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Relationship between Self-Concept and Depressive Tendencies among Adolescents at Matriculation Level

Ayesha Dad Khan, Aijaz Ahmed Gujjar, Mumtaz Fatima Jaffery, Ph.D., and
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Abstract

The present study was aimed to investigate the relationship between self-concept and depressive tendencies among adolescents at matriculation level. It was hypothesized that adolescent boys have a positive self-concept as compared to adolescent girls. The second hypothesis was that girls are more depressed as compared to boys. Another hypothesis was that boys display more disruptive behavior as compared to girls. It was also hypothesized that there exists an inverse relationship between self-concept and depressive tendencies among adolescents at matriculation level.

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To test these hypotheses, “Beck Youth Inventories for Children and Adolescents” (second edition) were used. This inventory was procured by Centre for Psychological Research (CPR) at Fatima Jinnah Women University, Rawalpindi.

The sample of this research comprised of fifty boys and fifty girls (adolescents) from ten Government schools of Rawalpindi city. Purposive sampling technique was employed to select the sample. Data were analyzed through SPSS. The findings revealed that there were no significant difference between boys and girls on Self-concept, Depression and Disruptive Behavior scales. Hence the data does not support the hypotheses regarding gender differences in self-concept; depression and disruptive behavior were rejected. However, the hypothesis regarding an inverse relationship between self-concept and depressive tendencies was accepted.

So, there exists a significant inverse relationship between self-concept and depression while the inverse relationship between self-concept and disruptive behavior was not significant. Results gleaned from the study could potentially be used by educational institutions, school counselors, administrators, psychologists, teachers, parents, adolescents’ themselves and community members at large toward the development and implementation of programs and practices that can effectively identify, address and work toward the resolution of the concerns, issues and depressive disorders faced by the adolescents. These programs will assist and facilitate adolescents’ (girls and boys) for developing a balanced personality into adulthood.

Key Words: Self Concept, depressive, tendencies, adolescents

Introduction

The end of nineteenth century and early part of twentieth century represented an important period in the invention of the concept we now call “Adolescence”. Historians label G. Stanley Hall (1844-1924) the father of scientific study of adolescence. According to Hall, adolescence is

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the period from twelve to twenty three years of age and is filled with “Storm and Stress”. In Hall’s view, adolescence is a turbulent time charged with conflict and mood swings. Adolescence is the period that occurs between the beginning of puberty and adulthood (Santrock, 2001).

The word “Adolescence” comes from Latin word “Adolescere” which means “to grow into maturity”. Not only it is a time of enormous physiological change, it is also marked by changes in behavior and expectations. It is a time of emotional turmoil, mood instability, depressing introspection, heightened sensitivity, rebellion and behavioral experimentation. An adolescent does not usually share his/her feelings with an adult stranger unless trust and rapport are established. Traditionally adolescence has been regarded as a prelude to and preparation for adulthood, a transitional period of life between immaturity and maturity. It is a time when adolescents deal with question “Who am I? They also deal with question “Who will I be? (Gross & McIlveen cited by Kazdin, 2000). Adolescence has been targeted as an especially important developmental period for self-concept formation. The strength of self-concept in the teenage years had an impact on mood, performance, depression, self-perceived health, physical activity and obesity etc. in young adulthood (Hay& Ashman, 2003).

The present study focuses on studying the relationship between Self-concept and depressive tendencies among adolescents’ boys and girls at matriculation level. The first variable of this research study is Self-concept. Byrne (1996) maintains that self-concept is a set of descriptive and evaluative statements about oneself. It refers to the manner in which people know, appraise and represent themselves. Two kinds of such judgments can be distinguished: descriptive and evaluative. Descriptive judgments refer to how we actually think about ourselves taking into consideration our age, gender, profession, physical characteristics, patterns of behavior and so on. Evaluative judgments are concerned with appraisal of our characteristics, how we feel about ourselves. Self-concept involves domain -specific evaluation of the self. Adolescents can make

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self-evaluations in many domains of their lives-academic, athletic and appearance etc (Hersey, Blanchard & Johnson, 2001).

