# Depression and Psycho-Social Well Being in emerging adulthood

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*Abstract*

*Introduction*

**Depression is defined as a state of feeling sad, severe hopelessness and dejection: a serious medical condition in which a person feels very sad, hopeless, and unimportant and often is unable to live in a normal way. Depression imposes itself not only on adults but it takes its toll on children and adolescents as well. Normally, parents want their children to be happy. Despite their best to provide and protect them, children still encounter disappointments, frustrations, or real heartbreak. The current study is an attempt to investigate depression and possible risk factors in adolescents in relation to psycho-social well-being in adolescents.**

*Methodology*

**A cross sectional survey research design was adopted in order to address the problem of depressive symptoms, risk factors and psychosocial well-being of adolescents in secondary schools. A total of 400 male and female emerging adults served as subjects in the study. Questionnaire was used to collect quantitative data. While qualitative data was collected with the use of focus group discussion and interview to buttress quantitative data collected with questionnaire. Chi- square was used to analyze the quantitative data and a thematic content assessment was used to analyze qualitative data.**

*Results*

**The results revealed that depression is negatively correlated with various dimensions of psycho-social well being and there exist a significant difference among male and female adolescents in context of depression. Again, findings reveal that the psychosocial well-being of adolescents is significantly affected by anxiety symptom. Equally it was retained that loneliness, low self-esteem and aggression has a significant negative effect on adolescents psychosocial well-being. It is thus, recommended that it will necessary to utilize the results of this study to implement programs or courses in psychology that will inform people about the early signs of adolescent risk factors and symptoms of depression.**

*Implication*

**This implies that a good proportion of adolescents in secondary schools are seen to portray some symptoms and risk factors for depression which has negatively affected their well-being both socially and psychologically. It is hope that this study will be helpful in highlighting the undesirable nature of depression among adolescents.**

## I. INTRODUCTION

Depression imposes itself not only on adults but it takes its toll on children and adolescents as well. Normally, parents want their children to be happy. Despite their best to provide and protect them, children still encounter disappointments, frustrations, or real heartbreak. At times, adolescents may feel sad and needy. However, some children and adolescents seem to be constantly experiencing depressive symptoms such as anxiety, loneliness and exhibit some risk factors such as low self-esteem and aggression. The experiences of major depression are a devastating disorder that affects the individual as well as those closest to him/her. When the sufferer is an adolescent, the families as well as peers are intimately involved with all aspects of experiences from onset to recovery and beyond (Farmer, 2002). Psychological depression is one of the most common disorders that affects a part of a persons life including their social and emotional well-being.

Historically, children were not considered candidates for depression (Whitley, 1996), mostly because of Freudian notion of the unconscious, depression had been viewed as a condition which only affects adults. Children and adolescent depression is widely recognized and health professionals see depression as a serious condition affecting both adolescents and young children (Whitley, 1996). According to Farmer (2002), about 5% of adolescents suffer from depressive symptoms such as persistent sadness, anxiety and lack of interest in previously enjoyable tasks. In order to be considered major depression, symptoms such as loneliness, lack of appetite and loss of interest in social activities must continue for a period of at least two weeks (Arbetter, 1993).

Students with depressive symptoms tend to have lower grade point averages and are more likely to drop out of college than their non-depressed peers (Haines, Norris, & Kashy, 1996). The results of domestic and international studies prove that life-time prevalence of depression is 4-5% in case of children and 13-20% among adolescents (Birmaher, Brent, Bernet, Bukstein, Walter, Benson, Chrisman, Farchione, Greenhill & Hamilton,2007), which is nearly the same as in case of adults, and it means that adult depression begins in

adolescence in most cases (Kessler, Avenevoli & Merikangas ,2001). Studies in the last decades proved that the risk of mood disorders is increasing and it begins at an earlier age every time (Kessler et al.,2001). Before the age of 18, 20-25% of the adolescents have a depressive episode (Lewinsohn, Hops, Roberts, Seeley & Andrews, 1993).

Loneliness is a distressing and very common experience throughout adolescence. During this critical developmental time, loneliness often ensues when human relationships are perceived as inadequate or unsatisfactory. Loneliness is an inescapable part of life affecting everyone at some time. Weiss (1982), defined loneliness as an unpleasant, subjective response to the absence of some particular relational provision. All people will eventually experience the distress of loneliness, but its frequency and intensity appear to be more prevalent during adolescence than at any other life stage. A number of negative peer experiences have been associated with loneliness in childhood and adolescence.

To add, peer victimization defined as being a victim of intentional harmful behavior that is repeated over time by one or more individuals with a stronger power position (Olweus,1992),is also a well-established predictor of loneliness in adolescence (Hawker & Boulton, 2000). Peer-victimization refers to isolated or recurring aggressive behaviours such as name calling, threatening, leaving people out, and being hit or kicked (Owens, Daly, & Slee, 2005). It can occur in many forms, such as direct physical and/or verbal, emotional, and sexual aggression. Such attacks often have serious implications for victims psychological adjustment, particularly relating to internalizing problems (Crick & Grotpeter, 1996).

