PATTERNS OF DEPRESSION, ANXIETY SYMPTOMS AND COPING STYLES AMONG EARLY AND LATE ADOLESCENT STUDENTS

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ABSTRACT

Objective: To compare the depression, anxiety symptoms and coping styles among early and late adolescent students.

Study Design: Cross-sectional.

Place and Duration of study: Study was carried out at University of the Punjab, Lahore from 17 February to 31st August 2010.

Methods: A purposive sample of 600 students (boys=300; girls=300) was divided into two age groups; early adolescents (13-15 years) and late adolescents (16-18 years). Participants were administered beck anxiety inventory, beck depression inventory-II and coping strategies questionnaire. Data was analyzed on SPSS 14 version using independent sample t test.

Results: The overall results of the study indicated that early adolescents exhibit more depression and anxiety symptoms as compared to the late adolescents. Moreover, early and late adolescents each attempt to cope with stressors in a variety of ways as active practical coping styles were more utilized by late adolescents. On the other hand, religious focused and avoidance focused coping styles were mostly used by the early adolescents. Besides, there was no significant group difference on active distractive coping styles.

Conclusion: The current study revealed that significant changes during adolescence may affect adaptive processes and have implications for intervention efforts aimed to reduce the negative effects of stress during this period. The findings also suggest early and late adolescents each attempt to cope with stressors in a variety of ways that become more diverse and adaptive with development through the adolescent years.

Keywords: Adolescents, Anxiety, Coping, Depression.

INTRODUCTION

Adolescence is a time of great change and transition and this period may cause physiological, psychological, social, and cognitive changes[1]. World Health Organization defines adolescence as the period between 10-19 years[2]. Sarason and Sarason in 1996 defined depression as a persistent feeling of sadness that may begin after some loss or stressful event but maintains for long period of time having inapt thought patterns that generalize to other similar events[3]. Anxiety is defined as apprehension of an anticipated problem[4]. In a review of 20 studies, they found that the mean overall prevalence of anxiety and depression in Pakistan was 34%. Middle aged housewives with low level of education, finances difficulties and relationship problems were found to be high in anxiety and depression. In Pakistan, one in three persons was found to be anxious or depressed[5].

Coping is defined as the cognitive and affective responses made by the individual to manage stress[6]. According to Manzi, active practical coping strategies can reduce anxiety and generate optimism whereas emotions such as anger and anxiety can make worse problem focused strategies. Religious and spiritual coping strategies maintain self-esteem, create hope and provide emotional comfort. Escape avoidance involves wishful thinking or avoid the situation by adopting different things like taking excessive food, start smoking, drug abuse and different medicines[7].

There are several reasons why it is important to compare early and late adolescents with respect to depression, anxiety symptoms and coping styles. Most importantly, results may be helpful for clinical psychologists and welfare societies who focus on the well-being of people to spread awareness regarding debilitating effects of anxiety, depression and

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highlight the importance of coping styles especially among adolescent group. Preventive programs can be designed to help alleviate emotional and psychological difficulties among adolescent population before clinical levels are reached, as early diagnosis and treatment of depressive and anxiety symptoms are critical to healthy emotional, social, and behavioral development. This may also help in promoting positive mental health among young people.

MATERIAL AND METHODS

Cross sectional research design was used. Study was carried out at University of the Punjab, Lahore from 17 February to 31st August, 2010. Those adolescents having psychiatric illnesses or under psychiatric treatment were excluded from the study. A purposive sample of 600 adolescent students (boys=300; girls=300) with age range between 13 to18 years was taken. The data was divided into two age groups; early adolescents (13-15 years; mean age was 13.95) and late adolescents (16-18 years; mean age was 16.96), respectively. The subjects were drawn from six different schools and colleges of Lahore namely: Unique Public High School (Girls Campus; n=75), Unique Public High School (Boys Campus, n=75), Islamia Girls High School (n=75), Government MC High School (Boys Campus, n=75), Jameel Academy (n=150; 75 boys; 75 girls) and Learners College (n=150; 75 boys and 75 girls). Demographic form consisted of 20 items which contained question regarding participant's age, education, gender, siblings, birth order, family system, family members, monthly income, and information regarding father, mother and history of physical and psychological illness in family.

Beck depression inventory II (BDI-II) is 21-self report instrument for measuring the severity of depression in adolescents. Urdu questionnaire of BDI-II was used. Beck Anxiety Inventory (BAI) was used to measure anxiety symptoms. Urdu version of scale was developed by the researcher. It was translated in Urdu by 5 bilingual persons having Advanced Diploma in Clinical Psychology. Then it was also back translated by 5 bilingual persons with Advanced Diploma in Clinical Psychology. Later, researcher and project supervisor selected appropriate translated items. Coping Strategies Questionnaire was used which covers four factors of coping, named as: active-practical coping; active distractive coping; avoidance-focused coping and religious-focused coping.

First of all written permission was taken from the educational institutions. They were provided all information regarding research, its requirements and procedure. Written consent from the participants was also taken. In pilot study through purposive sampling 40 participants were recruited (early adolescents boys=10; early adolescents girls=10, late adolescents boys=10; late adolescent girls). Beck Depression Inventory- II (BDI-II), Beck Anxiety Inventory (BAI) and Coping Strategies Questionnaire (CSQ) were administered on the sample to check the understandability and comprehension of language and concepts used in the questionnaire and time taken in administration. Group testing was carried out on the sample. Pilot study concluded that items were easy enough that understood by participants easily. No major problems were reported. It was observed that the questionnaire took approximately 30-40 minutes for completion.

