



*Journal of Advances and  
Scholarly Researches in  
Allied Education*

*Vol. VII, Issue No. XIV,  
April-2014, ISSN 2230-7540*

**SELF EFFICIACY, DEPRESSION AND  
INDIVIDUAL BEHAVIOR**

AN  
INTERNATIONALLY  
INDEXED PEER  
REVIEWED &  
REFEREED JOURNAL

# Self Efficacy, Depression and Individual Behavior

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**Abstract – Stress and Depression are major problems of future generations heading high today. In Most of the organization people are suffering from this problem. The Present study is an effort to know the relationship of self efficacy with depression so that it can be further used to control the impact of depression on the individuals. In this study the researcher examined the level of depression in relation to self-efficacy. The findings further revealed that mild, moderate and severe depression are negatively related with self-efficacy of an individual. This study can be further useful to researchers, psychologists, counselors etc.**

**Keywords: Self-Efficiency, Depression, Attitude, Psychological Behavior.**

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## INTRODUCTION

Depression is a prevalent psychological disorder associated with substantial and wide-ranging negative effects on individuals' functioning. Among other important life domains, depression has been found to interfere with both forming and maintaining adaptive interpersonal relationships (Hirschfield et al., 2000). In turn, a considerable body of research indicates that depression, which is commonly experienced during the child-rearing years (Hasin, Goodwin, Stinson, & Grant, 2005), has significant negative implications for the offspring of depressed parents. Depression can have a devastating effect on all areas of a person's life – including friendships, family, relationships and the ability to go to work or to school for example. Depression is a major health problem world-wide and tends to begin in adolescence or early adulthood. However, depression can appear in later life and equally can go undetected for several years. This can be for a number of reasons but most typically as sufferers are not always sure that they have depression – or that it is treatable. People can feel ashamed of having depression and feel that they are to blame for their feelings and behaviour. Even today, public perception can indicate that depression is not a real illness. Therefore, years can pass before diagnosis and treatment is sought. The cost in human suffering cannot be estimated. Depression can interfere with normal functioning, and frequently causes problems with work, social and family adjustment. It causes pain and suffering not only to those who have a disorder, but also to those who care about them. Serious depression can destroy family life as well as the life of the depressed person. Depression

is ranked as the fourth leading cause of disability and premature death worldwide (Murray & Lopez, 1996).

It is characterized by a significant lowering of our m The concept of self- efficacy was proposed by Bandura (1997) and is similar to mastery, internal control and basically reacts a person's belief that his or her efforts to perform certain tasks or achieve certain outcomes will be successful (Bandura, 1997; Rowe & Kahn, 1998). Though Bandura and his colleagues concentrated upon interventions to facilitate recovery from severe and at times intractable problems (such as persistent phobias), the construct has direct relevance to sadness and loneliness

Self-efficacy is defined as one's sense of competence and confidence in performing behaviors to achieve a desired outcome (Bandura, 1977). Self-efficacy beliefs are among the most important determinants of behaviour, as the incentive to take action is diminished if one does not believe that he or she has the capability to perform and coordinate the actions necessary to produce results. The significance of self-efficacy is underscored by research that identifies strong links between efficacy beliefs and important domains of human functioning, including mental and physical health outcomes (Maddux, 2002).

According to Bandura (1997), self-efficacy plays a pivotal role in the self-regulation of affective states. In his words, "the [perceived] inability to influence events and social conditions that significantly affect one's life can give rise to feelings of futility and despondency as well as anxiety" (p.153). Briefly,

when people perceive themselves as infelicitous to gain highly valued outcomes, they will be depressed. Otherwise, when people see themselves as ill equipped to cope with potentially threatening events, they will become anxious.

Self-efficacy refers to a person's belief in his/her ability to organise and execute a required course of action to achieve a desired result (Bandura, 1997). Self-efficacy has been found to be related to academic achievement, behaviours and attitudes (Faulkner & Reeves, 2009; Hagger, Chatzisarantis & Biddle, 2001; Yalcinalp, 2005; Schwarzer & Fuchs, 2009; Salami, 2004; Salami & Ogundokun, 2009). It is, expected that self-efficacy will be related to students' behaviours and attitudes. However, there is scarcity of research that examined the self-efficacy of stressed students in relation to their attitudes. Self-efficacy determines an individual's resiliency to adversity and his/her vulnerability to stress and depression (Bandura, Caprara, Barbaranelli, Gerbino & Pastorelli, 2003). General self-efficacy aims at a broad and stable sense of personal competence to deal effectively with a variety of stressful situations (Adeyemo, 2008; Schwarzer, 1994).

