Depression and depressive symptoms are serious concerns among people from a variety of ages and backgrounds across America. For example, according to a task force of the American Psychological Association, approximately seven million women and three and one-half million men in the United States could be diagnosed with clinical depression; similar numbers could be diagnosed with dysthymia or minor depressive symptoms (McGrath, Keita, Strickland, & Russo, 1990). Furthermore, it has been estimated that college students are especially likely to suffer from clinical depression and dysthymia compared to those who are of the same age and background, but are in the workforce (Heppner, Witty, & Dixon, 2004).

Research examining the relationship between stressful life events and depression has increased considerably over recent years (Nevid & Greene, 2001). Whereas strong evidence exists that negative life events such as the death in the family are associated with an increase in depression, the association is relatively modest. Approximately 10% of the variance in depression scores is accounted for by negative life events (Nezu & Ronan, 1988). This has lead a number of investigators to examine what factors could buffer a person against the depressive effects of negative life events. Factors that have been found to buffer or protect a person from the depressive effects of negative life events include social support (Wade & Kendler, 2000), social problem solving (Heppner, Witty, & Dixon, 2004), and generalized self-efficacy (Lightsey, 1997).

Other recent research has begun to examine what other factors also buffer a person against the depressive effects of negative life events. For example, a recent study by Dixon and Reid (2000) examined the relationship between positive life events, negative life events, and depressive symptoms in a college population. It was found positive life events appear to buffer or reduce the impact of major negative life events when predicting depressive symptoms. More specifically, it was found individuals who experienced high levels of negative life events and low levels of positive life events were more likely to experience higher levels of depressive symptoms than those who had experienced high levels of both negative and positive life events (Dixon & Reid, 2000).

Our study directly extends upon the Dixon and Reid (2000) study by examining whether minor daily

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**An Examination of the Relationship Among Daily Hassles, Uplifts, and Depressive Symptoms in a College Population**

This study examines the relationships among minor uplifts, daily hassles, and depressive symptoms in a sample of undergraduate college students as an extension of the Dixon and Reid (2000) study on major positive life events as a buffer to major negative life events in predicting depressive symptoms. Consistent with predictions, the results of a hierarchical multiple regression indicated a significant main effect for minor uplifts in predicting depressive symptoms such that increases in minor uplifts were associated with decreases in depressive symptoms. There was also a significant effect for daily hassles in predicting depressive symptoms such that increases in daily hassles were associated with increases in depressive symptoms. Contrary to predictions, there was not a significant interaction between daily hassles and minor uplifts in predicting depressive symptoms. However, daily hassles accounted for a significantly larger amount of variance in predicting depressive symptoms than did minor uplifts. This suggests minor negative events are more severe than minor positive events or those minor negative events are given much more weight than that of minor positive events.

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uplifts (rather than major positive life events) can buffer or offset the impact of minor hassles (rather than major negative life events) when predicting depressive symptoms. Hassles, as defined by the Daily Hassles Scale, are the irritating, frustrating, distressing demands that characterize interactions with one’s surroundings. In contrast, uplifts, as defined by the Daily Uplifts Scale, are minor positive events similarly occurring for only short periods of time. Examples of hassles may include (but are not limited to) concerns about weight, health of a family member, money, and/or lack of leisure time (Kanner, Coyne, Schaef er, & Lazarus, 1981). Examples of uplifts may include making a new friend, resolving conflicts, and minor personal achievement. We predicted a similar buffering result, as the one seen in the Dixon and Reid (2000) study, such that minor uplifts will offset the effect of daily hassles in predicting depressive symptoms.

Method

Participants

The participants in this study were 94 undergraduate students at Southeastern Oklahoma State University (39 male, 54 female, 1 did not report their gender). The majority of subjects were Caucasian (67), while 10 were Native American, 5 were African American, 3 were Hispanic, 1 was Irish, 1 was Asian, and 7 did not report their ethnic background. The groups of students chosen were psychology majors. Students received extra credit in their class for their participation in the study.

Instruments

The Beck Depression Inventory (BDI: Beck, Ward, Mendelson, Mock, and Erbaugh, 1961) is comprised of 21 items which assess a person’s depressive state or symptoms during a week. It generally assesses subjects by surveying several areas, including performance on daily tasks, outlook toward the future, physical indexes of depression, feeling states, and relationships with others. Example items include statements such as, “I don’t feel particularly guilty,” and “I don’t cry anymore than usual.” It has been used in more than 1,000 research studies, and its validity and reliability have been well documented. For example, estimates of reliability and validity have been found to be .78 and .77 in a college population (Oliver & Burkhram, 1979).

