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The Effect Of Loneliness And Self-Efficacy Among Adolescent Students In Terms Of Their Levels Of Depression (At Risk, Vulnerable And Non-Depressed)

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Abstract:
In today's changing environment life has become a rat race. Hence, depression and stress related problems have become lifestyle diseases. Depression has significant relationship with loneliness and self efficacy.

Objective- Examining the consequences of depression among adolescent students and its effect on loneliness and self efficacy, the present study has focused on The Effect Of Loneliness and Self-Efficacy Among Adolescent Students In Terms Of Their Levels Of Depression (At Risk, Vulnerable And Non-depressed)

Method
A group of 150 higher secondary students from 2 schools in murshidabad district of West Bengal were drawn equiproportionally from two stream of education (Science stream and Humanities stream). They were selected randomly. The sample of present study was categorized under 3 levels of depression i.e. non-depressed, vulnerable and at risk by administering WHO Depression symptom checklist and Beck Depression Inventory.

Conclusion
The level of loneliness and self efficacy among adolescent students does not differ significantly in terms of their level of depression (at risk, vulnerable and non-depressed).

Index Terms - Depression, loneliness, Depression symptom checklist , Depression Inventory, Self-efficacy.

Introduction

Mental health wellbeing has emerged as a significant area of concern now a days. The underlying complexity between psychological, emotional, and social factors of today's life has made the quality of overall wellbeing including mental wellbeing became the most compromised elements of human being. Among these, loneliness, self-efficacy, and depression stand out as very important influence on mental wellbeing. Adolescence is the most important period of human life prior to adulthood from physical and psychological developmental perspective ; it is the transitional period from immaturity to maturity. The young adolescent used to face lots of biological , cognitive, social and economic changes as factors of developmental transitions which help them to recognize and restructure their self concept and establish themselves as an self- governing independent individual (Tung & Sandhu,2008).Adolescents of age group

15-19 in India is almost one-third of the countries' total population (Mital and Khushwah,2007). The stress and storm of this priod of age result in frustration, confusion, despair and risk taking behavior (Bhan et al.,2004). Researchers described that, adolescence is the period of opportunities and challenges where an individual faces traumatic experiences and often lead to involvement in high risk behavior. Generally everyone feels depressed in their life to some extent at any stage of life. But adolescents have the highest risks of developing depression than others. Risk factors for depression in adolescents include having parents with depression, particularly if it is the mother who is depressed. The scenario in India is more alarming among secondary and higher secondary level school students. Risk factors for depression in adolescents include having parents with depression, particularly if it is the mother who is depressed. Early negative experiences and exposure to stress, neglect, or abuse also pose a risk for depression. Depression among adolescent students increases the rate of dropouts, alienation, social isolation, parental and peer group rejection, communication problems, suicidal tendencies ,etc. Recent researches (Costello et al,2005) had confirmed that depression in children and adolescents occur frequently. Self-efficacy is the belief in one's capabilities to organize and execute the courses of action required to produce given attainments or tasks . According to Bandura's (1997) the role of self-efficacy beliefs in human functioning is that "people's level of motivation, affective states, and actions are based more on what they believe than on what is objectively true. For this reason, how people behave can often be better predicted by the beliefs they hold about their capabilities than by what they are actually capable of accomplishing, for these self-efficacy perceptions help to determine what individuals do with the knowledge and skills they have. In the context of mental health, self-efficacy is crucial as it can empower individuals to confront stress, adapt to adversity, and maintain a positive outlook on life.A strong sense of self-efficacy helps individuals dealing with challenging situation without feeling overwhelmed and confused. It also tends to help the individual's facilitated goal setting, efforts, persistence in facing barriers, recovery from setbacks, and emotional restlessness. Adolescence is that period of human development when emotional and sensational tasks are at its peak. Unrealistic high expectations of adolescents for their social life or immature social depth and incomplete interpersonal skills make them perceived lonelier. loneliness is, by definition, a painful experience, solitude can be a positive and restorative experience (e.g., Goosens, 2006; Goossens & Marcoen,1999;Larson,1990,1999). In loneliness, the cognitive representation of self including the need of established stable social relationship and negative emotional reactions to it, plays a role of predictor for depression, negative self-evaluation and self-criticism. Wesis (1973) defined two types of loneliness namely, emotional and social loneliness, situational loneliness. Loneliness has become a contemporary crucial problem in today's society. Recent growth of researches had shown contradictory results against popular belief about aged people's proneness towards loneliness by concluding that adolescents experience more loneliness than any other age group (Jones & Carver,1991). Late adolescence and early adulthood are the most risk period for developing loneliness (Deniz et al.,2005 ; Ponzetti, 1990). In recent days, depression has become one of the principal causes of illness and disabilities among adolescents. Depression is a common mental disorder characterized by depressed mood, loss of interest or pleasure, feelings of guilt or low self-esteem, disturbed sleep and apetite, low energy, poor concentration . The World Health Organization (WHO) has observed that over 300 million people has been affected by depression accompanied by a high risk of suicide among the age group of 15-29. Such age specific depression is associated with some very adverse outcomes including social and educational impairments as well as mental health. Considering the consequences of depression among adolescent students and the effect of self-efficacy and loneliness, this study tried to explore the relationship between loneliness and self-efficacy in terms of levels of depression. As a step in this direction, the present study has focused on following parameters of research objectives.