Perhaps for an individual who has low happiness and life satisfaction and high depression, having high self-efficacy will help him/her in displaying appropriate behaviours and positive attitudes as regards his/her academic work? Therefore, it is expected that self-efficacy will moderate the relationship of psychological with students' behaviours and attitudes.

More than the ability to perform as an isolated behavior, self-efficacy reflects perceived competence about one's abilities to enact and coordinate related skills under certain conditions, which can be challenging and diverse (Maddux, 2002). Efficacy beliefs are best understood as domain-specific, such that feelings of competence tied to task demands of a given situation have greater predictive utility than a global self-evaluation (Bandura, 1997). Saliency of specific domains to one's total efficacy beliefs varies by life stage (Berry & West, 1993).

Regarding domains of competence most salient to youths, *academic self-efficacy* refers to beliefs regarding academic competence. *Social self-efficacy* involves beliefs regarding competence in developing and maintaining social relationships. Recent research points to the importance of *emotional self-efficacy*, that is, beliefs regarding competence in controlling negative emotions. Beliefs in one's ability to cope contribute to experiences of distress and psychopathology (Bandura, 2000). Emotional self-efficacy is posited to be a component of the broader construct of emotion regulation, the ability to regulate affective responses in response to specific environmental demands (Suveg & Zeman, 2004).

Self-efficacy is more than telling ourselves that we can succeed; it is a strong conviction of competence that is

based on our evaluation of various sources of information about our abilities (Bandura, 1986). It is important to note that self-efficacy is partially independent of one's actual abilities. For example, people who are highly competent at a particular task but have little faith in their ability are unlikely to attempt the task. In other words, when ability is high but self-efficacy is low, there is little chance that the task will be successfully accomplished. Furthermore, self-efficacy should be distinguished from outcome expectancy. While self-efficacy pertains to beliefs about one's own competence, outcome expectancy refers to one's estimate that a given action will lead to a certain outcome (Bandura, 1986).

High beliefs of self-efficacy enhance children's confidence, which in turn enables them to embrace challenging goals; to sustain effort longer; and, consequently, to succeed in school (Pajares & Schunk, 2001). Domain-specific self-efficacy during adolescence is related to numerous psychosocial adjustment indicators, including negative indicators of functioning (e.g., psychopathology) and indicators of mental health that assess beyond the pathological or neutral point of functioning, such as subjective well-being.

Regarding psychopathology, low social self-efficacy is linked with social phobia and depression (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999; Muris, 2002). Low academic self-efficacy is associated with school phobia, depression, and delinquent behaviour (Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli, 2003; Muris, 2002). Emotional self-efficacy is especially predictive of psychopathology (Bacchini & Magliulo, 2003), particularly anxiety (e.g., panic, generalized anxiety) (Muris, 2002; Suveg & Zeman, 2004).

Self-efficacy does not only involve one's ability but also one's belief in his ability to produce effective action results. Operationally, one's self-efficacy would determine one's level of self-confidence to accomplish any desired task (Lent & Hackett, 1987). A study by Amoon (2008) indicated that there was a positive relationship between self-efficacy and the level of self-adjustment in college and academic performance.

Fewer studies have examined self-efficacy relative to positive indicators of adaptive functioning in youth. Although some research has found inconsistent associations between total self-efficacy and children's quality of life by ethnic group (Bradley & Corwyn, 2004), research examining specific domains of self-efficacy relative to children's life satisfaction has confirmed moderate associations. For example, adolescents' social self-efficacy and academic self-concept (i.e., perceptions of academic abilities) have been linked to their life satisfaction (Fogle, Huebner, & Laughlin, 2002; Huebner, Gilman, & Laughlin, 1999). Research is needed to understand if and how life satisfaction relates to perceived emotional competence. Saarni (2000) hypothesized that

emotional self-efficacy, conceptualized as viewing one's emotional experiences as justified and worthy, is a key facilitator of subjective well-being in youth.

