

SELF-COMPETENCY AND DISTRESS IN ADOLESCENTS IN MAINLAND CHINA

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INTRODUCTION

- Cole's competency-based model of depression, posits that low **self-perceived competence (SPC)**, particularly in the social and academic domain, contributes to the development of depressive symptoms (1).
- Previous studies have suggested that Chinese adolescents are particularly at risk for depression due to heightened levels of academic pressure and social-evaluative stress (2).
- In addition, Chinese youth may be particularly at risk for depression due to certain cultural practices surrounding social evaluation, especially in the case of academic failure (shaming, humiliation, disapproval from parents). (3, 4).

METHODS

- N = 1,116 (588 females, 528 males)
- 14-18 years old ($M = 15.68$, $SD = .67$)
- Students: 316, Liuyang (rural), 306, Changsha (urban), 494, Beijing (ultra-urban)
- Sample was 99% Han and 1.0% ethnic minority

Measures

Self-Perception Profile for Children & Adolescents (SPPCA, Harter, 1982): SPC domains Academic, Social, Appearance, Behavior, Sports, Global & Total SPC

Center for Epidemiological Studies Depression Scale (CES-D, March 1997): current depressive symptoms

Multidimensional Anxiety Scale for Children (MASC, Radloff, 1977): current anxious symptoms

Procedure

- Assessments: Time 1 & every six-months for 18-months

RESULTS

TABLE 1. Means, Standards Deviations, and Intercorrelations Between Measures

	1	2	3	4	5	6	7	8	9	10
1. GENDER	—									
2. SPC - Academic	1.64**	—								
3. SPC - Social	.00	.25**	—							
4. SPC - Sports	.19**	.33**	.27**	—						
5. SPC - Appearance	.24**	.35**	.24**	.34**	—					
6. SPC - Behavior	-.03	.40**	.17**	.14**	.17**	—				
7. SPC - Global	.18**	.53**	.39**	.34**	.50**	.40**	—			
8. SPC - Total	.20**	.72**	.56**	.62**	.68**	.56**	.80**	—		
9. CES-D	.66	.16**	.09*	.05	.11**	.05	.19**	.15**	—	
10. MASC	.20**	.21**	.19**	.18**	.17**	.12**	.29**	.28**	.39**	—
M	.53	13.70	14.78	14.46	16.45	13.16	13.68	86.37	27.06	24.33
SD	.50	3.09	2.73	3.30	3.59	2.68	3.41	12.58	9.38	20.21

Note. For GENDER, Male = 0. SPC = Self-Perceived Competency. CES-D = Center for Epidemiological Studies Depression Scale; MASC = Multidimensional Anxiety Scale for Children. * $p < .05$; ** $p < .01$

HYPOTHESES

1. Does SPC (by domain) predict distress symptoms?
2. Do findings differ by gender?

HYPOTHESIS 1. RESULTS

Table 2. Regression Analysis Self-Perceived Competency Predicting Follow-Up Distress

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
Depressive Symptoms at 18-months					
Constant	.00	.04		.20	.840
CES-D_Time 1	.15	.04	.15	3.89	.000
SPC-Academic	.09	.04	.08	2.11	.035
Constant	.02	.04		.42	.678
CES-D_Time 1	.11	.04	.11	2.64	.008
SPC-Global	.15	.04	.14	3.49	.001
Anxious Symptoms at 18-months					
Constant	-.03	.03		-.82	.413
MASC_Time 1	.39	.04	.38	10.31	.000
SPC-Academic	.08	.04	.08	2.03	.043
Constant	-.03	.03		-.87	.385
MASC_Time 1	.38	.04	.37	10.27	.000
SPC-Social	.09	.04	.09	2.45	.014
Constant	-.03	.03		-.81	.418
MASC_Time 1	.35	.04	.34	9.07	.000
SPC-Global	.16	.04	.16	4.26	.000
Constant	-.03	.04		-.87	.386
MASC_Time 1	.35	.04	.35	8.64	.000
SPC-Total	.12	.04	.12	3.03	.003

Note: SPC = Self-Perceived Competency; CES-D = Centre for Epidemiological Studies Depression Scale; MASC = Multidimensional Anxiety Scale for Children

Depressive Symptoms - non significant results (p-value)

- Low SPC-Social (.387), -Appearance (.084), -Behavioral (.759), -Sports (.790) & -Total (.065)

Anxious symptoms - non significant results

- Low SPC-Appearance (.149), -Behavioral (.105) & -Sports (.132)

HYPOTHESIS 2. RESULTS

Table 3. Regression Analysis SPC Predicting Follow-up Distress by GENDER

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
Males - Anxious Symptoms at 18-months					
Constant	-.16	.05		-3.05	.002
MASC_Time 1	.28	.06	.29	5.05	.000
SPC-Academic	.12	.06	.12	2.10	.037
Constant	-.19	.05		-3.58	.000
MASC_Time 1	.28	.06	.28	4.88	.000
SPC-Social	.13	.06	.13	2.30	.022
Females - Depressive Symptoms at 18-months					
Constant	.03	.05		.67	.503
CES-D_Time 1	.15	.05	.15	2.87	.004
SPC-Academic	.13	.06	.12	2.36	.019
Constant	.01	.05		.19	.847
CES-D_Time 1	.16	.05	.17	3.34	.001
SPC-Appearance	.13	.05	.13	2.52	.012
Constant	.03	.05		.70	.483
CES-D_Time 1	.10	.05	.10	1.89	.059
SPC-Global	.17	.05	.17	3.16	.002
Constant	.02	.05		.39	.695
CES-D	.09	.06	.09	1.57	.118
SPC-Total	.16	.06	.16	2.69	.008
Females - Anxious Symptoms					
Constant	.07	.05		1.54	.125
MASC_Time 1	.42	.05	.40	8.81	.000
SPC-Behavior	.09	.04	.10	2.15	.032
Constant	.05	.05		1.01	.315
MASC_Time 1	.37	.05	.35	7.34	.000
SPC-Global	.17	.05	.17	3.45	.001

Note: SPC = Self-Perceived Competency; CES-D = Centre for Epidemiological Studies Depression Scale; MASC = Multidimensional Anxiety Scale for Children

Males - non significant results (p-values)

- Depressive symptoms: SPC-Academic (.890), -Social (.493), -Sports (.248), -Behavior (.201), -Global (.169) & -Total (.557)
- Anxious Symptoms: SPC-Sports (.098), -Appearance (.493), -Behavior (.746), -Global (.082), & -Total (.074)

Females - non significant results (p-values)

- Depressive Symptoms: SPC-Social (.590), -Sports (.313), & -Behavior (.506)
- Anxious Symptoms: SPC-Academic (.967), -Social (.124), -Sports (.958), -Appearance (.747), & -Total (.103)

GENERAL DISCUSSION

- Findings provide strong support for low SPC-Academic as a predictor of distress in Chinese adolescents. This is in line with the considerable importance of academic achievement in modern Chinese culture (5).
- In addition, low SPC-Social predicted anxious symptoms. Chinese youth may be particularly at risk of experiencing low SPC-Social, as it focuses on the individual's beliefs about their ability to succeed socially, which may be undermined by the enduring socially-derived evaluations and humiliations that they experience on a more regular basis compared to Western youth (3, 4).
- Regarding gender, the study supports previous findings as girls tend to be at higher risk for depressive symptoms. In addition, the current study provides new findings for boys with low SPC being particularly at risk for developing anxious symptoms.
- Findings such as these are particularly important as researchers continue to examine whether Western psychological theories can be generalized to non-Western populations.

References

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