Loneliness is one of such problems, and an association between peer-victimization and loneliness is present from early childhood through to adolescence and across different cultures (Kochenderfer& Ladd, 1996). In addition, children who go from being a non-victim to a victim exhibit increasing levels of loneliness, whereas those who go from being a victim to a non-victim do not necessarily show decreases in loneliness (Kochenderfer-Ladd & Wardrop, 2001). This may indicate that peer-victimization scars children psychologically by fostering cognitive processes which sustain levels of loneliness. Loneliness includes feeling that one has few friends, is socially incompetent and is unable to satisfy basic friendship needs (Cassidy & Asher, 1992). Notably, these characteristics of loneliness are perceptions which the child has of his or her own competencies and of the situation at hand. Such perceptions share many characteristics of cognitive appraisals, specifically perceived control, threat, and blame, and these appraisals may mediate the effect of peer-victimization on loneliness.

Depressed adolescents have more negative perceptions of their families than other adolescents do. The more depressed the young person, the more negative are his perceptions of the way in which his family functions. Specifically, adolescents with depressive symptoms describe their parents as distant, unsupportive and emotionally unavailable (Nilzon and Palmerus, 1997), and they report frequent conflict with their parents conflicts that are often highly emotionally charged. They see their parents as intolerant and inflexible and feel that they themselves are allow little say in decision making within the family. Furthermore, depressed youngsters report that their families are seldom involved as families, in social, religious, or recreational activities (Wentzel and Feldman, 1996). Compared with parents of non-depressed children, parents of depressed children are more authoritarian and controlling in their interactions with their children. They also use physical punishment more frequently than parents whose children are not depressed do (Ingersoll, 1996).

Depression also affects social functioning negatively such as relationships with peers. Depressed students tend to use maladaptive interpersonal strategies that elicit negative reactions, including social rejection, from peers. Peer relations during middle childhood and adolescence are an important part of childrens social and emotional development. Children and adolescents pick up essential social and communication skills from their peers as they move into late adolescence and early adulthood. As children transit into adolescence, they face a unique challenge: peer relationships become more important at the same time as peer rejection becomes more prevalent (Juvonen, Graham,& Shuster, 2003). At this age there is a well-documented shift from relying on parents for social support to relying on peer relationships. Upon entering adolescence, youth spend increased time with peers, seek out peers opinions and place increased value on gaining their approval and are generally more concerned with maintaining peer acceptance (Brown, 1990). However, along with this heightened emphasis on social relationships with peers comes increased risk for peer rejection, which is a particular prevalent form of negative treatment at this age (Coie & Dodge, 1998). Given adolescents reliance on peer relationships and the degree to which they value peer acceptance, it is not surprising that this increase in peer rejection has significant negative consequences for adolescents emotional well-being and mental health.

The theoretical orientation of this study was based on Aaron Becks (1997), cognitive theory of depression, John Bowlbys theory of Attachment and Erik Eriksons theory of psychosocial development. Lewinsohns Behavioral Model of Depression was also relevant in this study.

According to Beck (1997), depression is the result of faulty or maladaptive cognitive processes. The emotional and physical symptoms are a consequence of the thinking patterns that Beck assumes to be the cause of the disorder. Becks theory of depression has three aspects. The cognitive triad which indicates that depressed people have unrealistically negative ways of thinking about themselves, their experiences and their future, silent assumptions which state that the inner life of depressed people is dominated by a set of assumptions that shape conscious cognitions. These assumptions derive

ultimately from the messages we receive from parents, friends, teachers and other significant people (intentional or not; we infer them from the way these people talk and behave toward us). The silent assumptions play an important role in making people vulnerable to depression. Information processing is the third aspect of Becks theory which explains how depressed people are prone to distorting and misinterpreting information from the world. They are inclined to make overly negative and self-defeating interpretations that lead to low mood and passivity.

Becks theory suggests that many of the secondary symptoms of depression can be understood in terms of this core of negative beliefs. For example, a lack of motivation could be the result of a combination of pessimism and helplessness. A person might lose interest in things they used to enjoy if they do not have the expectation that they will feel better by doing them.

According to Erikson adolescents must resolve two major crises in order to mature into healthy, well-adjusted happy adults. He theorized that adolescents who do not successfully navigate crisis at this stage are confused about who they are and either become isolated socially or develop an overblown sense of superiority. Adolescents that become stuck at this stage are usually emotionally immature as adults.

*Statement of Problem*

Knowledge about adolescents depression is extremely limited especially in the Cameroonian context and without this knowledge it is difficult to be alert to the psychosocial risk factors and early warning signs of adolescent depression. It has been observed that most adolescents exhibit symptoms such as anxiety (especially during class discussions and examinations), while others often isolate themselves from peers making them vulnerable to loneliness and poor peer relationships. Most adolescents in secondary schools are seen to be very aggressive towards their peers with negative effects on their mental health and well-being especially when it comes to relationships and school performance. The period of adolescence creates distance and conflicts in the parent-adolescent relationship as the family system adjusts to the physical and social changes that are taking place. Regrettably, the understanding of what makes a good or poor relationship in the family and how these relationships affect adolescents psychosocial well-being is often very limited and inconsistent.

However, the mental health care of adolescents is best achieved when parents, teachers and therapists build socially supportive relationships with them to moderate adverse influences that adolescents experience in their environment. It therefore appears that there is a need for studies on the symptoms of depression in adolescents, its risk factors and methods of treatment and prevention. There is a need for adults living and working with adolescents to be educated with regard to adolescent psychosocial development, to have greater awareness of adolescent depression and to be trained to identify early signs and symptoms of physical, emotional

and social distress in adolescents. It is against this backdrop that the present study investigated depressive symptoms, their risk factors and psychosocial well-being among adolescents in secondary schools in Buea Sub-Division.

