

## DEPRESSION IN RELATION TO OPTIMISTIC AND PESSIMISTIC ATTITUDE AMONG ADOLESCENTS

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### ABSTRACT

*The present study was conducted to explore depression in relation to optimistic and pessimistic attitude among adolescent boys and girls. The data was collected from 250 (125 boys and 125 girls) adolescents. The results of the present study have revealed that the girls as compared to boys are found to experience more depression. Further, the respondents having pessimistic attitude reported to feel more depressed than the respondents who had reported optimistic attitude.*

*Depression is a medical condition that can cause a wide variety of psychological and physical symptoms. It is estimated that between 4 and 8 percent of adolescents are depressed. However, depression in adolescents is probably under diagnosed because the symptoms can be difficult to recognize.*

*Extreme and enduring sadness is the best-known symptom of depression, although adolescents can have a number of other symptoms, including irritability, difficulty at school, changes in sleep habits, and/or feelings of worthlessness. Depression is different than occasional blues and grief because depression is persistent and often interferes with the teen's ability to get along with parents and friends, complete school work, and appropriately participate in other normal daily activities.*

### INTRODUCTION REASONS OF DEPRESSION IN ADOLESCENT

There are multiple reasons why a teenager might become depressed. For example, teens can develop feelings of worthlessness and inadequacy over their grades. School performance, social status with peers, sexual orientation, or family life can each have a major effect on how a teen feels. Sometimes, teen depression may result from environmental stress. But whatever the cause, when friends or family -- or things that the teen usually enjoys -- don't help to improve his or her sadness or sense of isolation, there's a good chance that he or she has been depressed.

### SYMPTOMS OF DEPRESSION IN ADOLESCENT

Often, teenage depression will have a noticeable change in the thinking and behavior of adolescents. They may have no motivation and even become withdrawn, closing their bedroom door after school and staying in their room for hours.

Teenage depression can cause excessive sleep, a change in eating habits, and they may even exhibit criminal behaviors such as shoplifting.

Here are more signs of depression in adolescents even though they may or may not show all signs-

1. Complaints of pains, including headaches, stomachaches, low back pain, or fatigue
2. Difficulty in concentrating
3. Difficulty in making decisions
4. Excessive or inappropriate guilt
5. Irresponsible behavior - for example, forgetting obligations, being late for classes, skipping school
6. Loss of interest in food or compulsive overeating that results in rapid weight loss or gain memory loss
7. Preoccupation with death and dying
8. Rebellious behavior
9. Sadness, anxiety, or a feeling of hopelessness
10. Staying awake at night and sleeping during the day
11. Sudden drop in grades

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12. Use of alcohol or drugs and promiscuous sexual activity

13. Withdrawal from friends

The rates of depression increase during childhood and into adolescence and young adulthood. At the age of 13 years, the annual incidence is 1% to 2%, and at 15 years of age, the annual incidence is 3% to 7%. Estimates are that approximately 28% of adolescents are likely to have had an episode of MDD (Major Depressive Disorder) by the age of 19 years.

### OBJECTIVES

The present study has tried to explore the following:

1. To identify gender difference on depression and its dimensions.
2. To identify the effect of optimistic and pessimistic attitude on depression pattern and its dimensions.

### HYPOTHESES

The present study has tried to analyze the following hypothesis:

1. There will be no significant difference on depression and its dimension in relation to gender.
2. The optimistic and Pessimistic attitudes will have no effect on depression and its dimensions.

### METHODOLOGY OF THE STUDY

#### SAMPLE

The sample consists of 250 adolescents (125 boys and 125 girls.)

#### SAMPLING TECHNIQUE

The data was randomly collected from the St. Paul School Raj Nagar, St Marry School and Holy Child School, Ghaziabad. The mean age of boys was 17.5 and that of girls was 16.6 years. Only those adolescents were selected for the present study, who belonged to intact families, and having both the parents alive.

### TOOLS USED

#### 1. Optimistic and Pessimistic Attitude Scale:

To determine the optimistic and pessimistic attitude, it was measured by Optimistic Pessimistic Attitude Scale constructed by Prasad (1998). It is a self administered inventory for the adolescents. The scale consists of 40 statements each having two options: Agree and Disagree. The range of scores is 0-20.

