depressive episodes (Kessler, 1997).

The COVID-19 pandemic is a stressful life event for many young people, worldwide. In the UAE, the national response to the pandemic has led to major changes in academic arrangements, this has included home learning for all students, and a nationwide curfew, which, at the time of writing, is in its fourth week. The present study initially aimed to explore the applicability of the posited depressive vulnerabilities (dysfunctional attitudes and ruminative response styles) among an Arab, Emirati, student population. However, soon after the study commenced it became clear that the university would close and students would be under a curfew. This then presented the additional opportunity of exploring the impact of the COVID-19 pandemic on levels of depressive symptoms among Emirati College students.

The present study hypothesized that dysfunctional attitudes and ruminative response styles would be statistically predictive of depressive symptomatology. Additionally, it was hypothesized that those students assessed after the home learning and curfew measures had been implemented, would report higher levels of depressive symptomatology.

Метнор

Participants

Participants were an opportunity sample of Emirati college students (N=119), attending a federal university in the United Arab Emirates (UAE). The vast majority of participants were female (92.4%) citizens of the UAE, studying various majors at either the Dubai or Abu Dhabi Campus. The language of tuition at the institution is English, and the vast majority of students are highly bilingual in Arabic and English. Previous studies among the same population suggest that around 94% of students consider Arabic their mother tongue, with English as a second language (Thomas, Bentall, Hadden, & O'Hara, 2017). The institution is gender-separated, and it was very difficult to recruit males into the present study. The mean age of study participants was 20.85 (SD=2.98). The study was approved by the institution's research ethics committee, reference ZU20032F.

Instruments

Beck Depression Inventory II (BDI-II; Beck, Steer, & Brown, 1996). The BDI-II is a widely used measure of depressive symptoms. The 21-item scale has excellent psychometric properties (construct, convergent and predictive validity) and has also been well evaluated in the Arab world (Alansari, 2005). The BDI had good internal reliability α=

0.92 in the present study. The scale has no hard and fast diagnostic cut-off, however the guidelines in the manual suggest scores of 14-19 may indicate mild depression, 20-28 moderate, and 29-63 severe.

Dysfunctional Attitudes Scale Short Form 1 (DAS-SF; Beevers, Strong, Meyer, Pilkonis & Miller. 2007). Based on Beck's cognitive theory of depression (Beck, 1967), the DAS-SF short form is a 9 item measure of the cognitive content thought to underpin depression (Beevers, Strong, Meyer, Pilkonis, & Miller, 2007). The scale asks participants to endorse items, such as I am nothing if a person I love doesn't love me, on a 4 point Likert-type scale from totally agree to totally disagree. Previous explorations of the instrument's psychometric properties have evaluated it favorably (Beevers et alia, 2007) with the scale demonstrating high levels (.91 to .93) of concurrent validity with the original 40-item scale (Weissman & Beck, 1978). In the present study, however, the DAS showed slightly less than adequate internal reliability α = 0.63.

Ruminative Response Styles Scale (RRS; Treynor, González, & Nolen-Hoeksema, 2003). Widely used to assess ruminative response styles (repetitive self focused attention), the RRS contains 22-items probing cognitive strategies for coping with or responding to depressed mood (Nolen-Hoeksema, 1987; Treynor, González, & Nolen-Hoeksema, 2003). The scale contains items such as Think What am I doing to deserve this? The scale can be broken up into three sub-scales: depression, brooding and reflection (Treynor, González, & Nolen-Hoeksema, 2003). The depression items overlap with depressive symptoms, while brooding represents the most maladaptive form of rumination, and reflection is conceived of as a less problematic form of self-focused attention. The RRS has previously been found to have excellent psychometric properties in English and in Arabic (Thomas & Altareb, 2012; Thomas & Bentall, 2002). The RRS had good internal reliability (α= 0.91) in the present study.

Procedure

After giving informed consent and being reassured about the anonymity of the study, participants completed the battery in the following order DAS, RRS, BDI. Due to covid-19 pandemic response, 28.6% of participants answered on paper in classroom setting while, after a curfew and home-learning order, the remaining 71.4% of the data was collected online.

RESULTS

All data were all normally distributed. Depression scores were relatively high with 19.3%, 20.2% and 18.5% of participants scoring in mild, moderate, severe depressive symptom range, respectively. Table 1, below, details the mean and standard deviation for the study's key variables.