*Anxiety and Adolescents Academic Performance*

Academic performance is often conceptualized as referring to the different stages of the educational scene, as one of the goals pursue in the teaching-learning process, sought after by educational authorities, teachers, parents and of course, the students themselves. During this process, the student is to become transformed through a sequence of active work, becoming enriched not only at the cognitive level, but also in skills, aptitudes, interests, ideals etc., that are needed for success in academic, personal and social life (Espinoza, 2006). This being so a quantification of academic performance is considered one possible expression with which to assess the teaching-learning process.

When it comes to the operative measurement of academic performance, one of the most common criteria has been the grades which teachers give student upon their completion of some evaluation system, most notably, the oral, written, or performance tests that students complete over the course of school year. It can be said that these grades are one of the most predictive factors of school performance, (Cano, 2001). It follows that since students academic performance is measured through the grades they obtain; such scores would also constitute the main indicator of school success. In this regards we can also speak of school failure, which, according to the experts refer to the case of having reached the end of one or several stages in the educational system and obtaining unsatisfactory grades. This failure extends to other spheres of the students personal and social life and is a possible precursor or circumstances associated with later failures in other aspects of life (McCarty, Mason, Kosterman, Hawkins, Lengua & McCauley, 2008).

It would be a mistake to think that the student is the only one responsible for this failure since he or she receives influences both within and outside the educational system itself (Cano, 2001). In general, school performance is considered a highly complex variable, where a multiplicity of factors intervenes, and these factors do not always lend themselves to clear definition. In a study done by (Broc, 2006), studying the relationship between motivation and academic performance in students enrolled in compulsory and post-compulsory secondary education, results show a close, significant positive relationship between motivation and school success or failure.

Morseso, self-efficacy is positively related to academic performance, that is, students who present a high self-efficacy perception obtain high academic performance (Contreras, Espinoza, Esguerra, Haikal, Polaina & Rodriguez, 2005). Thus in any given outcome, not only do the students intellectual capacities intervene, but other types of influencing factors can hinder or boost their performance. These factors include psychological ones such as aptitudes, motivation, self-

concept, anxiety etc., sociological factors, including cultural, socio-economic and environmental; and finally, pedagogical factors, pointing to pure scholastic aspects such as teaching styles, methodologies and so on (Cano, 2001).

Nonetheless, certain social, behavioral and academic problems can be involved in the etiology of depression, showing there is relationship between deficits in these areas and depressive symptoms, both in childhood and adolescence (Eley & Stevenson, 2000). Bandura, Pastorelli, Barbaranelli & Caprara (1999), argued in one study that, not attaining a proposed academic goal could be a factor which gives rise to emotional disturbance (anxiety), which in turn could be a reason for the later appearance of depression, especially if failure is extended over time. Thus academic failure, in terms of not reaching a goal, would lead to feelings of discouragement and negative self-assessment, typical symptoms of depression. For their part, Herrera and Maldonado (2002) found that among first year secondary school students, those individuals classified with high rates of academic failure presented a higher level of depression than those that did not fail or those that only failed one subjects.

The study of anxiety in childhood and adolescence has concerned researchers for quite some time. For example, the prevalence of anxiety disorder in adolescents in the general population is between 9 and 20% (Mardomingo, 2005). The characteristic symptoms of this emotional disturbance are very common and can interfere negatively with social life, general well-being, development of social skills and even with academic performance. There is evidence to think that high levels of anxiety hinder the performance of any task since attention, concentration and effort are not functioning fully, (Rains, 2004). By contrast, moderate levels of anxiety produce a state of alert or of tension that can improve performance on tasks that require such alertness (Victor &Rooper, 2002). The latter can be beneficial for academic functioning, as long as the student has mechanisms to deal with anxiety, his or her self-esteem is not threatened and if the task is not highly significant (Contreras et al., 2005). High presence of anxiety tends to be associated with a decline in memory and cognitive functions, which may contribute to the beginning of new psychiatric disorder (Von Ameringen, Mancini & Farvolden, 2003).

Student who suffer from anxiety disorder furthermore avoid classroom activities; for this reason they visit the school nurse frequently, reporting a variety of somatic complaints, or even refusing to attend school (Honjo, Nishide, Niwa, Sasaki, Kaneko, Inoko&Nishide, 2001). Due to poor school attendance and negative behavior often manifest when attending, anxiety disorder may be associated with poor academic performance (Hughes, Lourea-Waddell &Kendall, 2008). Similarly, in research carried out by Von Ameringen et al. (2003), results suggest that children and adolescents with anxiety problems suffer greater risk of failing academically, of dropping out of school and of not aspiring to higher education when compared to the normal population. In this line

Mazzone et al. (2007), reveal a statistically significant association between high levels of self-reported anxiety and poor academic performance. Thus, children with high levels of anxiety were more likely to have school grades in the failure range, as compared to children with low scores in anxiety.

In summary, the relationship between anxiety symptom and academic performance is complex. Several factors would influence this relationship through a series of multiple interactions, including the individuals affective and cognitive profile, family influences and socio-economic status.

*Loneliness and Peer Victimization in Adolescents*

Over the past decade, research has improved the understanding of the dynamics, nature, and consequences of peer victimization in childhood and adolescence for both victims and perpetrators. From their research, Crick & Grotpeter (1996), the definition of peer victimization has expanded to include other aspects besides physical assaults. Traditional definitions of peer victimization primarily focused on physical acts of aggression (e.g., kicking, punching, slapping). Research studies have shown that a definition that includes both overt and relational assaults (i.e., spreading rumors, damaging relationships, verbal abuse) more fully captures peer victimization (Crick & Grotpeter, 1996).