## MEASUREMENTS OF SELF-EFFICACY

Bandura (1997) asserted that measures of self-efficacy should "measure people's beliefs in their abilities to fulfill different levels of task demands within the psychological domain selected for study" (p. 44). Thus, self-efficacy in a specific domain, such as academic achievement, must be assessed through multiple items that tap the comprehensive set of skills necessary for academic achievement such as abilities to study, maintain attention, and complete homework. Moreover, items should assess what a person *can do* versus *will do*.

Assessment of self-efficacy in youths has ranged from adapting scales originally intended for use with adult populations (e.g., Stewart et al., 2004) to developing scales of generalized self-efficacy specific for use with children (e.g., Cowen, Work, & Hightower, 1991). Some researchers have used multidimensional self-concept scales that tap perceived social and academic competence (e.g., Fogle et al., 2002). Bandura and colleagues (1999) noted the importance of assessing ability to regulate affect (i.e., emotional self-efficacy) in the study of children's depression. The research group later published a study that included a measure of "affective self-regulatory efficacy," which tapped children's perceived ability to manage the expression of positive affect and negative affect.

## SELF-EFFICACY AND HEALTH

The scientific study of adolescence needs to explain why some youth cope effectively with taxing role demands and interpersonal strains whereas others withdraw in the face of challenges and, ultimately, may succumb to unhappiness and depression. An adequate psychological theory should also explain why some adolescents engage in persistent risky behaviors whereas the majority of youth avoid or desist (Moffit, 1993).

It has become clear that individuals play a proactive role in their adaptation rather than simply undergo experiences that act on their personal liabilities (Bandura, 2006). In this regard, self-efficacy beliefs are among the knowledge structures that exert a pervasive influence on youths' successful development. Unless young people believe they can produce desired results by their actions, they have little incentive to undertake activities or to persevere in the face of difficulties (Bandura, 1997).

Over the years, cross-sectional and longitudinal findings have attested to the role that multi-faceted self-efficacy beliefs exert in sustaining positive

behaviors and preventing maladaptive behaviours over the course of adolescence. In particular, academic, social and self-regulatory efficacy beliefs have proved to contribute to the promotion of prosocial behavior (Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli, 2003), academic aspirations and career trajectories (Bandura, Barbaranelli, Caprara, & Pastorelli, 2001), peer preference and academic achievement (Caprara, Barbaranelli, Pastorelli, & Cervone, 2004), as well as to prevent depression (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999), shyness (Caprara, Steca, Cervone, & Artistico, 2003), internalizing and externalizing problems (Caprara et al., 2004) and engagement in transgressive behaviors (Bandura, Caprara, Barbaranelli, Pastorelli, & Regalia, 2001; Caprara, Regalia, & Bandura, 2002).

## SELF-EFFICACY AND DEPRESSION

Self-efficacy and personal control have been major topics of interest in the study of adult depression, with increasing research attention now being given to adolescents. Two major theories have informed research on perceived lack of personal competence as a contributor to depression: the Bandura (1977) theory of self-efficacy and the Abramson, Seligman, and Teasdale (1978) reformulated learned-helplessness theory of depression. In addition to the relationship qualities of intimate support and conflict, an adolescent's sense of social self-efficacy and personal control over the development and maintenance of those relationship qualities might be important in depression. In a large-sample, school-based study by McFarlane, Bellissimo, and Norman (1995), self-perceptions of high social self-efficacy appeared to protect 10<sup>th</sup> graders against depression.

