Feelings of Helplessness: A Study of the Relationship Between Self-Efficacy and Depression in Late Adolescents

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ABSTRACT

Adolescence is a period of making decisions about their lives, ranging from decisions about the future, people who will be friends, college decisions and so on. This situation will cause many problems in late adolescents in dealing with these developments. This study aims to determine the relationship between self-efficacy and depression in late adolescents. The hypothesis proposed in this study is that there is a negative relationship between self-efficacy and depression in late adolescents. The subjects in this study amounted to 300 late adolescents. The data collection method used the Beck Depression Inventory- II Scale (BDI-II) and General Self Efficacy (GSE), using the Likert Scale mode consisting of four alternative answers. The data analysis method used is the parametric correlation technique, namely Product Moment Correlation developed by Karl Pearson. Based on the results of data analysis, in testing the hypothesis of the relationship between self-efficacy and depression, the correlation coefficient (rxy) = 0.126 and (0.029 <0.050) means that there is a significant negative correlation between self-efficacy and depression. The coefficient of determination (R2) is 0.0160 which indicates that the self-efficacy variable contributes 1.6% to depression and the remaining 98.4% is influenced by other factors that have not been studied.

Keywords: *Self-efficacy, Depression, Late Adolescence, Clinical*

Introduction

Adolescence represents a critical period in the developmental cycle, serving as a transitional stage that can shape an individual's path toward a healthy adulthood (Jahja, 2015). During adolescence, individuals experience a transitional status marked by the physiological changes of puberty, after which they are expected to move toward maturity and assume adult responsibilities (Fatmawati, 2017). This period is when adolescents start making important life decisions, including choices about their future, social circles, education, and other significant areas (Santrock, 2019).

Adolescents experience not only physical changes but also psychological development, encompassing tasks associated with late adolescence, as well as

emotional, social, religious, intellectual, physical, and moral growth. These developments can often bring challenges, and if adolescents struggle to navigate this stage, it can lead to issues that affect their future development (Sabatier et al., 2017). Psychological changes, such as hormonal shifts, can affect mood and behavior, with late adolescence marking a period when mental health issues, particularly depression, commonly begin. As individuals grow older, they may become more sensitive to various stressors, increasing their vulnerability to depression (Praptikaningtys, Wahyuni, & Aryani, 2019).

Beck (2016) explains depression as a state where an individual experiences sadness that can range from mild, temporary sadness to intense hopelessness and deep worry. According to Elmaghfuroh et al. (2022), depression is a mental and neurological disorder that raises the risk of cognitive decline, vulnerability to illness, increased healthcare usage, and negative health perceptions. Dirgayunita (2016) categorizes depression into three primary aspects: psychological, physical, and social. Depression symptoms can be grouped into four categories: 1) emotional symptoms, such as sadness, apathy, crying, self-loathing, loss of satisfaction, affection, and humor; 2) cognitive symptoms, including negative self-concept, pessimism, exaggerated problems, and self-blame; 3) motivational symptoms, such as increased dependency, lack of motivation, indecisiveness, and suicidal ideation; and 4) physical and vegetative symptoms, like appetite loss, sleep disturbances, fatigue, and reduced sexual interest (Beck, 2016).

Data from Aminingsih et al. (2014) reveals that the prevalence of depression remains high, with 34 out of 47 respondents (72.3%) experiencing moderate-to-severe depression, while the remaining 27.7% reported mild depression. According to the 2018 Basic Health Research (Riskesdas) conducted by the Indonesian Ministry of Health, depression prevalence in Indonesia stands at 6.2%, affecting over 11 million individuals aged 15–24, indicating a high incidence of depression among Indonesian adolescents (WHO, 2016). A study conducted by Praptikaningtys, Wahyuni, and Aryani in a senior high school in Denpasar in 2018 with 150 respondents found that 70% of students showed no depression, while 21.3% had mild depression, 6.7% moderate depression, and 2% severe depression. Most respondents (70%) did not experience depression, while only a few (2%) showed severe symptoms.

