

SELF-EFFICACY AS PREDICTOR OF SELF-CONTROL AND SELF-LOATHING AMONG ADULTS WITH DEPRESSION

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ABSTRACT

The objective of this study is to evaluate the relationship between self-efficacy, self-control, and self-loathing among adults with depression. This study is based on a correlational research design and uses a quantitative approach. The sample of the study included 120 adults with depression from hospitals with an age range of 21 to 40 years. The Generalized Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), Self-Control Scale (Tangney et al., 2004), and Self-Hate Scale (Turnell et al., 2019) were used for data collection. Results of linear regression revealed that self-efficacy significantly predicted self-control and self-loathing among adults with depression. The current study has implications in a clinical setting and can be helpful for clinical psychologists to understand depression and its relation to self-efficacy, self-control, and self-loathing.

1. INTRODUCTION

Depression is defined as a serious medical illness that effect on how a person feels, thinks, and acts. Depression involves persistent feelings of sadness, hopelessness, and loss of interest in activities once enjoyed by an individual. It can lead to physical issues such as chronic pain or gastric problems and emotional disturbance, and a person can experience difficulty performing at work and home. Symptoms of disturbance in life must be present for at least two weeks (Parekh et al., 2019). Bandura (1978) elaborated that self-efficacy belief is a person's confidence in their abilities to meet the challenge. Self-efficacy beliefs involve personal goals, anticipation of behavior through direct or indirect activities, and anticipation about consequences that define personal behavior and environmental impacts. As social cognition theory describes numerous positive ways that lead to achieved self-efficacy, it reveals several possible pathways through which self-efficacy. Research was conducted to find out the association between self-efficacy and symptoms of depression from early age to middle adolescents. A cross-lagged model investigated the relationship between depressive symptoms and academic performance, emotional and social self-efficacy from the participant with a mean age of 14. Self-efficacy did not predict depressive symptoms (Steven et al., 2017). Recent research evaluated the effect of a self-control training program among college students who suffered from depression. The findings depict that the training program is effective for depression patients to improve their self-control. This training could lessen depressive symptoms, especially among people with mild to moderate depression (Yang et al., 2018).

Research evaluated the conflict resolution styles, self-control, self-efficacy, and future directions for adolescents. The purpose of the study is to observe the relationship and predictors of conflicts in a sample taken from urban seventh and eighth-grade students on a gender basis. Findings showed that girls showed less aggressive behavior and mostly relied on verbal allegations; on the other hand, boys in the sample found more assertive behavior. Self-control and self-efficacy were found significant predictors for conflict resolution (Animasahun, 2008; Türk, 2018). Saltzman and Holahan (2002) examined that self-efficacy relation with social support in order to evaluate adjustment in aging. Residents of fifty-two communities were involved in a structured interview, and these participants were also followed by interview even after one year. The measure of self-efficacy was related to social support. Results analysis showed that self-efficacy is significantly related to social support. Self-efficacy has its impact on social support directly or indirectly in order to prevent a person from depression. The study basically wants to evaluate that social support increases a person's self-efficacy and decreases the consequences to develop depression. A partial correlation analyzed the relation of self-efficacy and depression after one year of research and follow-up study showed depression can be controlled and efficacy can increase through social support.