Data was analyzed using SPSS version 14. Further, frequencies and percentages of demographic variables were computed. Independent sample t test was used to determine the differences between the scores on Beck Depression Inventory-II, Beck Anxiety Inventory and Coping Strategies Questionnaire of early and late adolescent groups. *p* value of 0.05 was set as level of significance.

RESULTS

Table-1 reveals that group of early adolescents demonstrated more depressive as well as anxiety symptoms as compared to late adolescents ($p = 0.00$).

Table-2 depicts that group of early adolescents used less active practical coping styles as compared to late adolescent group. Whereas, the mean value depicts that group of early adolescents used more active distractive coping strategies as compared to late adolescent

group, although *p* value did not reveal significant result. The results revealed that group of early adolescents used more avoidance focused coping styles as compared to late adolescent group. There was significant difference on the score of religious focused coping among early and late adolescents. Early adolescents also used more religious coping styles as compared to late adolescent group.

Table-1: Results of Beck Depressive Inventory-II and Beck Anxiety Inventory.

Parameters	Groups	Mean ± SD	*p*-value
Beck Depressive Inventory-II	Early Adolescent (n=320)	19.79 ± 10.42	0.00**
	Late Adolescent (n=320)	15.77 ± 10.59	
Beck Anxiety Inventory	Early Adolescent (n=320)	16.14 ± 9.53	0.00**
	Early Adolescent (n=320)	13.42 ± 9.52	

*p<0.05, **p<0.01

Table-2: Results of Coping Strategies Questionnaire.

CSQ Factor	Groups	Mean ± SD	*p*-value
Active Practical Coping	Early Adolescents (n=320) Late Adolescents (n=320)	161.69 ± 1.56 169.80 ± 1.72	0.00**
Active Distractive Coping	Early Adolescents (n=320) Late Adolescents (n=320)	152.24 ± 1.18 148.44 ± 1.39	.062
Avoidance Focused Coping	Early Adolescents (n=320) Late adolescents (n=320)	154.21 ± 24.89 149.07 ± 29.62	0.02*
Religious Focused Coping	Early Adolescents (n=320) Late adolescents (n=320)	170.97 ± 28.52 159.00 ± 33.65	0.00**

*p<0.05, **p<0.01

DISCUSSION

The analysis of current study depicts that group of early adolescents endure more depression and anxiety symptoms as compared to late adolescent group. The present results are consistent with the findings of earlier researches as Hale et al. in 2009 conducted study on co-morbidity and development of adolescent's anxiety and depressive symptoms. They found that early adolescents manifested more depressive and anxiety symptoms as compared to late adolescents[8]. Furthermore, Oort et al in 2009 conducted study to determine the developmental course of anxiety symptoms during adolescence. They found that all subtypes of anxiety first showed a decrease in symptoms (age range 10-12 years), followed by subsequent increase in symptoms from early adolescence (age range 12-15 years) and decrease in late adolescence (age 16-18 years)[9]. Somers et al demonstrated a slight decrease in prevalence of anxiety with increasing age[10]. In addition, Williams and Lisi studied coping strategies in adolescents. Older adolescents used a greater variety of coping strategies and methods that directly reduce the impact of the stressor and involved a cognitive component (e.g., planned problem solving; reappraisal) more often than younger adolescents[11]. Similarly Hampel demanstrated in early adolescents, a maladaptive coping pattern with decreased problem and increased passive avoidance, emotional and religious focused coping and aggression[12]. Moreover, Gomez et al found that among early adolescents avoidance focused coping style was mostly used, both neuroticism and avoidant coping are likely to directly and independently influence maladjustment[13].

The above mentioned studies signify that early adolescents are more vulnerable to depression and anxiety. The above findings are consistent with the findings of present study. It has been observed that with increasing age, late adolescent experience decreasing uncertainty about the future. They get aware regarding their ability to take on the roles expected of them and worry concerning relationships. It has been observed that early adolescents experience

pressures such as making friends at school, achieving good grades, pleasing parents, and successfully navigating a schedule of homework and extracurricular activities. These are all potential sources of their stress. These unaddressed problems and frustration towards problem raise a variety of psychological, physiological, and behavioral issues as Malcarne and Hansdottir have demonstrated that age differences in developing anxiety during adolescence coincide with pubertal changes[14]. Moreover, the onset of puberty may increase an adolescent's risk for developing anxious symptom. Religious and spiritual coping strategies maintain self esteem, create hope and provide emotional comfort[15].

CONCLUSION

The current study revealed that significant changes during a relatively short period as in adolescence may affect adaptive processes and have implications for intervention efforts aimed to reduce the negative effects of stress during this period of development. The findings also suggest early and late adolescents each attempt to cope with stressors in a variety of ways that become more diverse and adaptive with development through the adolescent years.

Recommendations

Results suggest the application of preventive stress management programs and highlight the need to introduce programs in curriculum of educational systems for the enhancement of healthy coping styles and to reduce symptoms of anxiety and depression among early adolescents. As, they experience high levels of adverse life events and utilize negative coping strategies.

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