Hersey, Blanchard & Johnson (2001) contend that self-concept influences our thoughts, feelings and behavior. It colors the way we see the world, acting as our perceptual filter and also shapes what we do to maintain our self-concept. Our perceptions and expectancies are influenced by our self-concept within the context of the situation and lead to actions and outcomes. These outcomes influence the situation and us (Hersey, Blanchard & Johnson, 2001 cited Rogers). A person's self-concept evolves throughout childhood and adolescence. As individual self-concept gradually stabilizes, he or she begins to feel comfortable with it and is usually loyal to it. This loyalty produces two effects:

1. Self-concept becomes a "Self-fulfilling Prophecy" in that the person tends to behave in ways that are consistent with it.
2. The person becomes resistant to information that contradicts the self-concept. Self-concept is derived from variety of sources. Much of adolescents' self-concept comes through eyes of others. The self-concept and self-esteem then becomes an individual's evaluation of all that he perceives himself or herself to be (Weiten, 2002).

According to Bebbington, Dunn, Jenkins, Lewis, Brugha & Farrell (2003) during early childhood, children's self-concepts are less differentiated and are centered on concrete characteristics such as physical attributes, possessions and skills etc. During middle childhood, the self-concept becomes more integrated and differentiated as the child engages in social comparison and more clearly perceives the self as consisting of internal, psychological characteristics. In later childhood and adolescence, the self-concept becomes more abstract, complex and hierarchically organized into cognitive mental representations or self-schemas which direct the processing of self-relevant information.

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The second variable of this research study is depressive tendencies among adolescents' at matriculation level. Before explaining these depressive tendencies, it is important to know what is meant by depression and how it affects adolescents'. Depression among adolescents is a disorder which occurs due to persistent sadness, loss of interest and personal worth and discouragement. It is a normal part of the maturation process of adolescents and a temporary reaction towards stressful situations. Depression among adolescents can be caused due to bad school performance and failing relations with friends and family or even due to hormonal imbalance. Depression in this age group is greatly under diagnosed leading to serious difficulties in school, work and personal adjustment which often continue into adulthood (Bebbington, et al., 2003).

A positive self-concept builds confidence among adolescents as quality of self-concept is directly related with the degree of depressive tendencies that is found among adolescents (boys and girls). Adolescents with negative self-concept are more likely to develop depressive tendencies such as depression and disruptive behaviors that affect not only their physical and mental health but also hamper their classroom or academic achievements. Individuals with negative self-concept have less positive characteristics in the domains of cooperation, persistence, leadership, anxiety, expectations for future education and peer interactions when compared to peers with high self-concept. Negative self-concept, low educational aspirations, external locus of control and negative attitudes toward school are considered to be interrelated. Parental support directly and indirectly influences individuals' later educational achievement and psychological well-being (Midgett, Ryan, Adams & Corville, 2002).

Objectives

Objectives of this research study were to:

1. Compare the quality of self-concept among adolescents' girls and boys at Language in India www.languageinindia.com
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- matriculation level.
2. Determine the degree of depressive tendencies that is found among adolescents' boys and girls at matriculation level.
 3. Examine the relationship between self-concept and depressive tendencies among adolescents' boys and girls at matriculation level.

Hypotheses

1. Adolescent boys have a positive self -concept as compared to adolescents girls.
2. Adolescent girls are more depressed as compared to adolescent boys.
3. Adolescent boys display more disruptive behavior as compared to adolescent girls.
4. There exists an inverse relationship between self-concept and depressive tendencies among adolescents at matriculation level.

Research Approach & Research Design

It was a co relational research. Researchers wanted to explore the relationship between self-concept and depressive tendencies among adolescents at matriculation level. Quantitative approach was used in this research.

Population

Population of this research study was Government schools of Rawalpindi city. Adolescents' boys and girls at matriculation level were the population of this study.