Objectives

1. To examine the nature of depressive symptoms of the students in terms of WHO Depression Symptoms Checklist.
2. To categorize the students in terms of their level of depression (at risk, vulnerable and control).
3. To study the nature of self-efficacy of the students in terms of their levels of depression (at risk, vulnerable and control).
4. To study the nature of loneliness of the students in terms of their levels of depression (at risk, vulnerable and non-depressed).

Method

1.variables

Depression-

According to American Psychological Association(2001),Depression is the most common mental disorder. Depression is more than just sadness. People with depression may experience a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt and recurrent thoughts of death. A depressive disorder is that involves the body, mood, and thoughts. It interferes with daily life, normal functioning, and causes pain for both the person with the disorder and those who care about him or her.

According to The Penguin Dictionary of Psychology (1985) Depression, in psychology, is a mood or emotional state that is marked by feelings of low self-worth or guilt and a reduced ability to enjoy life. A person who is depressed usually experiences several of the following symptoms: feelings of sadness, hopelessness, or pessimism; lowered self-esteem and heightened self-depreciation; a decrease or loss of ability to take pleasure in ordinary activities; reduced energy and vitality; slowness of thought or action; loss of appetite; and disturbed sleep or insomnia.

As per DSM5 Depression otherwise known as major depressive disorder or clinical depression is a common and serious mood disorder. Those who suffer from depression experience persistent feelings of sadness and hopelessness and lose of interest in activities they once enjoyed. Aside from emotional 24 problems caused by depression, individual can also present with a physical symptom such as chronic pain or digestive issues. According to ICD 10 depression is characterized by low mood, lose of interest in everyday activities, reduction in energy.

Self-efficacy

Self-efficacy is defined as "the belief in one's capabilities to organize and execute the courses of action required to manage prospective situations. It is a person's belief in their ability to succeed in a particular situation (Albert Bandura ,1995). According to Bandura perceived self-efficacy was defined as people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. Such beliefs produce these diverse effects through four major processes. They include cognitive, motivational, affective and selection processes.

Loneliness

loneliness is defined as the negative emotional response to a discrepancy between the desired and achieved quality of one's social network Perlman and Peplau (1982). loneliness (a) is thought to result from perceived deficiencies in one's social life; (b) is a subjective rather than objective condition; and (c) is, by definition, a negative, painful and severely distressing experience (Peplau & Perlman, 1982). loneliness is, by definition, a painful experience, solitude can be a positive and restorative experience (e.g., Goosens, 2006; Goossens & Marcoen, 1999; Larson, 1990, 1999). In this study the concept of loneliness of Jha (1997) and the concept of self-efficacy of Jerusalem & Schwarzer,1993 was used as measuring variable.