There seem to be three important pathways along which a low sense of self-efficacy may give rise to feelings of depression and anxiety (Bandura, 1997). First of all, when people face a situation in which they have to meet highly valued standards, a low sense of self-efficacy may produce a despondent mood and anticipatory apprehension. This is particularly true when people's personal standards of merit are set well above their perceived efficacy to attain them. Second, a low sense of social self-efficacy may hinder the formation of positive social relationships that bring satisfaction to peoples' lives and enable them to manage stressful experiences, and thereby may promote depressed feelings. Furthermore, the lack of social self-efficacy makes people believe that they cannot meet others' evaluative standards and this is likely to enhance anxiety in social situations. Third and finally, low self-efficacy about the exercise of control over negative thoughts may also boost anxiety and depression. All people will experience anxious, worrisome, and depressed thoughts from time to time, but they vary in how well they are able to deal with these thoughts. While some people



successfully cope with negative thinking, others may use ineffective strategies that even trigger further strings of negative thoughts.

Among contributors to depression, perceived lack of personal control and competence has been the major focus in understanding the nature and history of adolescent depression (Jenkins, Goodness, & Buhrmester, 2002). For the most part, the concept of self-efficacy proposed by Bandura (1977) has been used to account for this pathway to depression. As a central construct in the cognitive-behavioral formulation of depression, self-efficacy refers to the perceived ability to achieve a desired outcome, based on evaluating different sources of information about one's own competence at the task (Bandura, 1986). When people perceive themselves as unable to influence important events and social conditions, their self-regulation of emotional states will be affected, and they will thus feel depressed (Bandura, 1997; Muris, 2002). Cross-sectional and longitudinal studies have shown that young respondents who rated high on depressive symptoms tended to take responsibility for failure but little credit for success (Anderson, 1999) and are more likely to attribute negative events to internal, stable, and global causes but positive events to external, unstable, and specific causes (Seligman et al., 1984). These attributional patterns reinforce their sense of personal incompetence and consequent feelings of hopelessness, inadequacy, and depression.

Kanfer and Zeiss (1983) found that depressed individuals considered their performance below their personal standards. Hence, low levels of self-efficacy predicted long-term depression among adolescents, as indicated by the prospective study of 1 to 2 years conducted by Bandura, Pastorell, Barbaranelli, and Caprara (1999). As learning and academic performance play a pivotal role in adolescence, perceived incompetence and fear of failure become probable sources of self-dissatisfaction, resulting in depression. Accumulated across many experiences of failure, the adolescents develop a sense of their general incompetence at the tasks of life.

Empirical research on the contribution of perceived self-efficacy to depression and anxiety has been predominantly confined to adults (see for a review, Bandura, 1997). As these affective disorders also frequently occur in youths (e.g. Bernstein, Borchardt, & Perwien, 1996; Birmaher et al., 1996), it seems obvious to study self-efficacy in relation to child and adolescent psychopathology. So far, some research in this area has addressed the role of self-efficacy in early-onset depression.

In addition to a sense of self-efficacy and personal control, the qualities of adolescents' social relationships have also been regarded as important in the development of depressive symptoms. Still in need of family support and approval, adolescents are beginning to individuate from the family and increase the scope and intensity of their relationships with

peers. As a result, their struggles for connected autonomy from parents (Kagitcibasi, 1995) constitute a unique approach-avoidance process in their social development, one that may lead to depression if unsuccessfully resolved (Allen, Hauser, Eickholt, Bell, & O'Connor, 1994; Buhrmester, 1990; Cooper, Grotevant, & Condon, 1983; Grotevant & Cooper, 1986; Jenkins et al., 2002; Steinberg, 1990). That successful resolution requires a widening of contacts into the peer group without damaging relationships with one's parents.

Cross-sectional studies (e.g. Comunian, 1989; Ehrenberg, Cox, & Koopman, 1991) have reported a negative correlation between self-efficacy and depression. That is, the lower children's self-efficacy, the higher their level of depression.

Extant research supports gender differences in mean levels of self-efficacy during youth. For instance, adolescent boys report higher average levels of emotional self-efficacy than girls (Bacchini & Magliulo, 2003).

Findings regarding the role of gender in perceptions of academic abilities are contradictory, with some studies suggesting girls have higher academic self-efficacy (Bacchini & Magliulo, 2003; Saunders, Davis, Williams, & Williams, 2004) and one failing to detect a significant difference between gender groups (Usher & Pajares, 2006). Whereas a study of 10- to 12-year-old children found girls reported higher social self-efficacy than boys (Coleman, 2003), research with adolescents found no differences between gender groups (Bacchini & Magliulo, 2003).