In effort to understand the causes of peer victimization and to determine why certain children are bullied, several researchers have suggested that victimized children may posse certain qualities that invite or reinforce aggression from bullies. For example, victims tend to be socially passive and compliant, physically weak (boys), low in self-esteem, average or poor students, and less popular in school (Perry, 1990). Bullies are often reinforced when victims offer little to no resistance, display signs of distress, and/or do not retaliate (Schwartz, Maynard & Uzelac, 2008). Additionally, socially ostracized children, like those with special needs, are particularly vulnerable to peer victimization. For example, learning-disabled children report higher levels of peer victimization and aggression, and have fewer friends than children who do not have learning disabilities (Nabuzoka& Smith, 1993). Little (1988), completed a study that showed children with non-verbal learning disorders reported higher rates of peer victimization than those without non-verbal learning disabilities.

Loneliness, defined as the negative emotional response to a discrepancy between the desired and the achieved quality of ones social network (Peplau& Perlman, 1982), is a problem that affects multiple facets of an adolescents mental health. Indeed, loneliness is related to numerous problems of clinical relevance, including depression, anxiety disorders, substance use, and suicide ideation, (Heinrich & Gullone, 2006). Therefore, investigating the predictors of loneliness is of crucial importance. Two broad factors that influence loneliness are generally distinguished individual factors embedded in ones personality and situational factors such as

peer experiences (Weiss, 1982). Abundant research to date has focused either on inter-personal experiences (e.g., social acceptance) or on intra-individual characteristics (e.g., shyness) as predictors of loneliness in youth, (Heinrich & Gullone, 2006). Loneliness is an inescapable part of life and knows no boundaries. An inherent, universal need exists among all people for a sense of belonging and to feel cared for by others. When these needs are not consistently met, the inevitability of loneliness emerges. Peplau and Perlman (1982) wrote:

*Few of us have escaped the painful experience of loneliness. In the natural course of growing up our social relationships begin, change, and end. . . . As children, we venture into a wider world of social relations where we try, not always successfully, to gain acceptance and friendships from peers. . . . For teenagers, the exhilarating prospect of first love may in reality include experiences of love spurned or gone sour. . . . Social transitions are a basic fact of life in modern society, and so is loneliness. (p. 1)*

*Inter-individual Experiences Related to Loneliness*

A number of negative peer experiences have been associated with loneliness in childhood and adolescence. Firstly, social acceptance- the degree to which individuals are accepted by their peers has been found to negatively predict loneliness in early adolescence (Sletta, Valas, Skaalvik, & Sobstad, 1996). Secondly, peer victimizationdefined as being a victim of intentional harmful behavior that is repeated over time by one or more individuals with a stronger power position, is also a well-established predictor of loneliness in adolescence (Hawker & Boulton, 2000). Moreover, previous research has acknowledged the distinct contribution of friendship quantity and quality as buffers against loneliness in childhood (Shin, 2007).

Friendship quantity refers to the number of reciprocal (or mutual) friendships one has whereas friendship quality refers to the various provisions that ones friendships afforded (e.g., companionship, help, security, and closeness). Although social acceptance, peer victimization, and friendship are closely related to one another, they each have unique features and are conceptually and empirically distinct (Ladd, Kochenderfer, & Coleman, 1997). Social acceptance is the degree to which a certain peer group (e.g., class) likes a specific individual regardless of how that specific individual values the members of that peer group, and it is therefore a group level constructs(Ladd et al., 1997). Peer victimization, conversely, involves a limited subgroup within the peer group, that is, bullies, victims, and bystanders. Friendship, finally, is defined as a construct referring to a reciprocal or mutual relationship between two individuals (Ladd et al., 1997).

Furthermore, the various types of peer experiences differ from one another in the provisions they afford. Although social acceptance and friendships offer some common provisions, such as companionship, the former is considered to provide a sense of inclusion and connection to the larger group whereas the latter is considered to provide intimacy, trust, and support within close relationships (Ladd et al., 1997). For example, a study in kindergarten indicated that friendship quantity and victimization, but not social acceptance, were unique predictors of loneliness (Ladd et al., 1997).

Studies indicated that friendship quantity and quality, but not social acceptance, were unique predictors of loneliness in adolescence (Nangle,Erdley,Mason, Newman& Carpenter,2003), whereas others found all three variables to be unique contributors to childhood loneliness (Kingery, Erdley, & Marshall, 2010). Only one study examined the four experiences collectively, but that study focused more generally on internalizing and social problems reported by teachers rather than specifically on loneliness as experienced by the adolescents themselves (Waldrip, Malcolm, & Jensen-Campbell, 2008).

This study in early adolescence indicated that all four peer experiences uniquely contributed to internalizing problems, and that all peer experiences except for victimization contributed to social problems (Waldrip et al., 2008). In conclusion, current evidence on shared vs. unique associations of the several inter-individual experiences with loneliness is mixed, and no study to date has examined all four peer experiences (i.e., social acceptance, victimization, friendship quantity, and friendship quality) as predictors of loneliness in adolescence.

*Intra-individual Characteristics Related to Loneliness*

Shyness and low self-esteem emerged as the intra-individual characteristics with the largest effect sizes in a meta-analysis on correlates of loneliness in adolescence (Mahon, Yarcheski, Yarcheski, Cannella, & Hanks, 2006). Shy individuals are less talkative and exhibit a lack of interaction with peers, which may explain why shyness is a well-established predictor of loneliness (Woodhouse, Dykas, & Cassidy, 2012). Furthermore, low self-esteem has consistently been found to relate to the experience of loneliness across the life span (Qualter& Munn, 2002). Shyness and low self-esteem have shown to relate to one another (Crozier, 1995).