2. Tools Used

A.*Depression symptom check list (DSE),(WHO,2007) :-*

The check list contains 12 items of depressive symptoms. Answering positively to 6 or more of the 12 items indicates the risk of developing depression. The check list has been used for screening adolescents with depressive symptoms. The check list developed by **WHO**, containing easy, integrative and brief array of symptoms selected to meet the criteria for the present purpose. It has been used as a screening measure in addition to **Beck Depression Inventory.**

B.Beck Depression Inventory (BDI) (locally adapted Bengali version) :-(Basu et al.,1995)

The locally Bengali version of Beck Depression Inventory was used to assess the depression level of the students. The Beck Depression Inventory is a unidimensional instrument to assess depression. Beck described the inventory as an instrument designed to measure the behavioural manifestations of depression (Beck et al. , 1961). The inventory measures cognitive, behavioural, affective and somatic aspects of depression. It consists of 21 symptoms attitude categories which were clinically derived and judged Beck and his associates as symptoms of depression. The symptoms categories are as follows :- Mood Pessimism, sense of failure, lack of satisfaction, guilt feeling, sense of punishment, self- hate, self- accusation, self-punitive wishes, crying spells, irritability, social withdrawal, indecisiveness, body images, work inhibition, sleep disturbances, fatigability, loss of appetite, weight loss, somatic preoccupation and loss of libido. Each category represents a characteristic manifestation of depression of which is to be rated by using a series of four point ordinal scales.
The adapted version of the scale(Basu et al.,1995) ensured the suitability of the scale for the normal Indian population. There are four response categories for each item. Each response category has a weighted score ranging from 0 to 3 respectively. The reliability coefficient determined by Cronbech's alpha is reported to be 0.86 .

Perceived Loneliness Scale (Jha, 1997)

It is a unidimensional self-reported research tool containing 36 items and gives a holistic estimate of loneliness of an individual in a five-point format. 28 items are positive in proloneliness direction and eight items are negative i.e. against loneliness direction. In order to avoid monotony on the part of response dents due to repetition of response categories in words against each item and to shorten the length of the questionnaire, five response categories from "totally agree " to " totally disagree " have been given only on the top of right hand side and against each item five numbers from 5 to 1 for negatively worded statements are provided by the authors. The most pertinent rationale behind the selection of this particular tool is to measure the degree and extent of loneliness in Indian adolescent sample. Loneliness scale containing 36 items , with a high discrimination power value above 1.00 for 28 items and above 0.80 for 8 items satisfies the criteria for choosing the particular.

General Self Efficacy Scale (GSES)(Jerusalem & Shwarzer 1993)

It is a unidimensional scale containing 10 items. Responses are made on a four-point rating format from 'not at all true' (1) to 'exactly true' (4).each item refers to successful coping and implies an internal stable attribution of success. The availability of standardized tool to measure self-efficacy is quite scant. Present investigation was planned to introduce intervention which preferred to make use of some positive personality component which can be promoted and utilized in the intervention program, found this variable suitable for the same. It reflects an optimistic self belief which can predict coping with daily hassles as well

as adaptation after all kinds of stressful life events. A short scale with only 10 items in the four point rating format was found most suitable to trace out the positive component of the adolescents who are 'at risk' or 'vulnerable' to depression. Reliability : In samples from 23 nations, Cronbach's alpha was measured to establish reliability which was found in a range of .76 to 90.

3.Sample

A group of 150 higher secondary students from 2 schools in murshidabad district of West Bengal were drawn equiproportionally from two stream of education (Science stream and Humanities stream). They were selected randomly by following some inclusion criteria (age range 17 to 19 Years and mother tongue Bengali , upper middle class family background) and exclusion criteria (Shifting of stream, History of any gap in course of studies, History of any chronic disorder and records of any indiscipline behavior). The sample of present study was categorized under 3 levels of depression i.e. control, vulnerable and at risk by administering WHO Depression symptom checklist and Beck Depression Inventory. 6 or above for Depression symptom checklist and 19 or above Beck Depression Inventory was designated as depression at risk group,3-5 score for Depression Symptom Checklist and 5 to 18 for BDI was designated as vulnerable group, 0 to 2 of Depression Symptom Checklist and 0 to 4 of BDI was designated as control group.