Gender differences in the relations of self-efficacy to depression also have been reported. Ehrenberg et al. (1991) found that self-efficacy scores explained more variance in depression for early adolescent boys than for early adolescent girls; however, differing sources of self-efficacy were influential differentially. Academic self-efficacy was a strong correlate of depression for boys but a weak correlate for girls; the reverse was true for social self-efficacy.

A review by Nolen-Hoeksema and Girgus (1994) revealed mixed support for hypotheses about the relations of gender differences in causal attributions and learned-helplessness with decreased performance. Because early adolescence is a time of increased socialization pressure toward behavior associated with traditional gender-roles, hypotheses that relate differing sources of self-efficacy to depression should be used to state the gender-role stereotypes and expectations associated with differing aspects of self-efficacy.

## RESULTS AND DISCUSSION

The present investigation examined the level of depression in relation to self-efficacy.

Adolescents exposed to authoritative parents rather than to authoritarian or permissive parents may be protected from a number of problematic behavioral outcomes. Authoritative parenting has been positively linked to psychosocial competence, academic success, fewer internalizing problems (Steinberg, 2001), fewer externalizing problems (Patock-Peckham & Morgan-Lopez, 2006; Steinberg, 2001), and higher levels of self-regulatory skills among young women (Patock-Peckham et al., 2001).

Adolescents whose relationships are characterized by insecurity are at risk of adverse outcomes including the development of a sense of learned helplessness. Such dysfunctional relationships also impair progress towards independence and are predictive of compromised social and personality development (Bowlby, 1977; Parker, 1993) all of which place the individual at risk for the development of depression.

The findings further revealed that mild, moderate and severe depression are negatively related with self-efficacy of an individual. The findings are consistent with the previous researches. Recently, Bandura, Pastorell, Barbaranelli, and Caprara (1999) tested the connection between self-efficacy and childhood depression prospectively. In that study, relationships between social and academic self-efficacy and depression at 1 and 2 years follow-up were examined. Results indicated that low levels of both social and academic self-efficacy were predictive of long-term depression. In a similar vein, there are a few studies that have examined the connection between self-efficacy and childhood anxiety. These studies have focused on the relationship between self-efficacy and specific types of anxiety (e.g. social anxiety, Matsuo & Arai, 1998, and test anxiety, Yue, 1996) and consistently showed that low levels of self-efficacy are accompanied by high levels of anxiety.

Ehrenberg, Cox and Koopman (1991) in their study found that self-efficacy was negatively correlated with depression. A three-way interaction of Sex x Age x Level of Depression suggested separate analyses for males and females. Regression analysis revealed age-related changes in the dependence of depression scores on general, academic, physical and social self-efficacy status. It was concluded that self-efficacy has an important relationship with adolescent depression.

Bandura (1977) proposes that self-efficacy beliefs regulate emotional states, including depression, in several ways: (1) Individuals who believe that they can manage threats or stressful situations are less distressed by them. (2) Individuals with high self-efficacy may lower their stress and anxiety by behaving in ways that make the environment less threatening. (3) Individuals with high coping capacity may have better control over stressful thoughts. They are able to relax divert their attention, calm themselves

and seek support from others, which may make stress and threats easier to tolerate.

Bandura and his associates (1991) tested the contribution of perceived self-efficacy to depression in a longitudinal study with a large sample of children. They found that academic and social self-efficacy contributed to concurrent and subsequent depression, both directly and through other influences such as academic achievement and behavior. Two studies, which focused upon the functioning of adolescents (Ehrenberge et al., 1991; Muris et al., 2001), also found that academic and social self-efficacy, were negatively correlated with depression.

Kanfer and Zeiss (1983) found that depressed individuals considered their performance below their personal standards. Hence, low levels of self-efficacy predicted long-term depression among adolescents, as indicated by the prospective study of 1 to 2 years conducted by Bandura, Pastorell, Barbaranelli, and Caprara (1999). As learning and academic performance play a pivotal role in adolescence, perceived incompetence and fear of failure become probable sources of self-dissatisfaction, resulting in depression. Accumulated across many experiences of failure, the adolescents develop a sense of their general incompetence at the tasks of life.