Sample

Sample of this research study was hundred adolescents of matriculation level. Fifty boys and fifty girls from ten government schools (five for girls and five for boys) were the sample of the study. Adolescents were approached after taking the permission from the regional office as well as from the head of schools.

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Sampling Technique

The participants were selected through purposive sampling technique. This technique was chosen keeping in view the schools that could be visited and availability of students within these schools.

Instrument

Data were collected by using the standardized tool “Beck Youth Inventories for Children and Adolescents” developed by Judith S.Beck, Aaron T.Beck, John B.Jolly and Robert A. Steer (second edition,2005). This edition was published in 2005. The Beck Youth Inventories contain five scales that can be used separately or in combination to assess a child’s or adolescent’s experience of depression, anxiety, anger, disruptive behavior and self-concept. Each of the five inventories contains 20 statements about thoughts, feelings or behaviors associated with emotional and social impairment among children and adolescents. But the researcher used Self-concept, Depression and Disruptive Behavior scale. A few items were excluded from the Disruptive Behavior scale due to time constraints and repetition of items. Time duration for test administration was 8-10 minutes. Reliability of self-concept, depression and disruptive behavior scale was .620, .800 and .701 respectively. T -scores were given in the manual of this inventory. In the tool, T-scores were categorized as:

< 55	Average
55-59	Mild
60-69	Moderate
70+	Extremely elevated or severity level.

These scores were used to determine the level of depressive tendencies that were found among adolescent girls and boys at matriculation level.

A detailed description of the tool and the items in the tool is as follows:

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1) Beck Self-Concept Inventory for Youth (BSCI-Y):

The items in this inventory explore self-perceptions such as competency, potency and positive self-worth.

2) Beck Depression Inventory for Youth (BDI-Y):

This inventory is designed to identify symptoms of depression in children and adolescents including negative thoughts about self or life, and future, feelings of sadness and physiological indications of depression.

3) Beck Anxiety Inventory for Youth (BAI-Y):

The items in this inventory reflect children's fears, worrying and physiological symptoms associated with anxiety.

4) Beck Anger Inventory for Youth (BANI-Y):

The items in this inventory include perceptions of mistreatment, negative thoughts about others, feelings of anger and physiological arousal.

5) Beck Disruptive Behavior Inventory for Youth (BDBI-Y):

Behaviors and attitudes associated with Conduct Disorder and oppositional-defiant behavior are included.

Procedure

The problem was selected after observing the problems and challenges faced by adolescents' especially when they are not given special attention and social support from significant people in their lives for holistic development of their personality. Researcher was interested in exploring the phenomenon that how the self-concept of adolescents' affects their personality in general and

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their health and wellness in particular. For this reason, researcher aimed to explore the relationship between self-concept and depressive tendencies among adolescents which included depression and disruptive behavior. To examine this relationship, “Beck Youth Inventories for Children and Adolescents” were used to measure the self-concept and depressive tendencies. Students were selected through purposive sampling technique. Time duration for test administration was 8-10 minutes. The data were analyzed through SPSS. Gender differences were computed by using the independent sample t- test. Correlation was found by correlating the scores of self-concept scale with depression and disruptive behavior. To determine the level of depressive tendencies among adolescents, cross tabs were used.

Findings

Following were the findings on the basis of analyzed data.

Table 1: Alpha Reliability of Scales

Scales	No. of items	Alpha Reliability of Scales
Self-concept	20	.620
Depression	20	.800
Disruptive Behavior	10	.701

Table 2: Pearson Correlation Co-efficient between Self-concept, Depression and Disruptive Behavior. N=100(50 boys, 50 girls).

	Self-concept	
	r	P
Depression	-.309**	.002
Disruptive Behavior	-.192	.056

** P ≤ 0.01, P ≤ n. s

Table: 2 shows an inverse relationship between self-concept and depressive tendencies which are depression and disruptive behavior. There exists a significant inverse relationship between self-concept and depression($r=-.309^{**}$, $p=.002$). Though, it is small, yet it is significant, while the inverse relationship between self-concept and disruptive behavior is not significant. Therefore,

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the hypothesis regarding inverse relationship between self-concept and depressive tendencies among adolescents' is accepted.