4. Procedure

Data were collected from the sample group by using the above mentioned tools and considering the ethical issues as follows :-

i. Informed consent was obtained from all students
ii. Confidentiality of information was ensured.
iii. Date and time for data collection were decided as per convenience of school authorities.

Qualitative analysis (Percentage, Chie-square, one way anova) were done.

Result and Interpretation

Table -1: Means & SDs of Depression Symptom Checklist, Beck Depression Inventory & General Self - efficacy of the three groups of students.

Scales	Control	Vulnerable	At risk
DSC	M=.948 SD=.585	M=4.33 SD=.707	M=9.200 SD=1.483
BDI	M=2.323 SD=1.127	M=13.000 SD=2.783	M=26.400 SD=7.536
GSE	M=35.617 SD=2.699	M=24.444 SD=3.02	M=16.200 SD=1.483

Table 1 reflects that students of at risk group have highest mean scores on both the depression measure. Students of vulnerable group scored higher mean than that of control group on both Depression measure. Table 1 also reflects that students of 'at risk' group had projected relatively poor self efficacy than that of the vulnerable group; whereas students of vulnerable group had indicated the relatively poor score on self efficacy than that of control group students. The results of the present study revealed that adolescent students of depression 'at risk' group developed the weakest self-efficacy among the three groups. The results of present study had been supported by the study of Kumar & Lal (2006). They found significant difference on self-efficacy measures between two groups of graduation students. Students with high self-efficacy were found significantly more helpful, graceful, energetic, aesthetic and optimistic and did not easily lose their temper and could adjust better with the environment as per demand. While students with low self –efficacy showed reverse results and thus are more prone to develop depression and other anxiety symptoms. A low sense of self-efficacy was also reported to be associated with depression, anxiety and hopelessness (Ehrenberg et al.,1991)which corroborate the present outcome.

Profile of Self –efficacy among Higher Secondary Students

TABLE 2: Mean (M), Standard Deviation (SD) and 'F' ratio values For General Self Efficacy Scores of students (N=150) Under Three Levels of Depression (control, vulnerable and control).

Component areas	Levels of depression						F value
General Self - efficacy	control		vulnerable		At risk		187.887*
	Mean	SD	Mean	SD	Mean	SD	
	35.617	2.699	24.444	3.205	16.200	1.483	

* significant at .00 leve

Mean values and ANOVA (Table2) results for the three levels of depression (control, vulnerable & at risk) indicated that the overall self efficacy score was moderately high for the three groups of the students (control, vulnerable and at risk). The factor self efficacy was relatively high among control group (M= 35.617), moderately high among vulnerable group (M= 24.444) and relatively low among at risk group (M=16.200). The reasons behind such type of perceived high stress among students of at risk depression level may be the high depression level of, parental expectancy, test conscious culture high pressure of perspectives of higher studies. Earlier studies have showed that experiences of success in some particular area of functioning enhance the perception of self-efficacy while experiences of failure weakens such perception (Schunk & Zimmerman,1997). Individuals with persistent experience of failure ,especially in domains that are important to them, are more prone to develop lower sense of self-efficacy. Their beliefs that they have little capacity to influence conditions in order to attain desired outcomes in turn had a negative impact on their affective functioning (Bandura et al.,1999 ; Maddux et al.,1995). The study of Muris (2002) on secondary school students also supported the result of present study by concluding social and academic selfefficacy to be associated with neuroticism, anxiety and depression.

Table 3- the trends of interaction among variables(general self efficacy and level of depression)

Component areas	Levels of depression						t values		
General Self-efficacy	Control		vulnerable		At risk		t values b/w control & vulnerable	t values b/w vulnerable & at risk	t values b/w control & at risk
	Mean	SD	Mean	SD	Mean	SD	11.888**	5.367**	15.955**
	35.617	2.699	24.444	3.205	16.200	1.483			

**= significant at 0.0

The results of the significant t values (table 3) highlighted that significant differences existed between students of three different levels of depression namely control, vulnerable , at risk in terms of general self efficacy. The findings of the present study reflected that the positive component of personality differ in terms of levels of depression (namely- control, vulnerable and at risk) of the adolescent students. Self – efficacy had been identified as a contributing factor that serves to protect adolescents from adverse circumstances (Warner & Smith,2001). Adequate level of self-efficacy help children to cope and manage threatening life events and thus protect them from becoming anxious or depressed (Ehrenberg et al.,1991). A similar trend had also been followed in the present study.