Recent study completed by Muris (2002) who examined the contribution of social and academic self-efficacy to symptoms of anxiety as well as depression in an adolescent sample. Muris's findings suggest that academic self-efficacy plays a more important role in the development of depressive symptoms while social self-efficacy is more salient to symptoms of anxiety.

There was significant gender difference in the mild, moderate and severe form of depression among people. The findings are in consistent with the previous researches. Females were high on mild, moderate and severe form of depression as compare to males. There might be different reasons for significant gender difference in depression.

For example, girls may be particularly vulnerable to depressed affect due to family histories of depression and disruptions (Hammen, 1992), earlier pubertal timing (Ge, Conger, & Elder, 1996; Wichstrøm, 1999), dysphoric interpersonal concerns (Blatt, Hart, Quinlan, Leadbeater, & Auerbach, 1993; Leadbeater et al., 1995, 1999; Little & Garber, 2000), ruminative coping styles (Nolen-Hoeksema & Girgus, 1994), more frequent uncontrollable and interpersonal stressful life events (Ge et al., 1994; Leadbeater, Kuperminc, & Blatt, 2002; Rudolph & Hammen, 1999), heavier smoking and more negative body images (Lewinsohn et al., 1994), and more problems

in relationships with parents and peers (Leadbeater et al., 1999).

There is a well-established gender difference in the rates of depressive symptoms and MDEs across most of the life span, with females showing more depression than males, beginning at some point in adolescence (Kessler et al., 1994; Nolen-Hoeksema, 1990; Piccinelli & Wilkinson, 2000; Statistics Canada, 1999b; Weissman et al., 1999; Wichstrøm, 1999).

Angold and Rutter (1992) have argued that there are gender differences in the frequency of risk factors for depression: “. . . the different patterns of change in boys and girls suggest a need not only to address the question of what etiological factors operate in the development of depression, but also to search for factors with different distributions in, or effects on, boys' and girls” (p. 26).

Rosenblum and Lewis (1999) found that gender differences in body dissatisfaction emerged by 13, became reliable by age 15, and were maintained at 18, with girls increasing and boys decreasing in dissatisfaction. Two studies have found that body dissatisfaction and low self-esteem (both of which are more characteristic of girls) were the most important of several risk factors for depression (Allgood-Merten, Lewinsohn, & Hops, 1990; Wichstrøm, 1999).

Calfas and Taylor (1994) suggested that physical activity is related to improvements in adolescent well-being, including self-esteem, self-concept, anxiety, and depressive symptoms. Choi, Patten, Gillin, Kaplan, and Pierce (1997) also found that boys who participated in sports were less likely to be depressed. Physical activities may be of particular importance in the prevention of depression in girls, through its effects on improved mastery and self-esteem (Erkut, Fields, Sing, & Marx, 1996). However, several studies indicate that physical activity is substantially lower in females than males (Allison & Adlaf, 1997; Heath, Pratt, Warren, & Kahn, 1994), with the greatest declines occurring between ages 14 to 15 in girls (Allison & Adlaf, 1997).

Thus, there exist sufficient researches that support the hypothesis formulated in the current study.

There was significant age difference in level of depression. It was found that people in the age group of 26-40 years were more depressed as compared to the younger age group of 18-25 years. There are mixed findings on the age differences in the level of depression in both males and females.

Two longitudinal epidemiological studies, however, suggest that the gender difference begins to emerge in early adolescence (ages 13 to 15) with a continued increase into late adolescence (ages 16 to 19). In a large clinical sample, Angold and Rutter (1992) found similar rates of depressive disorders and of depressive symptoms before age 11 in girls and boys, but by ages

14 to 16, girls were twice as likely to have symptoms of depression as boys.

The findings further indicated that there is a significant professional differences on the level of depression. It was found that students in comparison to clerical staff were low on mild, moderate and severe form of depression. There might be various reasons for to explain this. The findings are in consistent with previous researches.

Thus, it is concluded that there exists gender, age and professional differences in the level of depression. The current findings are in consistent with the previous researches. The findings have important implications in understanding the level of depression in people of different gender, age group and professions that have different underlying factors.

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