Table 3: Difference between boys and girls on Self-concept Scale. Mean (M), Std.Deviation (SD) and t value of both groups=100(50 boys, 50 girls).

Gender	Mean	Std. Deviation	t	P
Boys	41.52	7.12		
Girls	42.30	6.14	.586	.559

df =98, $P \leq$ n.s

Table: 3 shows that gender differences on self- concept scale are not significant. Therefore, the hypothesis regarding the gender differences on self-concept is not supported by data.

Table 4: Difference between girls and boys on Depression Scale. Mean (M), Std.Deviation (SD) and t value of both groups=100(50 boys, 50 girls).

Gender	Mean	Std. Deviation	t	P
Boys	17.72	8.811		
Girls	18.32	6.551	.386	.700

df =98, $P \leq$ n.s

Table: 4 shows that gender differences on depression scale are not significant. Therefore, the hypothesis regarding the gender differences on depression is not supported by data.

Table 5: Difference between boys and girls on Disruptive Behavior Scale .Mean (M), Std.Deviation (SD) and t value of both groups=100(50 boys, 50 girls).

Gender	Mean	Std. Deviation	t	P
Boys	7.70	5.319		
Girls	8.14	4.499	.447	.656

df =98, $P \leq$ n.s

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Table:5 shows that gender differences on depression scale are not significant. Therefore, the hypothesis regarding the gender differences on disruptive behavior is not accepted.

Discussion

The present study was aimed to examine the relationship between self-concept and depressive tendencies among adolescents. It was hypothesized that adolescent boys have a positive self-concept as compared to adolescent girls. The second hypothesis was that girls are more prone to depression as compared to boys. Still another hypothesis was that boys display more disruptive behavior as compared to girls. It was also hypothesized that there exists an inverse relationship between self-concept and depressive tendencies among adolescents' at matriculation level.

To test these hypotheses "Beck Youth Inventories for Children and Adolescents" were employed. This inventory contains five scales that can be used separately or in combination to assess a child's or adolescent's experience of depression, anxiety, anger, disruptive behavior and self-concept. Each of the five inventories contains 20 statements about thoughts, feelings and behaviors associated with emotional and social impairment in children and adolescents. However, only three scales pertaining to Self-concept, Depression and Disruptive Behavior were employed. SPSS was used to analyze the data.

Pearson Co-relation Co-efficient was computed between the self-concept and depressive tendencies which included depression and disruptive behavior. Results revealed that there exists an inverse relationship between self-concept and depressive tendencies among adolescents. It means that the quality of self-concept is directly linked with the level or degree of depressive tendencies. In other words, if the self-concept of adolescents is positive, there will be less chances of development of depressive tendencies among them. A significant inverse relationship was found between self-concept and depression ($r = -.309^{**}$, $p = .002$). An inverse relationship

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was found between self-concept and disruptive behavior ($r = -.192, p=.056$) but this relationship was not significant.

To compare the mean scores adolescents' boys and girls on self-concept, depression and disruptive behavior scale, independent sample t-test was used. Results revealed that these differences were not significant. T -scores were given in the manual of this inventory. In the tool, T-scores in the instrument were categorized as:

< 55	Average
55-59	Mild
60-69	Moderate
70+	Extremely elevated or severity level.

These scores were used to determine the level of depressive tendencies that were found among adolescent girls and boys at matriculation level. T-scores were analyzed and cross tabs were used to determine the gender differences on the above mentioned two scales. Out of fifty boys, T-scores of seven adolescents' were very high which means that they suffered from severe depression. Moderate level of depression was found among ten boys. Twelve boys came under the category of mild depression and average depression was found among twenty one boys. Severe depression was also found among three adolescent girls. Among twelve girls, moderate level of depression and among fourteen girls, mild depression was found while twenty one girls had an average level of depression.