Table -4: Means & SDs of Depression Symptom Checklist, Beck Depression Inventory & loneliness of the three groups of students

Scales	Control	Vulnerable	At risk
DSC	M=.948 SD=.585	M=4.33 SD=.707	M=9.200 SD=1.483
BDI	M=2.323 SD=1.127	M=13.000 SD=2.783	M=26.400 SD=7.536
Loneliness	M=16.200 SD=1.483	M=24.444 SD=3.02	M=35.217 SD=2.699

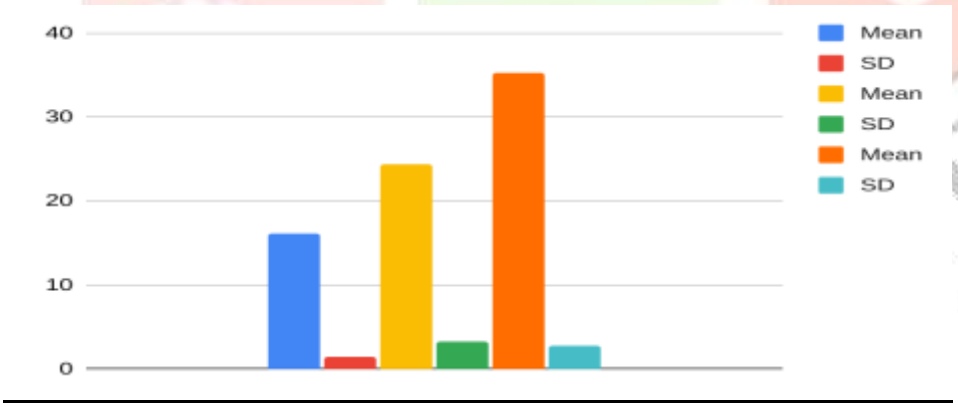
The results of the table 4 revealed that adolescent students of depression 'at risk' group developed the highest loneliness score among the three groups. The results of the present study had been supported by the study of Goswick and Jones (1982) stating that adolescents as a group are more vulnerable to loneliness.

Profile of loneliness among Higher Secondary Students

TABLE 5: Mean (M), Standard Deviation (SD) and 'F' ratio values For General Self Efficacy Scores of students (N=150) Under Three Levels of Depression (non-depressed, vulnerable and control).

Component areas	Levels of depression						F value
Loneliness	Control		Vulnerable		At risk		186.887*
	Mean	SD	Mean	SD	Mean	SD	
	16.200	1.483	24.444	3.205	35.217	2.699	

