Depression in Relation to self-efficacy of Male and Female Adults

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Depression has been one of the three biggest health concerns of human life and the leading cause of various behavior problems in day to day life. COVID-19 pandemic has made the situation worsen in which the number of people living with depression increased by nearly 50 percent. Present study examines the effect of depression on perceived quality of life of male and female adults. Sample consists of 60 participants including 30 males and 30 females for the age range of 21-40 years belonging from middle socio-economic status and educated at least high school level. Sample was selected across Varanasi district by purposive sampling technique. All the subjects were assessed on Depression Scale (Karim and Tiwari, 1986) and Self Efficacy Scale (Sud, Schwarzer and Jerusale, 1981). Analysis shows no significant difference between male and female participants on depression as well as self efficacy scales. Result of correlation shows that there is significant negative correlation between depression and self efficacy of both male and female adults.

Key words- depression, self efficacy

Introduction:

During the last decades, depression has been a significant field of concern for the Clinicians, Psychiatrists, Psychologists and Educationists. Moreover, during the last ten years theoretical and empirical investigations have been carried out and two international conferences have been as well as held with childhood depression as their major theme. Depression has become the part and parcel of our everyday life now, as every now and then experience depression. Since ours is the age of anxiety and moreover life has become so complex that one can hardly deny the experience of depression. As for example, the death of a loved one, the loss of a job, or disappointment in a love affair experienced by each and everyone may initiate depression.

Hippocrates the Physician of Greece’s Golden Age, believed that many physical and emotional problems were related to imbalances in the body’s humor’s or liquids. Depression, according to him, derived from an excess of black bile, a fluid involved in the digestive processes. Depression is also termed as MELANCHOLIA; ‘melan’ means black and ‘cholia’ means bile. Often we feel depression in moral degree but sometimes when the depression is exaggerated out of proportion to the event and continues to cross the limit where many of us, begin to recovery, then it is termed as neurotic depression. The chief symptoms of depression are passivity and dejection,
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individual, experience an overwhelming inertia, feels unable to make decisions, to initiate activity or take interest in anything or anyone broods over his inadequacies and worthlessness etc. The psychoanalytic theory interprest depression as anger turned inward against the self as for example, a women may feel hostile toward the employer who fired her but since such feelings are unacceptable to her and would arouse anxiety if acknowledged, they are turned inward. Through the defense mechanism of projection, it is not she who is angry but others who are angry at her and since they must have good reason for rejecting her, she assumes it is because she is incompetent and worthless. In fact, the psychoanalytic theory of depression is difficult to prove or refute since the inhibition or inward direction of aggression of the depressed person may be the result than the cause of depression. The behaviouristic approach to depression focuses on the similarity between depression and the phenomenon of learned helpless. According to this view, depression occurs when a person believes that his actions make no difference in bringing about either pleasure or pain. The learned helplessness theory of depression suggests that people most prone to depression, are those whose lives have been full of situations in which they wear unable to obtain gratifications or avoid pain by their own actions and never learned the effective ways of responding.

The studies of learned helplessness in animals have many implications for the treatment of depression. For example, if a dog is forced to make an adaptive response by being pulled on a leash over the barrack to the safe compartment as many as fifty times, the dog gradually learns that there is a connection between relief from shock and its own action and begins to respond on its own. Successful treatment of depression depends on the individual to realize that his own responses can be instrumental in obtaining gratification. If person feels their responses as the outcome of own ability to cope with the problems of life, it may develop his/her self efficacy.

Self efficacy derived from social cognitive theory has been introduced by Bandura (1977). Self-efficacy perceptions are nothing but judgements regarding one’s capability to successfully perform specific tasks and behaviours or an estimate of one’s capacity to deal with any particular tasks. It has been defined by Bandura (1986) as “people’s judgement of their capabilities to organize and execute courses of action required to attaining designated types of performances. It is concerned not with the skills one has but with judgements of what one can do with whatever skills one possesses”. Thus, “perceived self-efficacy is a significant determinant of performance that operates partially independently of underlying skills”. (Bandura, 1986, p. 391). It involves a generative capability in which one must organize cognitive, social and behavior skills into integrated courses of action (Bandura, 1986). For instance, one behavior characteristic that has been frequently observed is that when persons both high as well as low in self-efficacy succeed (i.e. get a problem right) they attribute that success to the presence of ability.