Adolescence is crucial for emotional management, as those who learn to manage stress and emotions well are better equipped to handle emotional regulation as adults (Santrock, 2019). Consequently, it is important for adolescents to develop

effective emotion regulation strategies. According to Maulida et al. (2020), depression negatively impacts individuals by causing stress, insomnia, and frustration, especially when routines become monotonous. The study also shows that depression rates are generally higher among females than males. The World Health Organization (WHO) notes that mental health issues often arise during late childhood and early adolescence. Recent studies indicate that mental health challenges, especially depression, are a leading contributor to the global disease burden among young people (WHO, 2016). According to WHO, depression is a leading cause of illness and disability among adolescents, with suicide being the third-highest cause of death worldwide (WHO, 2014). Depression in adolescents can lead to despair, social isolation, and potentially harmful thoughts, including suicidal ideation, if not addressed appropriately (Cai et al., 2021). Suicide, driven by depression, often stems from feelings of failure, anxiety, anger, helplessness, and hopelessness (Rahmatulloh & Retnowati, 2021).

Beck (2016) posits that depression is influenced by cognitive patterns, where individuals interpret experiences negatively, reinforcing a cycle of negative attitudes. The "cognitive triad" in depression includes: 1) a negative view of oneself, where individuals perceive themselves as worthless and undeserving, often attributing deficiencies to physical, mental, and moral shortcomings; 2) a negative interpretation of experiences, leading individuals to view interactions as failures and life as burdened with obstacles; and 3) a pessimistic outlook on the future, with individuals expecting current difficulties to persist and anticipating failure in future tasks. Beck's (2016) view suggests that cognitive distortions, such as a negative self-image, can diminish self-efficacy and contribute to depression.

Self-efficacy refers to an individual’s belief in their capacity to execute actions necessary for specific achievements. This belief encompasses confidence and positive thinking, which enable individuals to approach and solve problems effectively. Adolescent depression may stem from various factors, including negative thinking patterns. Adolescents with depression often exhibit cognitive distortions regarding themselves, their lives, and their futures (Kalin, 2020) indicating that negative perceptions of self-competence can lead to depressive symptoms. Lestyoningsih's (2024) research showed that low self-efficacy is associated with moderate depression levels in elderly stroke patients. Similarly, a study by Florensa et al. (2016) emphasized a strong negative correlation between self-efficacy and

depression, suggesting that higher self-efficacy can reduce depression symptoms in adolescents.

Bandura (1997) describes self-efficacy as an individual's confidence in their ability to motivate themselves, take action, and complete tasks successfully, even under challenging conditions. According to (Schunk & DiBenedetto, 2020) individuals must possess a sense of self-efficacy to apply knowledge and skills effectively, as self-efficacy helps them face challenges and take necessary actions, even under pressure and difficulty. Therefore, this research aims to examine the relationship between self-efficacy and depression in late adolescence.

Methods

This research was given to late adolescent subjects aged 19-23 years with a total of 300 people. The sampling technique in this study was purposive sampling technique (Creswell, 2018). The level of depression in this study was measured using the Beck Depression Inventory II (BDI-II) scale with a Cronbach alpha reliability value of 0.90. The level of self-efficacy in this study used the General Self Efficacy (GSE) scale by Schwarzer and Jerussalem (1995) with an alpha Cronbach reliability value of 0.843. The data analysis used in this study was Pearson's product moment correlation analysis which was used to determine the relationship between self-efficacy and depression which was analyzed with the help of Jamovi 2.5.6 software for windows.

Results

Normality Test

The normality test was conducted using the one-sample Kolmogorov-Smirnov (KS-Z) method to determine whether the data distribution was normal. The criterion for this test is that if the KS-Z significance value is greater than 0.050, the data is considered to be normally distributed, and vice versa. Based on the normality test results, the significance value obtained was $p=0.056p = 0.056p=0.056$ ($p > 0.05$; KS-Z = 0.0772), indicating that the residual data is normally distributed.

Linearity Test

For the linearity test, the criterion used is that if the significance value $p<0.050p < 0.050p<0.050$, then the relationship between the variables is linear. Conversely, if $p>0.050p > 0.050p>0.050$, the relationship is not linear. The analysis of both variables yielded $F=4.83F = 4.83F=4.83$ and $p=0.029p = 0.029p=0.029$ ($p <$

0.050), indicating a linear relationship between self-efficacy and depression. This result allows for further testing with a hypothesis test.

Hypothesis Test

The hypothesis test was performed using Pearson's product-moment correlation technique, developed by Karl Pearson (Sugiyono, 2016). The criterion here is that if p<0.050p < 0.050p<0.050, there is a correlation between the independent and dependent variables. Conversely, if p>0.050p > 0.050p>0.050, there is no correlation between these variables. The product-moment correlation analysis results show a significance value of p<0.001p < 0.001p<0.001 with r=0.126r = 0.126r=0.126 (p = 0.029), which indicates a correlation between self-efficacy and depression. In this case, higher self-efficacy is associated with higher depression, and lower self-efficacy is associated with lower depression. Thus, the hypothesis proposed in this study is accepted.