* significant at .00 level

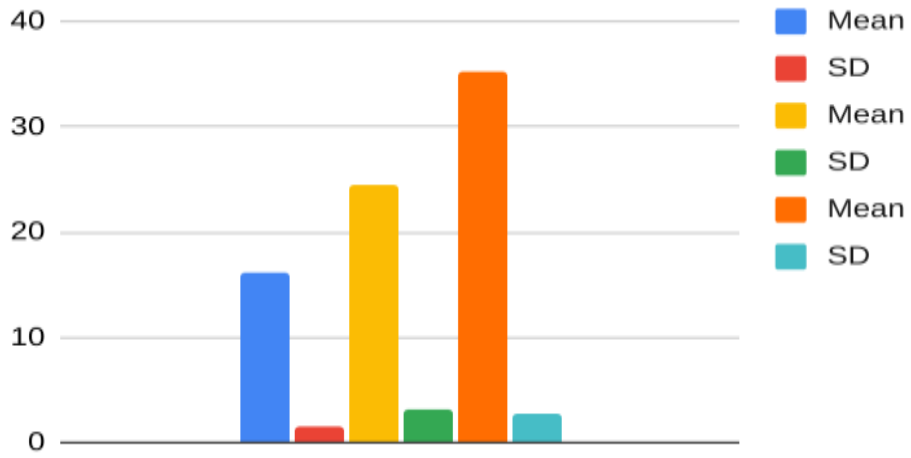


Mean values and ANOVA (Table5) results for the three levels of depression (control, vulnerable & at risk) indicated that the overall loneliness score was moderately high for the three groups of the students (non-depressed, vulnerable and at risk). The factor loneliness was relatively high among at-risk groups (M= 35.617), moderately high among vulnerable groups (M= 24.444) and relatively low among non-depressed groups (M=16.200). The reasons behind such a type of perceived high stress among students of at-risk depression level may be the high depression level of, parental expectancy, test conscious culture, high pressure of perspectives of higher studies. Mean, ANOVA values indicated that the nature of perceived loneliness had significant differences between three groups of depression (control, vulnerable, at risk).

Table 6- the trends of interaction among variables(loneliness and level of depression)

Component areas	Levels of depression						t values		
loneliness	Non-depressed		vulnerable		At risk		t values b/w non-depressed & vulnerable	t values b/w vulnerable & at risk	t values b/w non-depressed & at risk
	Mean	SD	Mean	SD	Mean	SD	11.888**	5.367**	15.955 **
	16.200	1.483	24.444	3.205	35.217	2.699			

**= significant at 0.0



The results of the significant t values (table 6) highlighted that significant differences existed between students of three different levels of depression namely non-depressed, vulnerable , at risk in terms of loneliness. The results of the significant t values highlighted that significant differences existed between students of three different levels of depression namely control, vulnerable , at risk in terms of loneliness. The findings of the present study reflected that the levels of loneliness differ in terms of levels of depression (namely- non-depressed, vulnerable and at risk) of the adolescent students. Present findings of differences in the level of loneliness in terms of different levels of depression was supported by other studies. Available literature had also described lonely adolescents as passively sad and turned inward (Van, Buskirt & Duke, 1991) .

Discussion

The result reflects that clinically screened students of depression vulnerable and at risk were also prone to develop poor self efficacy measure. The result of present study showed that adolescents with high level of depression develop poor self efficacy. Adolescents with low level of depression had strong self efficacy.
Self efficacy contributes a crucial role as a predictor of depression. The results of present study are supported by the findings of Tabassum and Rehman(2005). The results of their study concluded an inverse correlation between self efficacy and depression. The reason behind such type of inverse relationship had indicated in other studies. Maddux & Meier,1995 studied the relationship between depression and self efficacy. They concluded that individual who faces more persistent failure in some particular domains which appears to be very important for them are more prone to develop a strong belief that they have poor capacity to influence and control the situation to achieve their desired goals. High self efficacy increase level of motivation, social participation and life satisfaction. The trend of the present study followed the trends of earlier studies. Loneliness and depression are independent constructs (Week, Michela, Peplau, & Bragg, 1980) but share some common elements such as social skills and negative affectivity (Abramson, Metalsky, & Alloy, 1989). Majority of cases of suicidal attempt were being reported 2 to 3 decades earlier in India to be of less than 30 years of age (Adityanjee, 1986). American Psychological Association (1980) on loneliness and depression demonstrated that loneliness and depression are distinct. Prolonged loneliness may be a common cause of depression ; depression may cause people to reduce their social activities and become lonely. Finally, other

factors such as the breakup of a close relationship may simultaneously produce both loneliness and depression.

Conclusion

The proportionate number of students with different levels of depression (control, vulnerable & at risk) revealed dissimilarities. The data based facts of the present study had revealed the following facts about the relationship of self efficacy and depression.

1.Adolescents with high level of depression (namely, vulnerable and at risk) develops poor self efficacy.

2.Adolescents with high self efficacy are more motivational, energetic and enthusiastic.

3.Adolescents with high levels of depression (namely, vulnerable and at risk) develop higher levels of loneliness.

4. The level of loneliness had a significant difference in terms of the levels of depression (non-depressed , vulnerable & at risk).

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