

Hope as a predictor of internalizing behavior problems among adolescents in Yogyakarta, Indonesia

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Abstract

The prevalence of internalizing behavior problems, namely depression, anxiety, and stress, among adolescents has increased globally. Poor levels of hope have been previously identified in a vast body of literature as one of the factors which has contributed to a large number of internalization behaviour problems. This study aimed to examine hope as a significant predictor of depression tendencies, anxiety, and stress among adolescents in Yogyakarta, Indonesia using an incidental sampling method. The Depression Anxiety Stress Scales-21 (DAAS-21) and the Snyder's Hope Scale were modified and validated for an online survey. Four hundred Indonesian teenagers between 12 and 21 years took part in the online poll. The data were analyzed using regression analysis to evaluate the correlations between internalizing behavioral issues and hope. Based on the regression analysis, this study found that hope had a negative correlation with stress ($r = -0.16$, $p .01$; BCa 95% CI [-0.28; 0.05]), anxiety ($r = -0.20$, $p .01$; BCa 95% CI [-0.31; 0.10]), and depression ($r = -0.36$, $p .01$; BCa 95% CI [-0.45; -0.26]). Furthermore, it was found that hope could predict lower levels of stress, anxiety, and depression in the sample ($t = -3.27$; $B = -.13$; $p .01$; BCa 95% CI [-.29; -.05]).

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INTRODUCTION

The significance of mental health in achieving global development goals has recently gained more attention. The Sustainable Development Goals specifically mention the importance of mental health, emphasizing its critical role in people's overall well-being on a par with physical health. When individuals perceive themselves as mentally well, they are better equipped to lead productive lives, find enjoyment in their leisure time, and make meaningful contributions to their communities (World Health Organization, 2021).

Mental health conditions can be observed starting from the age of 14 or teenage years (Kessler et al., 2005). Thus, promoting teenagers' well-being is crucial as this can protect teenagers from psychopathology. Several studies have discussed interventions for depression, stress, and anxiety that often occur in adolescents (Azizah, 2022). (Bartels and others, 2013) This result seems to confirm the hypothesis that psychopathology (anxiety/depression) and subjective well-being in teenagers, male and female, are strongly negatively correlated. One of the traumatic experiences that affect individual psychological well-being occurs in children from divorced families (Munandar, 2020). Traumatic

experiences as a child, such as physical violence, neglect, loss of parents, broken home, and living with family members with mental disorders, are related to individual subjective well-being when entering adolescence (Ernawati, 2022).

In the modern era, depression has been connected to several physical and mental health problems, and suicide is the second leading cause of death for people between the ages of 15 and 29 (WHO, 2020). Depression is a type of internalizing behavior problem, which includes problematic behaviors that are defined by internal conflict that a person experiences in their early and teenage years (Achenbach & McConaughy, 1997). Internalizing behaviors include fears exhibited as social anxiety, panic, and agoraphobia, as well as distress manifested as depression, trait anxiety, and worry. These actions are closely linked to a greater chance of people later having psycho pathological problems (Van Zalk, 2020).

According to the 2008 Report of Indonesian Basic Health Research (Riskesdas), the prevalence of depression among individuals aged 15 and above was 6.1% of the total Indonesian population. In addition, lack of education related to mental health in the community also affects the knowledge of access to professional assistance (Liguid, 2022). As a result, only 19% of people diagnosed with depression have received professional help (Kementerian Kesehatan RI, 2019). The age group of 16-24 tops the depression diagnosis chart in terms of the total number of cases (Kementerian Kesehatan RI, 2019).

Besides depression, anxiety is a psychological disorder that is often suffered by teenagers. The Basic Health Research Report (2019) suggests that the prevalence of emotional mental disorders in Indonesia reached 9.8%. From that figure, only 9.9% of the individuals received professional help (Kementerian Kesehatan RI, 2019). The report also revealed that the age group which had the most mental health issues was the group of 15-24 years old. The Indonesian national census also reveals that Indonesia has 43.5 million inhabitants aged of 10-19 or about 18% of the total population (Badan Pusat Statistik, 2020). This indicates that adolescents comprise the largest age group with the highest prevalence of psychological disorders in Indonesia.

Hope is one of the things that could affect the health of adolescents (Gallagher et al., 2020). As teenagers grow and dream about the future during this time, hope can play a vital role in adolescence (Berry & Greenwood, 2018). (Oyserman, 2001). Hope is a positive expectation of the future that humans have to attain (Hellman & Gwinn, 2017). Hope is a psychological resource that people can use to overcome the negative effects of adversity (Hellman & Gwinn, 2017). Snyder (2000) states that hope develops within individuals from early age, and hope that has developed since younger years is correlated to hope of those individuals in adolescence and beyond. Research conducted by Nurmi (Stoddard & Pierce, 2015) suggests that among teenagers, hope correlated to future hope can facilitate optimum development and success in transitioning toward adulthood.

