

The Effect of Academic Career Development Stress among Adolescent Atudents in term 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 academic career development stress. Examining the consequences of depression among adolescent students and its effect on academic career development stress, the present study has focused on The Effect of Career Development Stress among Adolescent Students In Terms Of Their Levels of Depression (At Risk, Vulnerable and Non-depressed)

Keywords: Depression; Depression Symptom checklist; Depression inventory; Academic career development stress.

1. Introduction

Adolescence is called most healthy and dynamic period of human life prior to adulthood from physical and psychological developmental perspective .It has been described as the transitional period from immaturity to maturity. The young adolescent has to face lots of biological , cognitive, social and economic changes during this developmental transitional period which help them to recognize and restructure their self concept and establish them as an self governing independent individual (Tung & Sandhu, 2008). Adolescents of age group 12-19 in India is almost one-third of the country's total population (Mital and Khushwah, 2007). The stress and storm of this period of age result in frustration, confusion, despair and high risk behaviour (Bhan et al., 2004). Adolescence has been also described as the period of opportunities and challenges where an individual faces traumatic experiences and often leads to involvement in high risk behaviour.

According to Steinberg and associates indicated that adolescence period is a period of brain development that creates unique vulnerabilities, regulations and opportunities as well for some kind of emotional and motivational learning where the affect and social context play a crucial role. In academics, Higher secondary is that academic course when the adolescent students have to adjust with the psycho-physical changes, as well as, are required to cope with the heavy loading of academic performances, expectations of others, future goal setting etc which further lead to the development of depression among many of the adolescent school students. Studies indicated that among this group of students a large group of students are prone to development of depression at risk and vulnerable level than others. Moreover, such study period has been considered as crucial time for students for their future career. Therefore, management and promotion of mental health wellbeing of this group of students is important for national health and human resource development point of view.

In the eighteen and nineteen century, the era of Enlightenment, depression was described as a

weakness of temperament which was inherited and could not be changed. These thoughts resulted in thronging people with mental illness in lunatic asylums. In the later part of the era of Enlightenment doctors began to identify aggression as the root cause of depression. At the same time another group of doctors raised the idea of depression as a result of internal conflicts between what one wants and what he/she knows is right, as well as, the physical causes behind depression. With changing environment, the theoretical concepts of depression have been rapidly evolving at faster face. German psychiatrist Emil Kraepelin (1895) first time distinguished Manic Depression which we know as Bipolar Depression. During this period Psychoanalysis emerged as an distinct way of psychotherapy. Sigmund Freud (1917) gave concepts about mourning and melancholia where he said that melancholia is a response of feeling loss which may be either real or symbolic. He further theorised that a person's unconscious anger over their loss may be reflected in their self-hatred and self-harming behaviour. According to him psychoanalysis can help a person to resolve his/her unconscious conflicts by reducing self destructive thoughts and behaviour. The behaviourist approach emerged in psychology with the idea that behaviours are learned through experience. Thus depression is a learned behaviour which can be unlearned through learning principles such as association and reinforcement to establish stronger, effective, healthier behaviour. Earlier understanding of depression focused on early experiences, but the recent day approach of bio-psychosocial perspective stresses on biological, psychological and social factors as crucial for development of depression. In 1970s the medical model emphasised on physical factors behind mental illness whereas explanations of depression focuses on factors like – hormones, brain anatomy, brain chemistry, genetics, etc.

The concept of academic stress was first coined based on researches of Russian researcher Alexander Luria (1932) on medical students where he concluded that academic curse and examinations provoked intense emotional reactions and unmanageable stress acted as a facilitator of depression for certain categories of students. Academic stress is considered as a process in which external and internal demands are interpreted by the students or learners in relation to their own values and goals (Endler and Edward,

1978; Allen and Hiebert, 1991; Campbell and Svenson, 1992). In order to achieve academic status and future career opportunities students would require spending a large period of time in academic activities. Such involvements, degree of commitment, academic activities may be a major source of physical, social and psychological satisfactions.

2. Method

2.1. Variables

2.1.1. Depression

Depression was defined as cluster of specific symptoms with associated impairment (Thapar et al, 2010). Depression has profound effects on quality of life including behavioural changes (Cassano and Fava, 2002). Depression is a combination of symptoms like, change in appetite, sleep and energy, degrees of confidence (Swartz, 2011).