Depression in early adolescents seemed to have a relationship with perceived self-efficacy and sex modifications in the prevalence rate of depression. Contrasts of sex in major depressive disorder and its symptoms that involve self-rated warm support, struggle, and conflict management of self-efficacy and intimate support were examined. High conflicts with parents, poor support from parents, and a lower level of self-efficacy lead to developing depressive symptoms. Researchers have found that self-control is important for developing healthy behaviors and well-being. Self-control acts as a defensive factor against overweight status in the transition from childhood to adolescence. The results found that children who had a higher sense of self-efficacy had fewer chances to gain weight during adolescence (Loton & Waters, 2017). Rettner (2011) suggested that activity in the brain's "hate circuit" is an indicator for self-loathing and leads to other failures feeling like hate appropriately. Research finds out that the brain scanning occurs through using functional magnetic resonance imaging (fMRI), which indicates that the hate circuits containing superior frontal gyri were decoupled in depressive patients. Previous researchers indicate that self-disgust mediates between dysfunctional cognition and depression. Research is conducted to investigate self-esteem and self-disgust that both mediate between cognitive dysfunction and depression. Nonclinical participants were added to measure among the self-esteem, self-disgust, depression, and cognitive disturbances. Self-esteem and self-efficacy were found as separate constructs that mediate the association between depression and cognitive disturbances (Goodman et al., 2022).

II. METHOD

Participants

This study is based on a correlation research design and uses a quantitative approach. The sample was comprised of 120 adults involving both men and women. Participants were taken from different hospitals. The participants of the study will include inpatients and outpatients that are diagnosed with major depressive disorder. This study used a purposive sampling technique for data collection. Demographic differences show that the average age of the individual in the study is in the range of 21-30 years. In education level, the percentage for matriculation was 13.3, intermediate was 28.3, graduation was 34.2, and master's was 22.5. The percentage as per occupation among the employed was 38.3%, and among unemployed ratio was 61.7%. The marital status percentage includes 33.3% for unmarried, 54.2% for married, and 12.5% for divorced.

Measures

The following instruments were used to collect data: [1] The Generalized Self-Efficacy Scale (Schwarzer & Jerusalem, 1995) was used to evaluate self-efficacy with intention in concentration to predict the person's coping abilities with daily stresses as well as adaptation to stressful life events. The Cronbach's alpha ranged from .76 to .90. The scale contains 10 items, and the scoring of the scale is as follows: not at all true (1), hardly true (2), moderately true (3), and exactly true (4) (Schwarzer et al., 2003). [2] The Self-Control Scale contains a 10-item scale used to evaluate people's capacity to control their impulses, modify their emotions and judgments, and intrude on undesired behavioral tendencies and refrain from acting on them (Tangney et al., 2004). The internal

consistency estimated was 0.83 and 0.85. The scale involves 10 statements with the following scoring pattern: not all like me (5), a little like me (4), somewhat like me (3), mostly like me (2), and very much like me (1). [3] The self-hate scale was used to evaluate a person's level of hate about him or her (Turnell et al., 2019). There are a total of 7 items, and the items on the scale rated on a 7-point scale range from 1 to 7. Scoring of items involves: not at all true for me (1), somewhat true for me (4), and true for me (7). The higher level of self-hate indicates suicidal ideation, while lower levels indicate somehow normal behavior, and moderate scoring indicates partial suicidal ideation.

Procedure

An authority letter was taken from the Department of Psychology, Royal Group of Colleges, Gujranwala, to collect the data. After getting formal official permission, data collection was started. The consent form was prepared and finalized to obtain individuals' willingness to participate in the study. In this form it was clarified that information obtained from the participation would be used only for research purposes, and the purpose of the research study was also explained in detail to the participants. Data were collected from the participants in hospitals. The participants were briefed about the purpose of the study and were assured about the confidentiality of their responses. After the lengthy process of data collection, the questionnaire was scored and quantitatively coded. Data were analyzed by using SPSS.

III. RESULTS

Table 1: Descriptive Statistics and Alpha Reliability Analysis for Self-Efficacy, Self-Control and Self-Loathing among Adults with Depression

Scales	Items	<i>M</i>	<i>SD</i>	α	Range		Skewness	Kurtosis
					Potential	Actual		
Self-efficacy	10	23.69	2.81	.70	10-50	18-32	.37	.19
Self-control	10	30.28	4.43	.70	10-50	20-41	.30	-.05
Self-loathing	7	27.33	3.43	.61	7-49	18-45	1.03	5.63

Table 1 shows descriptive statistics and alpha reliability analysis for self-efficacy, self-control, and self-loathing among adults with depression. Results show that all the scales were reliable and internally consistent. Results show that all the data was normally distributed.