Adolescents who exhibit high levels of hope are more resilient and capable of overcoming adversity than those who do not. Numerous studies have shown that in teenagers, a strong sense of hope is linked to psychological toughness and overall life satisfaction (Valle et al. as cited in Rose et al., 2018). Higher degrees of purpose and hope indicate more optimistic expectations for the future (Stoddard & Pierce, 2015). Another study has also discovered that teenagers with trait hope display higher academic achievement, better physical health, and social adjustment (Snyder, 2000). Hope can help individuals combat depression (Lagacé-Séguin & D'Entremont, 2010) and has been found to be a protective factor to prevent suicide (Griggs, 2017). Adolescents who exhibit trait hope, such as having high self-esteem and self-worth, have low rates of depression (Snyder et al., 2001). According to some studies, teens who have hope do not tend to self-harm (Jiang et al., 2020).

Serving as a protective factor, hope can also become vulnerability in adolescent psychological conditions. A study by Griggs (2017) has discovered that hope is the moderating factor for depression, psychological conditions, and negative life experiences. A low level of hope may relate to the idea of committing suicide (Rose et al., 2018). Anxiety levels are also higher in those who have low hope (DiPierro, Fite, & Johnson-Motoyama as cited in Rose et al., 2018). With the above background information in mind, the goal of this research is to investigate the connection between hope and the prevalence of stress, anxiety, and depression among young people in Indonesia.

Hope is the optimistic expectation that people will accomplish their future objectives (Hellman & Gwinn, 2017). Nevertheless, hope can also be oriented towards the present. Hope affords people psychological strength to encounter negative consequences during hardship (Hellman & Gwinn, 2017). According to Bernardo (2020), hope is also regarded as a positive idea associated with one's ability to achieve goals in life. This indicates that the lower the level of hope an individual has, the more likely an individual experiences psychological issues arising from adversity. Referring to Snyder (2000), hope consists of three aspects. The first is *goal*, which is the objective set by an individual as a result of the thinking process. A goal must be valuable and meaningful to make it aligned with the person's thoughts and wants. Hope will be meaningful when it is possible to achieve the goal. The second is *Pathway Thinking (developing strategies)*. This occurs when individuals believe that they could develop strategies to help achieve their goals. Those with high levels of hope will be able to devise alternative strategies to overcome obstacles. The last is *Agency Thinking (hardiness in devising strategies)*. Individuals' motivation in devising the deliberated strategies is called agency thinking. *Agency* refers to how an individual can survive when faced with obstacles in attaining his/ her goals. Hope also enables individuals to overcome obstacles and improve well-being (te Riele, 2010), which makes raising hope helpful in dealing with problems, including psychological issues.

Physical, cognitive, and socioemotional changes occur during adolescence, which is a time of transition from childhood to adulthood (Santrock, 2002). According to Leipold et al. (2018), teens go

through a transitional stage that prepares them for adulthood and necessitates a great deal of independence and responsibility. Teenagers will face a crisis of identity if they are unable to go through this period of transition. Identity crisis drives teenagers to compensate for their lack of identity through drug abuse, alcohol, or risky sexual behaviors. Teenagers also tend to be secluded and daydream. In this regard, parents have the role to assist teenagers in coping with this crisis by supervising their children while allowing them to be comfortable. Parents must play this role because anxiety and depression are common in adolescents, with rates of 12.6% and 32.4%, respectively (Kessler et al., 2012).

According to Madigan et al. (2013), internalizing behavior problems are characterized as self-directed and overly controlled behaviors that can have an impact on a person's psychological state and are manifested as social withdrawal, somatic symptoms, loneliness, anxiety, and depression. In this research, the scope of internalizing behavior problems includes depression, stress, and anxiety which are linked to the increasing risks of suicide attempts (Brausch & Gutierrez, 2010). While internalizing problems have been considered as the root of intense suffering and disorders, these problems are often left unidentified and untreated (Hansen & Jordan, 2017). In addition, internalizing problems are risk factors for several negative outcomes, such as high levels of depression among adolescents in regards to social adjustment, low self-esteem in relation to external behaviors, poor academic performance, and risks of suicide attempts (Georgiou & Symeou, 2018). Teenage depression and self-esteem are correlated, which highlights the significance of self-esteem for psychological well-being (Tanoko, 2021).

As the first focus of the present study, depression is defined as psychological disorders marked by deep sadness, feelings of being unworthy and guilty, social withdrawal, difficulty to sleep, loss of appetite, lack of sexual desire, and loss of interests and pastimes, which are normally pursued (Davison et al., 2006). Longitudinally, depression predicts suicidal behavior among teenagers, especially in females (Piqueras et al., 2019). As the second focus of this study, anxiety is described as an emotional state which is unpleasant, such as psychophysiological responses which arise from unrealistic anticipation of danger or imagination, which are also potentially induced by unconscious intrapsychic conflicts (Dorland, 2010). Anxiety is an emotional condition which is provoked by unspecified objects or reasons and often accompanies all new experiences (Stuart & Sundeen, 2016). According to Stuart (2009), anxiety is classified into four levels: (1) *mild anxiety*, (2) *moderate anxiety*, (3) *severe anxiety*, and (4) *panic-level anxiety*. The last focus of the study is stress. Stress is a condition when an individual is under stressful circumstances or when an individual is unable to cope with the demands set for them (Mark et al., 2004). Stress is caused by stressors that induce psychological distress. Stressors or stressful life experiences are defined as conditions that threaten the primary life goals of humans, encompassing physical and psychological distress (Lazarus & Folkman, 1984). Distress refers to the negative psychological responses towards perceived threats which include behavioral and cognitive responses

such as anxiety, sadness, frustration, and feeling overwhelmed or powerless (Kemeny, 2003). Stress also includes homeostatic disorders, which cause changes in physiological balance resulting from physical and psychological stimuli. This bodily response is known as the *fight-or-flight response* (Bartlett, 1998).