Self-efficacious individuals consider themselves capable of performing any particular activity (Bandura, 1977, 1982, 1986, 1988, 1989, 1990, 1991, 1993). It therefore partly determines people’s actions, their decisions to engage in a task, to put forth effort and to preserve under failure (Bandura, 1986). Moreover it affects thought patterns and how much stress people experience in the environment (e.g., Bandura, 1989). Bandura (2008) have worked on self-efficacy in relation to phobias and trauma. Findings extend the current understanding of the relationships between depression, and self-efficacy. The
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significance of body image, especially in relation to negative social consciousness, was determined when comparing several psychological and behavioral factors thought to influence binge eating. Tahmassian and Moghadam (2011) found a significant and negative relationship of total self-efficacy, physical self-efficacy and academic self-efficacy with depression. They conclude that, various aspects of mental health are influenced by the sense of self-efficacy appraisal. Brunilda (2012) argued that, we still don’t know exactly what happens in the brain when people become depressed. But studies show that certain parts of the brain don’t seem to be working normally. Depression might also be affected by changes in the levels of certain chemicals in the brain, called neurotransmitters. Gordon, Tonga and Melvin (2012) have reported low self-efficacy as to be a mediating variable in developing depression.

Ahmad, Yasien and Ahmad (2014) have investigated the relationship of perceived social self-efficacy with depression in students. Result of correlation showed a significant negative correlation between the variables in adolescents.

Tak, Brunwasser, Lichtwarck-Aschoff and Engels (2017) have studied and stated that since low levels of self-efficacy were associated with higher levels of depressive symptoms in previous studies, the current study investigated the bidirectional and prospective associations between depressive symptoms and academic, social and emotional self-efficacy from early to mid adolescence in a cross-lagged path model. Depressive symptoms and self-efficacy levels were assessed every 6 months over a period of 2.5 years in their study. Depressive symptoms predicted subsequent levels of academic and emotional self-efficacy on all time points, and social self-efficacy on one time point. But self-efficacy did not predict subsequent levels of depressive symptoms. Furthermore, there was no evidence of sex differences in the cross-lagged associations between depressive symptoms and self-efficacy levels. Melissa and others (2018) has investigated the discrepancy between competence and real-world performance in major depressive disorder (MDD) for adaptive and interpersonal behaviors. Hierarchical regression analysis identified that self-efficacy significantly predicted functioning in the adaptive and interpersonal domains over and above depressive symptoms. They conclude that self-efficacy plays an important role in deployment of functional skills in everyday life for individuals with MDD. Miller and others (2019) have also found negative association between self-efficacy and depressive symptoms.

Above findings indicate that person with depression may show better behavior exercises with sufficient self-efficacy in them. But some findings also suggest that this association may vary in different settings. Though, depression is not a new topic to discuss but it is all time important concepts for research especially in this pandemic of COVID-19. Poor level of depression may affect all the mental health of people. Therefore, it is required to reassess the important indicators of mental health like depression. The United Nations (2020) have also states that, “Good mental health is critical to the functioning of society at the best of times. It must be front and centre of every country’s response to and recovery from the COVID-19 pandemic. The mental health and wellbeing of whole societies have been severely impacted by this crisis and are a priority to be addressed urgently” (UN, Policy Brief, 2020).

**Objective**

1) To assessed the level of depression and self efficacy of male and female adults.

2) To assessed the relation between depression and self efficacy of male and female.

**Hypothesis**

h1 There would be significant difference on depression and self efficacy of male and female adults.
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h2 There would be significant negative correlation between depression and self efficacy of male and female adults.