Depression has been described as an emotional state of dependency characterized by negative emotional attitudes, change in motivation sphere, cognitive impression and generally passive behaviour (Reinherz et al., 2000). Students undergoing a state of depression experiences painful emotions: deep sadness (melancholy), anxiety, despair. Depression is characterized by self blame for various disasters that occurred in the life of the individual or relative (Petrovsky and Yaroshevsky, 2001).

Students with depressed mood (depression) have a loss of energy and interest, feelings of guilt, difficulty in concentrating, loss of appetite, and thoughts of death or suicide. Other signs and symptoms of mood disorder include changes in activity level, cognitive abilities, speech and negative functions (such as sleep, appetite, sexual activity, and other biological rhythms). These changes almost always result in impaired interpersonal, social and occupational functioning. In this study the concept of depression of WHO (12 items check list) as well as Beck (1961) were used as measured of the study.

Academic Career Development stress

Academic career development stresses refers to a condition arising from the interaction of the individual and their curriculum and academic situation and characterized by changes within the individual that force then to deviate from their normal

functioning (physical, psychological and for behavioural).

Regarding assessment of academic career development stress the relevant components namely, Difficulty level, Course variation, Pleasure and interest, Punishment and criticism faced, Time management, Academic competitiveness, Support, Academic achievement desire, Test anxiety, Expectancy of others, etc. (Allen and Hiebert, 1991; Akgun et al., 2003; Chang, 1998; Hembree, 1988; Lay and Schouwenburg, 1993; Misra et al., 2000 and 2003; Pekrun, 1992; Ragheb and McKinney, 1993; Reber, 1995; Sharma, 1978; Sharma and Jaswal, 1999) were selected as measured variables of the academic career development stress.

2.2. Tools Used

2.2.1. Depression symptom checklist DSE (WHO, 2027)

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 checklist has been used for screening adolescents with depressive symptoms. The checklist 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.

2.2.2. Beck Depression Inventory (BDI) - (Basu et al., 1995)

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 behavioral 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, weightless, somatic pre occupation 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 Cronbach's alpha is reported to be 0.86.

Academic Career Development Stress Scale (ACDS) by (Roy & Goswami, 2005)

This scale consisted of 55 items covering ten domains namely: Difficulty Level, Course Variation, Deprivation of pleasure and interest, Anticipation of punishment and criticism, Time management, academic competitiveness, lack of support, academic achievement desire, Test anxiety, expectancy of others, etc. This is five point rating scale with items component correlation values (above 0.90). The test had 55 items and the maximum possible score was 275 and the minimum was 55. The scoring weights for items with high rating indicated low level stress, hence, the scoring weights were reversed. The weighted scores of responses marked 1,2,3,4 and 5 and for the reversed items were 5,4,3,2, and 1 respectively. Out of 55 items, 30 items were scored directly and the rest 25 items were scored reversely.

Validity: The inter component correlation matrix was above 0.90 indicated the nature of validity and unidimensionality.

Reliability: The split-half reliability of this scale was 0.87.

2.3. Sample

A group of 150 higher secondary students from 2 schools in Hooghly district of West Bengal were drawn equiproportionally from two streams 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 behaviour). 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.

2.4. Procedure

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

- 1) Informed consent was obtained from all students.
- 2) Confidentiality of information was ensured.
- 3) Date and time for data collection were decided as per convenience of school authorities.
- 4) Quantitative analysis (Percentage, Chi-square, one way anova) were done.

3. Result and interpretation

3.1. Profile of Academic Career Development Stress among adolescent students of three levels of depression

The mean values on overall academic career development stress highlighted that students of all three groups -non-depressed (M1=15.83), vulnerable (M2=14.46) and at risk (M3=34.24) faced moderate level of academic career development stress. Significant 'F' ratio (182.47) on overall academic career development stress including its component areas course variation (F=54.47), deprivation of pleasure & interest (F=70.69), anticipation of punishment and criticism (F=51.64), time

management (F=46.45), test anxiety (F=27.49), expectation of others (F=15.50), academic competitiveness (F=37.18), lack of support (F=45.22) and academic achievement (F=46.57) projected that the profile of academic career development stress varies in terms of their levels of Depression (Non-depressed, vulnerable and at risk).