Low self-esteem, characterized by negative beliefs about ones social abilities and appearance, may contribute to social anxiety and withdrawal, a central characteristic of shyness. Conversely, shyness and socially withdrawn behavior may thwart opportunities for rewarding social experiences and subsequent boosts in self-esteem (Crozier, 1995). Given this association between shyness and self-esteem, examining both intra-individual characteristics in the same study has the additional value of distinguishing between shared and unique effects. Both self-esteem and shyness shows direct and unique associations with loneliness in college students (Zhao, Kong, & Wang, 2012). A similar study in early adolescence, however, indicated that self-esteem had a direct effect on loneliness whereas shyness was only indirectly related to loneliness (Stoeckli, 2009).

Previous studies have indicated that shyness and self-esteem are associated with several inter-individual experiences. Specifically, shy children are less socially accepted, are more at risk for peer victimization, have fewer friends in general, and report poorer friendship quality (Kingery, Erdley, Marshall, Whitaker& Reuter, 2010). Regarding self-esteem, evidence shows associations with victimization (Hawker &Boulton, 2000), friendship quantity and friendship quality. Self-esteem explicitly has been related to social acceptance, which is the central premise of socio-meter theory (Leary, Terdal, Tambor, & Downs, 1995). Hence, investigating the interplay between intra-individual characteristics and inter-individual experiences in the prediction of loneliness is warranted.

*Poor Parent/Child Interaction and Adolescents self -esteem*

At an everyday level, we have a clear enough idea of what we mean when we talk about self-esteem. Self-esteem has long been a focus in personality research. In an early study Coopersmith (1981), found that high self-esteem was associated with total or nearly total acceptance of the children by their parents, clearly defined and enforced limits, and the respect and latitude for individual action that exists within those defined limits. Psychologists argue that one of mans primary motivations is to try to improve his/her level of self-esteem. Given its central importance for developing a fully functioning personality in a social context, researchers have focused on the determinants of self-esteem (Neiss, Sedikides, & Stevenson, 2002).

A considerable amount of research has suggested that parenting styles and family plays an important role as determinants of self-esteem and that the transmission of self-esteem within the family is carried out through social and environmental pathways such as parenting, family structure and family pattern relationship (Neiss et al., 2002). According to Bulanda and Majumdar (2008), parental involvement conveys to the children information about their self-worth; they argue that a childs self-esteem rises when they experience anothers love. Self-esteem reflects the extent to which a person dislikes or likes oneself or the extent to which a person thinks negatively or positively about oneself (Neiss et al., 2002).Self-esteem is a feeling of self-worth that makes you think you will be accepted rather than rejected by others in ones environment (Heinonen, Keltikangas-Järvinen, &Räikkönen, 2005).

Self-esteem can either be global, meaning that it reflects an overall assessment of the self, or it can be specific, meaning that it reflects an assessment of a particular domain by itself, such as physical appearance, athletic ability or academic skills (Neiss et al., 2002). Self-esteem has two basic components, one is level; high or low, where high self-esteem is said to reflect a relatively greater tendency to like yourself, appreciate yourself and accept yourself, and it is believed to provide greater benefits to the psychological functions than low self-esteem (Brody, Brown, &Kernis, 2000). The other is

stability;there are unconditional elements which are stable and independent of external events and circumstances and a conditional part which is variable (Bailey, Crocq, &Guillon, 2002). Coopersmith (1981) defines the concept of self-esteem as the cognitive and emotional concept of an individual about the degree to which one holds attitudes of acceptance or rejection of oneself, an individuals opinion of herself or himself. It underlies the subjects capacity to believe that he or she will be successful and it also contains his understanding and definition of what kind of a person he or she is, and how much he/she respects him/her-self (Baily, Crocq & Guillon, 2002).

*Family influence on adolescent depression*

Research shows that the development, persistence, and pathways of depression in adolescents are impacted by family situations (Sander and McCarthy, 2005). From infancy, parents play a pivotal role in a childs life, socializing them emotionally, mentally, and physically. As a result, many researchers have analyzed how this fundamental relationship unfolds to impact adolescent depression. Family systems are highly complex and can be affected by a number of influencing factors that initiate and/or perpetuate depression in adolescents. This literature review examines previous literature focused on the relationship between family context and adolescent depression and will outline some of the key areas scientists are targeting in their research both in identifying patterns and speculating on the mechanisms at work.

A significant factor that has been analyzed in studies related to adolescent depression is the effect of parental attachment on youth. Bowlby (1980), Theory of Attachment suggests that the links that are made in childhood with adults create expectancies in children for future relationships. Insecure attachment promotes a negative sense of self-worth, planting the feelings of being unworthy of love and pessimistic that others will meet emotional needs. Since the support offered by parents in this situation does not meet the childrens needs, children expect that other people in their lives will also be unable to provide meaningful support; creating a belief that support-seeking is a futile coping strategy (Shirk, Gundmenson, and Burwell, 2005). These perceptions coupled with the lack of support seeking can in turn contribute to the development of depressive symptoms.

In a study by Armsden, McCauley, Greenberg, Burke & Mitchell, (1990), depressed and non-depressed youth were surveyed on attachment and depressive symptoms. Their findings suggest that as the severity of attachment issues increases, the severity of the depressive symptoms in the adolescents also increases. Hammen, Burge, Daley, Davila, Paley & Rudolph (1995), suggested that the relationship between attachment and depression might be due to the increased vulnerability of insecurely-attached youth to interpret stressful life events such as rejection, leading to

negative cognitive patterns and therefore depressive symptoms.