Coefficient of Determination

The study results also show a coefficient of determination (R^2) of 0.016, indicating that the self-efficacy variable contributes an effective 1.6% to the depression variable. The remaining 98.4% is contributed by other variables not examined in this study.

Tabel 1. Description Data

Variabel	N	Data Hipotetik				Data Empirik			
		Mean	Skor		SD	Mean	Skor		SD
			Min	Max			Min	Max	
Depresion	300	31,5	0	63	10,5	28,2	0	60	13,5
Self Efficacy	300	20	10	40	6,67	31,3	20	40	2,63

Based on the results of the BDI-II Scale analysis, hypothetical data was obtained with a minimum score of 0 x 21 = 0, a maximum score of 3 x 21 = 63, a hypothetical average of (63 + 0): 2 = 31.5, and standard deviation (63 - 0): 6 = 10.5 While the results of the empirical data analysis of the BDI-II Scale obtained a minimum score of 0, a maximum score of 60 with an empirical average of 28.2 and a standard deviation of 13.5. The results of the analysis of the General Self Efficacy (GSE) scale obtained hypothetical data with a minimum subject score of 1 x 10 = 10 and a maximum subject score of 4 x 10 = 40, hypothetical average (40 + 0): 2 = 20, and standard deviation (40 - 0): 6 = 6.67. while the results of the empirical data

analysis of the General Self Efficacy (GSE) Scale obtained a minimum score of 20, a maximum score of 40 with an empirical average of 31.3 and a standard deviation of 2.63.

Discussions

This study aims to examine the relationship between self-efficacy and depression in late adolescents. The results of the analysis show a negative correlation ($r = -0.004$; $p < 0.05$) between self-efficacy and depression in this group, supporting the hypothesis that there is an inverse relationship between self-efficacy and depression in late adolescents. Specifically, higher levels of self-efficacy are associated with lower levels of depression, and conversely, lower levels of self-efficacy correlate with higher levels of depression.

Research by Florensa et al. (2016) also confirms that an increase in self-efficacy is strongly associated with a reduction in depression in adolescents, reinforcing this inverse relationship. Similarly, the study by Aminingsih et al. (2014) reported a high prevalence of depression, with 72.3% of 47 respondents experiencing moderate-to-severe depression, while 27.7% experienced mild depression. These findings align with the present study, which also seeks to understand the relationship between self-efficacy and depression in late adolescents.

Bandura (1997) explains that self-efficacy represents an individual's belief in their capability to mobilize motivation and engage in specific behaviors to successfully complete tasks, even under challenging conditions. High self-efficacy enhances a person's motivation to strive and persist in achieving their goals (Dirgayunita, 2016), a particularly important factor in the context of depression, where motivation is often compromised. Belief in the success of one's efforts encourages individuals to stay active and involved in meaningful activities.

According to (Safdar et al., 2020) individuals must hold self-efficacy beliefs independent of their knowledge and skills to apply them effectively in practice, helping them manage conflicts and take necessary actions even under pressure. Conversely, low self-efficacy can contribute to higher levels of depression (Fürtjes et al., 2023). High self-efficacy enables individuals to manage negative emotions more effectively. Those who believe in their capabilities are less likely to experience anxiety and stress (Maddux, 2016). In contrast, low self-efficacy may result in increased negative emotions, such as feelings of helplessness and despair, which are commonly associated with depression. Self-efficacy influences how individuals perceive challenges and problems; individuals with high self-efficacy tend to have a

more positive and optimistic mindset, making them more capable of confronting and resolving issues.

Conclusion

Based on the results and discussion, it can be concluded that the hypothesis is accepted, showing a negative relationship between self-efficacy and depression in late adolescents. This means that higher self-efficacy levels correlate with lower levels of depression in late adolescents, and vice versa—lower levels of self-efficacy correlate with higher levels of depression. The analysis of the data shows that the correlation between self-efficacy and depression in late adolescents yields a determination coefficient (R^2) of 0.016, indicating that the self-efficacy variable contributes effectively by 1.6% to the depression variable, with the remaining 98.4% attributable to other unexamined variables.

The researcher hopes that late adolescents can improve their self-efficacy to reduce their risk of depression. To increase self-efficacy, adolescents are encouraged to gain greater self-awareness and acceptance. For future researchers conducting similar studies, it is advisable to consider other factors that may influence depression.

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