Students of at risk groups faced relatively more difficulty with course variation (M=19.04; F=54.47; $t_2=5.34$ and $t_3=6.84$), deprivation of pleasure & interest (M=29.43; F=70.69; $t_2=5.94$ and $t_3=6.06$), anticipation of punishment and criticism (M=29.34; F=51.64 $t_2=7.93$ and $t_3=11.12$), time management (M=22.46; F=46.45; $t_2=9.69$ and $t_3=6.42$), test anxiety (M=20.92; F=27.49; $t_2=5.40$, $t_3=8.18$), expectation of others (M=23.39; F=15.50; $t_2=6.73$ and $t_3=8.97$), academic competitiveness (M=19.19; F=37.18; $t_2=9.50$ and $t_3=10.29$), lack of support (M=19.92; F=45.22; $t_2=7.60$ and $t_3=9.29$) and academic achievement (M=21.26; F=46.57; $t_2=4.53$ and $t_3=3.13$) than that of other two groups. Results displayed that the academic career development stress of the adolescent students varies in terms of their levels of Depression (Non-depressed, vulnerable and at risk).

The present study highlighted that moderate level of academic career development stress was very common in the life of students but when it became unbearable, it impelled the adolescent students to prone towards at risk for development of depression. Moreover, some situational factors such as course variation, test anxiety, lack of support, academic competitiveness, too much expectation from others, etc were contributing the development of their detrimental motivation and negative self evaluation. Such negative feelings were producing their anxiety and poor coping strategies to control and manage adverse feelings associated with depression.

The load of all the attributes of academic career development stress played significant role for development of depression among adolescent students. The association of academic career development stress and depression was supported by earlier researchers (Clark and Rieker, 1986; Felsten and Wilcox, 1992; Pradhan, 2000; Aldwin and Greenberger, 1987).

3.2. Discussion

The present findings of the variability of the levels of academic career development stress of adolescent students with respect to their level of depression were supported by earlier researchers (Pradhan, 2000; Clark and Rieker, 1986; Felsten and Wilcox, 1992).

Goswami (2000) conducted a study on 120 joint entrance examinees preparing for both medical and engineering courses in west Bengal. Analytical representation of their study showed that preparation for frequent class tests and too many competitive examinations at the time of Higher Secondary course plays major role of source of stress leading to depression.

This means academic career development stress was playing a significant role to develop depression and adverse mental health of the students which were inhibiting their academic performances and career related activities.

4. Conclusion

The proportionate number of students with of 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 academic career development stress and depression.

- Adolescents with high level of depression (namely, vulnerable and at risk) develops higher level of academic career development stress.
- The level of academic career development stress had significant difference in terms of the levels of depression (non-depressed, vulnerable & at risk).

Table 1: Means & SDs of Depression Symptom Checklist, Beck Depression Inventory & Academic Career Development stress of the three group of students

Scales	Non depressed	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
ACDS	M=15.83 SD=9.76	M=14.46 SD=7.42	M=34.24 SD=7.63

Table 2: Mean, Sd, F ratio & t values of Academic career Development stress in terms of their level of depression (non-depressed, vulnerable and at risk).

Component Areas	Levels of depression						F values	't' values for differences between groups		
	Non-depressed		Vulnerable		At risk			non-depressed & Vulnerable	Vulnerable & At Risk	non-depressed & At Risk
	Mean	SD	Mean	SD	Mean	SD				
Academic career development stress	15.83	9.76	14.46	7.42	34.24	7.63	182.47*	6.76*	4.94*	5.64*
Difficulty level	7.75	2.19	12.66	1.71	23.04	1.78	80.46*	6.63*	4.86*	7.22*
Course variation	9.88	2.94	16.38	2.29	19.04	3.83	54.47*	7.41*	5.34*	6.84*

Deprivation of pleasure and interest	10.31	2.87	15.58	2.74	29.43	5.06	70.69*	3.29*	5.94*	6.06*
Anticipation of punishment & criticism	11.17	3.00	14.19	1.93	29.34	6.22	51.64*	7.60*	7.93*	11.12*
Time management	9.77	2.99	14.58	1.99	22.46	1.97	46.45*	6.13*	9.69*	6.42*
Test anxiety	9.57	3.37	14.90	1.27	20.92	3.49	27.49*	5.24*	5.40*	8.18*
Expectation of others	9.24	2.14	13.87	3.01	23.39	2.51	15.50*	4.45*	6.73*	8.97*
Academic competitiveness	8.54	2.22	14.80	1.76	19.19	.98	37.18*	7.93*	9.50*	10.29*
Lack of support	8.54	2.41	15.22	3.71	19.92	1.67	45.22*	8.04*	7.60*	9.29*
Academic achievement	9.21	2.11	12.12	2.34	21.26	4.03	46.57*	9.73*	4.53*	3.13*

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