Methods and Procedure

Design
According to purpose of the study and type of variables a correlation design was used to ascertain the answer of proposed hypotheses.

Sample
Sample consists of 60 people (30 males and 30 females) for the age range 21-40 years. Sample was selected across Varanasi district by purposive sampling technique. The subject where selected from middle socio-economic status decided by their monthly income. They were educated at least high school.

Tools
Depression scale
Depression scale was developed by Karim and Tiwari (1986). The scale comprises of 96 items. Reliability is very satisfactory and validity of this test is moderate. Split-half and Test-retest reliabilities have been calculated for this test. For calculating the Split-half reliability, Guttman and Spearman Brown’s Prophecy formula have been used which yielded the coefficient of correlation as .86 and .92 respectively.

Self-efficacy scale
Self-efficacy scale was developed by Sud, Schwarzer and Jerusale (1981). The scale comprises of 10 items. Each statement is to be rated on four-point scale ranging from 1= Not at all true to 4= exactly true. The coefficient of internal consistency, estimated by Cronbach’s alpha was determined to be .77 for females .72 for males and .75 for the total samples. internal consistencies between alpha .75 and .90.

Result and Discussion
On the basis of data appropriate statistic was used like mean, SD, t-test and correlation. Results are given in following tables and described.

<table>
<thead>
<tr>
<th>Variables (Gender)</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>84.27</td>
<td>56.99</td>
<td>0.33</td>
</tr>
<tr>
<td>Female</td>
<td>89.17</td>
<td>59.11</td>
<td></td>
</tr>
</tbody>
</table>

Table 1 is clearly shows that on the depression scale M = 84.27, SD = 56.99 for males and M = 89.17, SD = 59.11 for females. Calculated t-value for both the gender on depression is 0.33 which is not significant on even low level of confidence. Because needed value on .01 level is 2.66 and 2.00 on the 0.05 level. Though, calculated t-value is less than minimum value. Therefore the level of depression of males and females are not significantly different.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>33</td>
<td>6.89</td>
<td>0.69</td>
</tr>
<tr>
<td>Female</td>
<td>33.4</td>
<td>5.35</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 shows the results of self efficacy of males (M=33, SD = 6.89) and females (M=33.4, SD=5.35). Calculated t-value is 0.69 for both the gender. Required value at the .01 level is 2.66 and at the .05 level is 2.00. Acquired value is less than even the low level. It means t-value is not significant. Therefore it seems that the perception of self efficacy of males and females are not significantly different.
Prier evidences suggest a significant different among males and females on both the variables, which is unlike this result. The reason may be that, in our history females were not allowed to express her views in front of other. They have to keep their views in them self (Baron, 1947). They were less educated, unemployed and completely depend on males. But in modern time the condition has been completely changed. Now males and females gets equal education, runs together, their family status are same, they handle daily life expenses, and when any problem arises they both handle the situation or both bear the same amount of depression (Duffy, 1962). Same argument may be given in case of self-efficacy. Empirical evidences also suggests no sex differences in the cross-lagged associations between depressive symptoms and self-efficacy levels (Tak, Brunwasser, Lichtwarck-Aschoff and Engels, 2017).

Table 3 depicts the results of correlation between depression and self efficacy for both male and female adults. Calculated correlation value is -0.59. It shows a strong negative correlation between depression and self efficacy in adults. We can say that when depression will decreases adults may perceive more self efficacy in them.

By decreasing the financial problem, job problems, employment problem one can improve their self efficacy and depression will also be minimize automatically. Some alternative methods are also uses in which by providing reward for achievement of goals, by providing promotion to them we can also increase the level of self efficacy adults (Laux, 1981). Evidence of prier researches are also supports to the present result. Therefore, it can be said that we must increase self-efficacy to cope with the depression in life and when someone suffer from the depressive life episodes it may be fruitful to make them perceive their maximum level of self-efficacy.

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