As a response to these early findings, later research began to explore more complex relationships between attachment and depression, addressing possible mediators such as the role of increased stress levels.

Shirk et al., (2005) described an association between insecure attachment levels and maternal representation as unavailable or unsupportive and demonstrated that this relationship varied with stress-level and self-worth perceptions. In particular, they argued that insecure attachment increased the risk for depression as a result of the high stress levels and low self-worth experienced by adolescents who were insecurely attached. Moreover, they put forward the idea that in times of distress adolescents who are insecurely attached will underutilize social support which in turn contributes to depressive symptoms (Shirk et al., 2005).

In addition to studies of the specific relationships between parental depression and adolescent depression, there have also been studies examining the mechanisms underlying these associations. For example, genetic factors have been shown to increase the risk of developing depression from 7% to 20-25%, and they also may contribute to the development of specific depression-related vulnerabilities such as behavioural inhibition, shyness, or low self-esteem (Goodman and Gotlib, 1999). Other factors have also, however, been shown to influence the intergenerational transmission of depression. Parents who are depressed may have difficulties responding to their childrens emotional environment and/or to practicing effective parenting skills (Resitifo and Bögel, 2009).

Furthermore, as noted previously, depression in parents increases the likelihood of children developing insecure attachment (Garber & Kane, 2009), which is another risk factor for depression. Moreover, children may be more likely to be exposed to stressful events as a result of their parents conditions which can also increase the risk of depression (Abela, Skitch, Auerbach, and Adams, 2005). Lastly, parental depression is also speculated to contribute to adolescent depression through modeling of negative cognitive behaviour (Resitifo & Bögel, 2009).

## II. RESEARCH METHODOLOGY

A cross sectional survey research design was adopted in order to address the problem of depressive symptoms, risk factors and psychosocial well-being of adolescents in secondary schools. A cross sectional survey research design is one in which a group of people or item is studied by collecting and analyzing data from only a few people or items considered to be representative of the entire group. It specifies how much data will be collected and analyzed. This design was chosen because it has the advantage of providing a large amount of valuable data in a very short time. Moreover, the design is appropriate because the study involve collecting the opinions of people in relation to the variables under consideration by

the use of questionnaires. Furthermore, only a part of the population (sample) is studied and findings from this are expected to be generalized to the whole population.

This study was carried out in Buea Sub-division, located in the South West Region of the Republic of Cameroon. Bueais situated on the eastern slopes of Mount Cameroon and has a population of 90,088 according to the 2005 population census. Originally, Buea sub-division population consisted mainly of the Bakweri people. However, due to its position as a university town and the regional capital, there are a significant number of other ethnic groups. Buea is the political and administrative capital of the South West Region hosting the first Anglophone university of Cameroon, the University of Buea and is surrounded by more than 60 villages including Mile 16 (Lower Bolifamba), Molyko, Muea, Bokova, Bomaka, Great Soppo, Tole and a host of others. Subsistence agriculture is practiced by most of the people around the Buea sub-division, while others work as civil servants, traders, and hunters. It is noteworthy that this area has a lot of educational opportunities starting with nursery schools to a renowned university which gives the chance to education for everybody.

The convenient sampling technique was used to get the area for the study. This explains why the Buea Sub-Division was chosen for the study as it was easy for the researcher to get to the area. Another reason for the choice of Buea sub-division was as a result of the fact that little to no empirical work has been carried out on the topic depressive symptoms, risk factors and adolescents psychosocial well-being.

Simple random sampling technique was used in selecting the nine schools for this study and these schools were selected from each of the categories made up of government, confessional and lay private and from diverse areas such as the urban, semi-urban and rural areas in order to avoid the issue of bias. According to Amin, (2005), a simple random sample is a sample obtained from the population in such a way that samples of the same size have equal chances of being selected. By this method, the researcher used the Basket and Draw Technique to randomly select schools for the study.

In this study, the researcher made use of a self-developed questionnaire which is a carefully designed instrument for collecting data in accordance with the specifications of the research questions and hypotheses (Amin, 2005). The questionnaires were made up of both open-ended and closed questions that were divided into two parts. The first part was made up of personal information about the respondents while the second part was to find out how and the extent to which depressive symptoms and risk factors influences adolescents psychosocial well-being in the Buea Sub-division. Attached to each question, was a cover letter to the respondents. This letter presented the researchers subject, purpose of the study, and solicited co-operation of the respondents as well as a guarantee of confidentiality. The respondents were to choose among the various alternatives provided. The questionnaire included items on health-related behaviors in the context of

students families, schools, and peers. The following variables were examined in the present study anxiety, loneliness, aggression, low self-esteem and psychosocial well-being.The subject responded to the questionnaire using a four point Likert-type scale. Responses to items were given the following scale scores.

4 = Strongly Agree (SA)

3 = Agree (A)

2 = Strongly Disagree (SD)

1 = Disagree (D)

They were required to make very honest responses by ticking one of the options. Gay and Airasia (2000) points out that the use of questionnaire has some definite advantages over other methods of collecting data in that; they require less time, is less expensive and permits collection of data from a much larger sample.