#### 2. Depression Scale:

Depression was measured by Depression Scale constructed by Karim and Tiwari (1986). The test consists of twelve aspects or dimensions of depression as 1. Apathy 2. Sleep Disturbance 3. Pessimism 4. Fatigability 5. Irritability 6. Social withdrawal and Self-centered 7. Dejected and Sadness 8. Self-dislike 9. Self-acquisition 10. Self-harm 11. Somatic-Reoccupation 12. Indecisiveness

The whole test consists of 96 items related to 12 dimensions of depression. Each dimension consists of 8 items having five response categories. The range of score is 0-384.

### STATISTICAL TECHNIQUES USED

Respondents were contacted individually and data was collected through the structured questionnaires. The questionnaire required approximately 15-20 minutes to complete. The data were analyzed using Mean, SD, and t-test.

### RESULTS AND INTERPRETATIONS

The present study has tried to explore depression in relation to optimistic and pessimistic attitude among adolescents.

The first objective of the present study was to identify the gender difference on depression and its dimensions. To explore this, t-testing was done. The calculations were found on total depression i.e girls had high level of depression as compared to boys.

Table-1			Table-2				
Depression	Boys	Girls	Depression, Apathy, Sleep Disturbance	Optimist Boys	Optimist Girls	Pessimist Boys	Pessimist Girls
Calculated r	.7400	.8944	Calculated r	.25	.268	.68	.55
Standard error (S.E)	.094	.0711	Standard error (S.E)	.063	.06	.05	.08
Fiduciary limits at .05 & .01	.554-.925	.755-1.033	Fiduciary limits at .05 & .01	.006-.016	.190-.187	.153-.0677	.258-.30
Significance at both levels	Significant at both levels	Significant at both levels	Significance at both levels	Not significant at both levels	Not significant at both levels	Not significant at both levels	Not significant at both levels

The second objective was to identify the effect of optimistic and pessimistic attitude on depression pattern and its dimensions. To explore this, t-testing was conducted and results indicated significant findings regarding optimistic and pessimistic groups on some of the dimensions of depression and on total depression. These results partially rejected the second hypothesis.

Optimistic and pessimistic groups showed no significant difference on two dimensions of depression i.e. Apathy and sleep disturbance.

While optimistic and pessimistic group of respondents showed significant difference on the remaining ten dimensions of depression. The results indicated that pessimistic group of respondents obtained higher mean value on various dimensions of depression such as pessimism, fatigability, irritability, social withdrawn, dejection, self-dislike, self-acquisition. Self harm somatic, indecisiveness as compared to optimistic group of respondents. In simple words, it can be said that the respondents who have more pessimistic attitude face more

depression as compared to optimistic respondents. Pessimists feel more pessimism i.e. they always seek dark side of things, feel more fatigue, more likely to follow others, are not socially involved.

Table -3

Different Dimensions	Optimist				Pessimist			
	Calculated r	Standard Error	Fiduciary limits at .05	Significance level	Calculated r	Standard Error	Fiduciary limits at .05	Significance level
Pessimism	.350	.152	.054-.634	Significant	.205	.33	.441-.845	Significant
Fatigability	.193	.167	.135-.521	Significant	.068	.352	.623-.759	Significant
Irritability	.183	.168	.513-.145	Significant	.390	.300	.199-.979	Significant
Social withdrawal & Self-centered	.251	.163	.06-.57	Significant	.68	.190	.306-1.053	Significant
Dejected & Sadness	.731	.081	.572-.831	Significant	.52	.258	.015-1.025	Significant
Self-dislike	.093	.351	.595-.782	Significant	.04	.196	-.344-.424	Significant
Self-acquisition	.275	.32	-.35-.902	Significant	.263	.330	-.382-.909	Significant
Self-harm	.441	.158	.131-.751	Significant	.771	.143	.490-1.05	Significant
Somatic-occupation	.553	.219	-.983-.123	Significant	.02	.213	-.397-.437	Significant
Indecisiveness	.758	.141	.481-1.035	Significant	.787	.120	.551-1.023	Significant

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