On the disruptive behavior scale, two adolescent boys showed severity, three had moderate disruptive behavior, four came under the category of mild disruptive behavior and forty one had an average disruptive behavior. Among the adolescent girls, one respondent scored higher on the disruptive behavior scale which means that disruptive behavior was found in her at severity

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level. Seven came under the category of moderate disruptive behavior; ten had mild while thirty two had an average level of disruptive behavior.

Gender differences on the Self-concept, Depression and Disruptive Behavior were not significant due to the following reasons:

1. Home environment plays an important role in the development of self-concept. In most situations, where parents are educated and enlightened, children are brought up in such a manner that no discrimination is held between girls and boys. As a result of this fair treatment from parents, children especially adolescents do not suffer from inferiority complex. Their self-esteem is reasonably high and their self-concept is positive. This positive self-worth reduces the chances of developing depression and disruptive behavior.
2. Equal educational opportunities have helped the girls to develop confidence as they are competing with boys and proving their worth. Their performance is far better than boys.
3. Educational level also affects the self-concept of adolescents. Adolescents of this study were high school students. Being senior most students in the school, they estimate themselves at a very high rank and enjoy a positive self-image. It is expected however, that as they enter the college where they will be the junior most students, their self-concept may decline.
4. Adolescence is an age of crisis and identity formation. During teen years, the self concept of adolescents is evolving. Their identity is not fixed and their self- concept is yet not stable. They have not stepped into practical life and their vision is not clear and broad enough. Therefore, both adolescent girls and boys have good opinion about themselves and they rate themselves very high. Based on these reasons, no gender differences between adolescent boys and girls on self-concept, depression and disruptive behavior scale were found.

Conclusions

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The present study was aimed at examining the relationship between self-concept and depressive tendencies among adolescents at matriculation level. Results revealed that an inverse relationship exists between self-concept and depressive tendencies.

A positive self-concept builds confidence among adolescents as quality of self-concept is directly related with the degree of depressive tendencies among adolescents' boys and girls. Adolescents with negative self-concept are more likely to develop depressive tendencies such as depression and a disruptive behavior that affects not only their physical and mental health but also hamper their classroom or academic achievements.

Most problems of today's youth are not with the youth themselves. What adolescents need is access to a range of legitimate opportunities and long term support from adults who deeply care about them and treat them nicely. Therefore, the hypotheses regarding the gender differences on self-concept, depression and disruptive behavior were not supported by data.

However, the hypothesis regarding the inverse relationship between self-concept and depressive tendencies among adolescents' at matriculation level was accepted. It assures that the study was in the right direction.

Recommendations

- 1) Parents love adolescents but they should also express their love and appreciation.. They should monitor their development and be sensitive to their needs. They should have a sound understanding of their own as well as their adolescent's development and help them to steer away from health compromising behaviors.
- 2) Schools should place a greater emphasis on a curriculum that is developmentally appropriate and pays closer attention to adolescents' health, wellbeing and moral values.

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This needs to be accomplished at all levels of education but especially in the middle school and junior high school years.

- 3) Emotional support and social approval in the form of confirmation from others is very essential for the development of positive self-concept. To broaden the horizon of adolescents', parents, teachers and other significant people should show unconditional positive regard, faith and trust in their abilities, potentials and capabilities.
- 4) Parents and teachers should facilitate the adolescents in decision making regarding the selection of subjects. They should guide them in career planning and moving in the right direction. This support directly and indirectly influences individuals' later educational achievement and psychological well-being.
- 5) Parents, teachers and adolescents' should set goals that are specific, measurable, concrete, realistic and achievable because unrealistic academic, social or family expectations can create a strong sense of rejection and may lead to deep disappointment.
- 6) To reduce the number of adolescents at risk for not reaching their full potential, community-wide agency co-operation and integration as well as early prevention or early intervention need to be given special attention.
- 7) If the adolescent is showing severe problem behaviors such as depression, drug addiction, repeated delinquent acts or serious school related problems, parents should not try to treat these problems alone. They probably should seek professional help for them.
- 8) A longitudinal study should be carried out on adolescents that are now at high school students to further examine the relationship between their self-concept and depressive tendencies.

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