## III. RESULTS

Table 1: Distribution of psychosocial well-being among adolescent students by background information

| | | Psychosocial wellbeing | | $N_{responses\ (MRS)}$ | χ2-test |
|---|---|---|---|---|---|
| | | Agree | Disagree | | |
| **Sex** | Male | 1221(62.9%) | 719(37.1%) | 1940 | χ2=6.03 P=0.014 |
| | Female | 1483(74.5%) | 507(25.5%) | 1990 | |
| **Age range** | 15years | 565(63.5%) | 325(36.5%) | 890 | χ2=1.20 P=0.548 |
| | 15-17years | 1434(70.6%) | 596(29.4%) | 2030 | |
| | 18+ | 705(69.8%) | 305(30.2%) | 1010 | |
| **School type** | Public | 1453(67.6%) | 697(32.4%) | 2150 | χ2=3.11 P=0.211 |
| | Confessional | 632(65.2%) | 338(34.8%) | 970 | |
| | Lay private | 619(76.4%) | 191(23.6%) | 810 | |
| **Setting type.** | Rural | 628(59.8%) | 422(40.2%) | 1050 | χ2=7.25 P=0.267 |
| | Semi-urban | 766(66.6%) | 384(33.4%) | 1150 | |
| | Urban | 1310(75.7%) | 420(24.3%) | 1730 | |
| **Person with whom child is living** | Father and mother | 1009(68.6%) | 461(31.4%) | 1470 | χ2=4.54 P=0.338 |
| | Father only | 229(57.3%) | 171(42.8%) | 400 | |
| | Mother only | 466(76.4%) | 144(23.6%) | 610 | |
| | Relatives | 652(67.9%) | 308(32.1%) | 960 | |
| | Non relative | 348(71.0%) | 142(29.0%) | 490 | |
| **Development index score** | Below median | 1100(66.3%) | 560(33.7%) | 1660 | χ2=0.19 P=0.664 |
| | Median and above | 770(68.8%) | 350(31.3%) | 1120 | |
| **Academic performance** | Below average | 518(74.0%) | 182(26.0%) | 700 | χ2=1.37 P=0.242 |
| | Average and above | 2084(67.2%) | 1016(32.8%) | 3100 | |

Adolescent psychosocial well-being was dependent only on sex (χ2=6.03; P=0.014) whereby more female (74.5%) portray well-being as compared to a significantly lower rate for the male (62.9%). Adolescents between the ages of 15-17years show a higher level of psychosocial well-being,(70.6%) as compared to those that falls between the age range of 18 and above (69.8%), (χ2=1.20; P=0.548). Students from lay private schools were satisfied with their psychosocial well-being(76.4%) more than those from public schools (67.6%) and confessional schools (65.2%)respectively (χ2=3.11; P=0.211). It is also realized that, children from the urban areas portrayed high levels of psychosocial well-being,(χ2=7.25; P=0.267), with weight(75.7%) as against those from the semi-urban areas (66.6%)and rural areas (59.8%). The adolescents were seen to portray different levels of psychosocial well-being, (χ2=4.54; P=0.338). Adolescents living with just their mothers were more satisfied with their psychosocial well-being (76.4%) than those who stays only with their fathers (57.3%). Some of them were also satisfied despite the fact that they lived with non-relatives (71.0%). Those who lived with both parents show high levels of satisfaction in their well-being (68.6%) than those living with their relatives (67.9%). Following the developmental index score, (68.8%) falls within median and above while (66.3%) were below median, (χ2=0.19; P=0.664). A good number of students who felt satisfied with their psychosocial well-being had average and above in their academic performance (67.2%) while 74.0% had below average (χ2=1.37; P=0.242).

Table 2: Anxiety among adolescent students

| Anxiety | Agree | Disagree | N |
|---|---|---|---|
| I am always afraid of failing my exams | 312(79.4%) | 81(20.6%) | 393 |
| I worry about my result | 306(77.9%) | 87(22.1%) | 393 |
| I am afraid of making mistakes during class discussions | 275(70.0%) | 118(30.0%) | 393 |
| I feel that others do not like the way I do things | 270(31.3%) | 123(31.3%) | 393 |
| Others seem to do things easier than I can | 238(60.6%) | 155(39.4%) | 393 |
| I do very badly in subjects I used to be good in | 198(50.4%) | 195(49.6%) | 393 |
| I feel embarrassed when I am called up to answer questions in class | 196(49.9%) | 197(50.1%) | 393 |
| It is hard for me to keep my mind on my schoolwork | 183(46.6%) | 210(53.4%) | 393 |
| I find it difficult to participate in group discussions | 168(42.7%) | 225(57.3%) | 393 |
| I get nervous when a teacher enters the class | 161(41.0%) | 232(59.0%) | 393 |
| I am always afraid of writing exams | 128(32.6%) | 265(67.4%) | 393 |
| I don't like participating in class exams | 119(30.3%) | 274(69.7%) | 393 |
| **Multiple response set (MRS)** | **2554(54.2%)** | **2162(45.8%)** | **4716** |

A weak majority of adolescents expressed feeling of anxiety (54.2%). Their main source of anxiety was of failing in exams 312 (79.4%), worries about their results 306 (77.9%), fear of making mistake during class discussion 275(70.0%) and perceived superiority of others 270 (31.3%).Some students, 238(60.6%) felt that others do things better than they can do while 198(50.4%) of students perform badly in subjects they used to be good in. A good number of the students, 196(49.9%) felt embarrassed when they are called upon to answer questions in class. Close to half of the population of students 183(46.6%) finds it difficult to keep their minds on their school work while for a majority of others 168(42.7%) it was difficult to participate in group discussions. Some students 161(41.0%), get nervous when a teacher enters the class and a good number of others 128(32.6%) were afraid of writing exams. The least majority of students 119(30.3%) do not like to participate in class exams. The multiple response set (MRS) shows that 54.2% of the adolescents are experiencing anxiety symptom.