The Hassles Scale (HS: Kanner, Coyne, Schaef er, & Lazarus, 1981) is a scale designed to measure the minor daily frustrations or stressors. It is composed of 117 items and includes areas of family, friends, health, work, change occurrences, practical considerations, and the environment. The rating reported of each item is on a 3-point Likert-type scale (somewhat, moderately, and extremely). Examples of items on the Hassles Scale include “Misplacing or losing things,” and “Troublesome neighbors.” The test retest reliability of the Hassles Scale was .38 over a month period (Kanner, Coyne, Schaef er, & Lazarus, 1981). The Hassles Scale also correlates in the expected direction with a number of measures of pathology such as Hopkins Symptoms Checklist (Kanner, Coyne, Schaef er, & Lazarus, 1981).

The Uplifts Scale (UP: Kanner, Coyne, Schaef er, & Lazarus, 1981) is a scale designed to measure the minor daily uplifts or positive stressors. It is composed of 135 items. Example items from the Uplifts Scale include, “Completing a task,” and “Paying off debts.” In conjunction with the Uplifts Scale (Kanner et al., 1981), the Hassles Scale (Kanner et al., 1981) proves to be one of the most efficient methods of measuring daily disturbances. Test retest reliability for the Uplifts Scale is .50 over a one-month period (Kanner, Coyne, Schaef er, & Lazarus, 1981).

Procedures

This study was administered during class time. Participation took approximately 20 min, and students were given as much time as necessary. The order of instrument administration was as follows: Hassles Scale, Uplifts Scale and Beck Depression Inventory. The students were simply informed we needed their help in a new study on the relationship between daily hassles and uplifts compared to depression in college students, and they would be given extra credit for their voluntary participation.

Results

The results of this study were analyzed by using a hierarchical multiple regression with scores on the Beck Depression (Beck et al., 1961) serving as the dependent variable (M = 9.93, SD = 7.96). Scores on the Hassles Scale (M = 75.81, SD = 49.27) and Uplifts Scale (M = 113.69, SD = 69.06) served as our independent variables. Scores on the Hassles Scale (Kanner et al., 1981) were entered first as a predictor variable. This regression was significant, F(1, 89) = 34.64, p < .01, and accounted for approximately 28% of the variance in depression scores. Scores on the Uplifts Scale (Kanner et al., 1981) were entered next as a predictor variable. This regression was also significant, F(1, 88) = 7.48, p < .01, and accounted for an additional 6% of the variance in depression scores. The Hassles by Uplifts interaction term was entered next and was not significant, F(1, 87) = .60, p = .44.
Discussion

The results of this study indicate Hassles and Daily Uplifts (Kanner et al., 1981) are independently associated with depression scores. More specifically, increases in Hassles (Kanner et al., 1981) scores were associated with increases in depression scores, whereas increases in Uplifts (Kanner et al., 1981) scores were associated with decreases in depression scores. It is especially interesting to note the relative magnitude of the power of their effects. Hassles (Kanner et al., 1981) scores predicted approximately 28% of the variance in depression scores, whereas Uplift (Kanner et al., 1981) scores predicted only around 6% of the variance in depression scores. This may be important in counseling and therapy approaches to the treatment of depression such that a different emphasis is put on negative life events and daily hassles. When minor uplifts occur, they do not seem to hold as much weight as daily hassles, such that more thought, ideation, and consideration is given to those minor negative events and may make it more possible to experience a depressive episode. Since minor uplifts are not as effective in predicting depression, it appears that these minor positive events are not given as much emphasis. Contrary to predictions, there was not a significant Hassles by Uplifts interaction in predicting depression scores.

Various methodological considerations limit the generalizability of the results. First, an alternative explanation of the results is possible. High levels of hassles and low levels of uplifts may lead to depression. Alternatively, perhaps high levels of depression may bias a person’s memory such that depressive thinking may inhibit the recall of uplifts. Another limitation of this study may include relatively low depression scores. This restricted variance reduced our statistical power and probably underestimates the actual relationship among these variables. It would be interesting to examine to what extent these results would generalize to a clinical sample. We used primarily psychology majors that may have contributed to subject sophistication. All three surveys were administered at the same time and took a substantial amount of time to complete. This may have created a sequencing effect or fatigue.

Future research would be helpful in identifying ethnic and cultural differences between these main effects as well as gender differences. It would be useful to examine how these results may vary across different age groups rather than this sample comprised only of undergraduate college students. Furthermore, additional research could be done to evaluate the effectiveness in different counseling approaches to depression given the findings of this study.

References