	M	SD	DAS	RRS	В	D	R	BDI
Age	20.85	2.98	068	027	068	009	040	035
DAS	13.39	4.66	-	0.25	094	.026	064	.171*
RSS	44.29	11.75		-	.861**	.972**	.814**	.768**
В	8.81	2.63			-	.771**	.763**	.704**
D	25.20	6.91				-	.722**	.733**
R	6.99	2.25					-	.648**
BDI	18.07	11 01						

Table 1. Means, Standard Deviations and correlations for all study variables.

Notes: B= Brooding subscale of the RRS; BDI= Beck Depression Inventory II; D= Depression subscale of the RRS; DAS= Dysfunctional Attitudes Scale Short Form; N= ranges from 117 to 119 due to occasional missing age data; R= Reflection subscale of the RRS; RRS= Ruminative Response Scale; *= p < .05; **= p < .01.

To further explore the posited cognitive vulnerability variables, a multiple linear regression was calculated with depression as the dependent variable and dysfunctional

attitudes, and ruminative response styles as predictors. A significant model was found, F(2,117) = 92.57, p < .001, with an R^2 of .617. Both dysfunctional attitudes (p = .009) and ruminative response styles (p < .001) were retained as predictors, with unstandardized beta coefficients of .427 and .775 respectively.

Although the groups did not differ on trait measures RRS and DAS scores, the pre and post curfew groups did differ significantly on depression scores. Table 2 summarizes the key differences along with p values and Cohen's d effect sizes where appropriate.

Table 2. Means, Standard Deviations, for main study variables before and after the enactment of the UAE's curfew.

	Before	curfew	After	curfew	4	C 1 2 1
	M	SD	M	SD	ı	Cohen's d
Age	21.30	1.81	20.67	3.32	-1.03	-
DAS	12.76.	5.45	13.64	4.31	.932	-
RSS	43.63	11.71	44.55	11.83	.379	-
BDI	15.35	9.96	19.16	12.49	1.58^{*}	.337

Notes: B= Brooding subscale of the RRS; BDI= Beck Depression Inventory II; DAS= Dysfunctional Attitudes Scale Short Form; N= ranges from 117 to 119 due to occasional missing age data; RRS= Ruminative Response Scale; *= p <.05.

The Figure 1 details the change in depressive symptom scores among the Emirati college students before and after the COVID-19 curfew and educational home-learning measures were enacted.

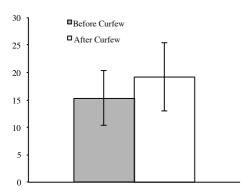


Figure 1. Depressive symptoms among Emirati college students before and after the UAE's COVID-19 curfew and home-learning measures were enacted.

Finally, we looked at the percentage of participants scoring in the severe range on the BDI-II before and after the curfew. We found that before the curfew 15% of participants scored in the severe range, whereas after the curfew 36.5% did. Using Pearson's χ^2 , this difference was statistically significant [$\chi^2(1,119) = 3.15$, p = .038].

DISCUSSION

This study set out to explore the relationship between two posited cognitive vulnerabilities for depression, specifically ruminative response styles and dysfunctional attitudes. Additionally, the study was also able to explore depressive symptoms before and after COVID-19 curfews and home-learning measures were enacted across the UAE.

As hypothesized ruminative response styles and dysfunctional attitudes were retained as predictors of depressive symptoms. The ruminative response style explained most of the variance in depression scores, and the effect size for its correlation with depression was large. The same was true for each of the RRS subscales. In contrast, the effect size for the relationship between dysfunctional attitude scores and depression was small. This would suggest that, in line with north American studies (Alloy *et alia*, 1999; Just & Alloy, 1997), exploring ruminative response styles might prove a helpful way of identifying Emirati students who may benefit most from psycho-educational initiatives.

The study also found that depressive symptom scores were elevated among those students who were tested in the first two weeks after the home-learning and curfew were implemented. It is important to note that ruminative response style and dysfunctional attitude scores did not rise, suggesting that the increase was not a mere artifact of the data collection methods. This finding is also in keeping with previous reviews suggesting stressful life event precipitate and the onset and recurrence of depressive episodes (Kessler, 1997).

The study has important limitations pertaining to the gender skew of the sample and the relatively small sample size. However, given the opportune time that the data were collected the study provides early evidence of a negative impact that COVID-19 and our necessary responses to may be having on our mental health.

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