Table 3: Psychosocial well-being among adolescent students

| Psychological wellbeing | Agree | Disagree | N |
|---|---|---|---|
| I enjoy learning new things | 321(81.7%) | 72(18.3%) | 393 |
| I feel well enough to do things I enjoy doing | 290(73.8%) | 103(26.2%) | 393 |
| I like playing with my friends | 285(72.5%) | 108(27.5%) | 393 |
| I am engaged and interested in my studies | 280(71.2%) | 113(28.8%) | 393 |
| I like my school | 277(70.5%) | 116(29.5%) | 393 |
| I am competent and capable in the activities that are important to me | 276(70.2%) | 117(29.8%) | 393 |
| School is one of my favorite places to be | 273(69.5%) | 120(30.5%) | 393 |
| I am happy where I am living | 258(65.6%) | 135(34.4%) | 393 |
| Setbacks don't discourage me | 228(58.0%) | 165(42.0%) | 393 |
| I feel free discussing my problems with friends and members of my family | 216(55.0%) | 177(45.0%) | 393 |
| **Multiple response set (MRS)** | **2704(68.8%)** | **1226(31.2%)** | **3930** |

Majority of adolescents expressed satisfactory psychosocial well-being (68.8%) as seen in the way they enjoy learning new things 321(81.7%) and how they feel well enough to do things they enjoy doing. Another proportion of adolescents 285(72.5%) like playing with friends while 280 (71.2) are engaged and interested in their studies. While some adolescents expressed their love for their school 277(70.5%), others believed that they are competent and capable in the activities that are important to them 276(70.2%) and a good number of them 273(69.5%), claims that school is one of their

favorite place to be. However,good proportions (31.2%) were not happy with their condition. They were the least happy with their ability to feel free discussing their problems with friends and members of family 216 (55.0%), with their

potential to face setbacks 228(58.0%), or with their living environment 258(65.6%). Based on the multiple response set, 68.8% of the adolescents were satisfied with their well-being.

Table 4: Effect of anxiety on the psychosocial wellbeing of the adolescents

| | | | Anxiety | Psychosocial well-being |
|---|---|---|---|---|
| Spearman's rho | Anxiety | Correlation Coefficient | 1.000 | -.444[**] |
| | | Sig. (2-tailed) | . | .000 |
| | | N | 393 | 393 |
| | Psychosocial wellbeing | Correlation Coefficient | -.444[**] | 1.000 |
| | | Sig. (2-tailed) | .000 | . |
| | | N | 393 | 393 |
| **. Correlation is significant at the 0.01 level (2-tailed).<br>**Conclusion** | | | | |

There was statistically enough evidence that anxiety has a significant negative effect on the psychosocial well-being of adolescents (R=-0.444; P<0.001). In fact, the more the anxiety, the lower the psychosocial wellbeing of the adolescent as indicated by the negative sign of correlation test. The null hypothesis was therefore rejected and the alternative retained that anxiety significantly negatively affects adolescents psychosocial well-being.

## IV. DISCUSSION

Findings based on this hypothesis show that the psychosocial well-being of adolescents is significantly affected by anxiety symptom. Some respondents revealed that their main source of anxiety comes as a result of the fear of failing in exams and fear of making mistakes during class discussions. A good proportion of the respondents expressed dissatisfaction with their psychosocial well-being. This goes in line with the views of Horwitz et al., (1986), who indicated that language anxiety is the fear that an individual feels when he has to speak a language in which he is not fully proficient. He considers language anxiety as a stable personality trait related to the individuals tendency to react nervously when speaking, listening, reading or writing in the second language. Anxious students have been shown to be less likely to volunteer answers in class and to be hesitant in expressing personally relevant information in the target language.

The ideas of Horwitz et al., (1986), also support the findings of this study as they revealed that test anxiety is a form of performance anxiety in which the learner feel the fear of failure and doing badly in a test and as such, learners who experience test anxiety consider the process and especially oral production, as a threatening situation, rather than an opportunity to improve their communicative competence and speaking skills. This further explains why most students find it difficult to participate in group discussions that are organized in schools as they do not know how to communicate their own ideas to other classmates or group

members. Some adolescents are even afraid and do not like to participate in class exams because of lack of proper preparations and as such you find them carrying already prepared materials in examination halls to cheat.

Bandura et al., (1999) argued in one study that not attaining a proposed academic goal could be a factor which gives rise to emotional disturbance (anxiety), which in turn could be a reason for the later appearance of depression, especially if failure is extended over time. Thus academic failure, in terms of not reaching a goal, would lead to feelings of discouragement and negative self-assessment, which are all typical symptoms of depression.

The findings of this study further reveal that a good proportion of students find it difficult to keep their minds on their school work. This goes in line with a study done by Rains, (2004), who found that there is evidence to think that high levels of anxiety hinder the performance of any task since attention, concentration and effort are not functioning fully. Drawn from the attribution theory, students need to be taught how to be in control over the outcome of their academic tasks. Students dont need to think that success and change is possible without a feeling of having full control over the causes whether internal or external. Discussing test and examination procedures with students and the teaching of study and test taking skills are methods to help students feel more in control over the outcome of any academic tasks. By making students understand the learning process and how they can control it, teachers and even parents will help students control their anxiety.

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