Table 2: Pearson Correlation for Self-Efficacy, Self-Control and Self-Loathing among Adults with Depression

Variables	1	2	3
1. Self-Efficacy	--	.19**	-.15*
2. Self-Control		--	-.89**
3. Self-Loathing			--

* $p < .05$, ** $p < .01$

Table 2 shows relationship between self-efficacy, self-control and self-loathing among adults with depression. Results show that self-efficacy has significant positive relationship with self-control $r(118) = .19$, $p < .01$, whereas significant negative relationship with self-loathing $r(118) = -.15$, $p < .01$. Self-control has significant negative relationship with self-loathing $r(118) = -.89$, $p < .01$.

Table 3: Self-Efficacy as Predictor of Self-Control and Self-Loathing among Adults with Depression

	Self-Control					Self-Loathing				
	<i>B</i>	<i>SE</i>	<i>t</i>	[LL, UL]		<i>B</i>	<i>SE</i>	<i>t</i>	[LL, UL]	
(Constant)	25.82*	3.4	7.5*	29.21	31.84	26.8*	2.68	10.02	27.22	27.48
Self-efficacy	.78*	.14	3.3*	10.71	10.65	-.58*	.112	-3.23*	9.32	17.73
R^2	.26					.112				
<i>F</i>	2.72					3.35				

* $p < .05$

Table 3 shows the simple linear regression was applied to investigate self-efficacy as a predictor of self-control among adults. There was 26% variance explained by the model in the dependent variable. Results revealed that self-efficacy significantly predicted self-control among adults with depression, $F(1, 118) = 2.72, p < .05$. The table also shows self-efficacy as a predictor of self-loathing among adults with depression. There was 11.2% variance explained by the model in the dependent variable. Results revealed that self-efficacy significantly predicted self-loathing among adults with depression, $F(1, 118) = 3.35, p < .05$.

IV.DISCUSSION

Findings revealed that self-efficacy significantly predicted self-control and self-loathing among adults with depression. Research advocates that low degrees of self-efficacy lead toward depression in young people (Jun et al., 2024; Meadows, 2018). Depression in early adulthood seemed to have a relationship with perceived self-efficacy and gender modifications in the prevalence rate of depression. High conflicts with parents, poor support from parents, and a lower level of self-efficacy lead to developing depressive symptoms. Previous studies reported that girls score higher in warm support as they are more dependent on the best friend zone and have fewer encounters with clashes; girls displayed greater self-efficacy and a stronger association with depression than boys. For boys, conflict with the management of self-efficacy leads to improved depression, but as compared to girls who depend on intimate support (McFarlan, Bellissimo & Norman, 1995).

Previous research indicated that individuals with a higher level of self-efficacy have fewer chances to develop depression as compared to individuals with low self-efficacy who have greater chances of suffering from depression (Caprara et al., 2010; Muris & Ollendick, 2015). Research was conducted on students from different undergraduate programs at universities in central Anatolia. Findings show that females had a higher level of depression as compared to males, and on the other hand, males tended to score higher levels of aggression. The finding showed that aggression is predicted by self-theory and depression and loneliness for the predictor among significantly in the age of emerging adulthood. Findings suggested that depression and loneliness play an important role in a person's life and facilitate togetherness, which has a reaction between self-efficacy and aggression (Öktem & Kul, 2016).

V. CONCLUSION

The study showed that there is a significant relationship between self-efficacy, self-control, and self-loathing among adults with depression. Moreover, it was found that self-efficacy significantly predicted self-control and self-loathing among adults with depression. One of the major limitations for the research is that the generalization of the study is limited by the sample. The sample of the study only consisted of participants from the Gujranwala region. The process of taking permission from authors to use their questionnaires was also lengthy and time-consuming.

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VI.REFERENCES

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