Based on the previous discussion, the hypothesis that follows is that hope can predict internalizing problems in adolescents, specifically depression, anxiety, and stress.

METHOD

Participants

This research involved students in Yogyakarta, Indonesia. The non-probability sampling method of incidental sampling was used, and a sample of students was obtained from a population of 185,224 adolescent students aged 12-21 who were willing to participate in an online survey. Using Slovin's formula to estimate the sample size with a 95% confidence level (Ryan, 2013), it was concluded that this study required a minimum of 400 teenage students. Among the 400 participants, 16.04 was the average age.

Instruments

The Depression Anxiety Stress Scale (DASS) and Snyder's Hope Scale served as the research instruments. The Snyder's Hope Scale was developed based on Snyder et al.'s (1991) definition of hope. This scale was used to measure individuals' levels of hope, in which hope is defined as a cognitive pattern resulting from reciprocal responses from the positive outcomes of agency and the availability of pathways. In this case, agency refers to the confidence to achieve goals, whether it is in the past, present, or future, while components of pathways encompass the sense of ability in devising a plan to fulfill the goals. Twelve items make up the Snyder's Hope Scale: four assess agency, four assess pathways, and the remaining four were filler questions.

Internal consistency reliability is indicated by the Snyder's Hope Scale at Alfa Cronbach values ranging from .74 to .84 (Snyder et al., 1991). Furthermore, temporal reliability has also been shown by Snyder et al. (1991) with test-retest reliability at three-week intervals of .85, $p < .001$; eight-week intervals of .73, $p < .001$; and ten-week intervals of .76 and .82, $p < .001$. Two experts rated the Snyder Hope Instrument after it was translated into Bahasa Indonesia for this study. After applying Aiken's V formula to analyze the rating results for content validity, it was determined that both instruments had a validity coefficient of .83, indicating their validity (Author & Author, 2021).

The Depression Anxiety Stress Scale was the second tool used to assess internalizing behavior issues (DASS). With factor loadings ranging from .20 to .64 for anxiety, .40 to .76 for stress, and .36 to .80 for depression, the 21-item DASS has factorial validity. The internal consistency reliability for the DASS-21 is .88 for depression, .82 for anxiety, .90 for stress, and .93 for the overall scale, according to the results of the confirmatory factor analysis, which also showed $RCFI \geq .95$, $SRMR \geq .08$, and $RMSEA$

<.06, indicating good fit (Henry & Crawford, 2005). The loading factors varied from .54 to .82 for depression, .36 to .83 for anxiety, and .31 to .85 for stress, according to data collected in the field. Concurrently, the α values of reliability for stress, anxiety, and depression were .82, .81, and .87, respectively. Table 1 summarizes the norms used in the DASS manual (Lovibond & Lovibond, 1995) to categorize the degree of positive and negative effects.

Table 1. Categorization of Depression, Anxiety, and Stress from the DASS manual

Meaning	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild Disorder	10-13	8-9	15-18
Moderate Disorder	14-20	10-14	19-25
Severe Disorder	21-27	15-19	26-33
Very Severe Disorder	28+	20+	34+

Note. Adapted from Manual for the Depression Anxiety & Stress Scales (2nd Edition), by S.H. Lovibond and P.F. Lovibond, 1995. Copyright by Psychology Foundation.

Data Analysis

Data from a total of 400 participants were analyzed using regression analysis to examine the effect of hope on internalizing behavior problems, namely depression, anxiety, and stress.

RESULTS AND DISCUSSION

Results of Descriptive Analysis

Table 2. Descriptive Analysis of the Research Subjects based on Norms in the Depression Anxiety Stress Scale-21

Symptomatology	Depression		Anxiety		Stress	
	n valid	%	n valid	%	n valid	%
Normal	224	57.0	117	29.5	239	61.0
Mild	68	17.3	31	7.8	64	16.3
Moderate	71	18.1	135	34.0	51	13.0
Severe	14	3.6	49	12.3	30	7.7
Very Severe	16	4.1	65	16.4	8	2.0
	Mean = 9.46 (Normal)		Mean = 12.03 (Mild)		Mean = 14.00 (Normal)	

Based on the analysis, each subject was found to have different number of issues, from one, two, up to three problems at the same time, including depression, anxiety, and stress. Based on the descriptive analysis, the majority of the respondents (70.5%) had symptomatic anxiety ranging from mild anxiety (7.8%), moderate anxiety (34.0%), severe anxiety (12.3%), to very severe anxiety (16.4%)

with most subjects indicating a moderate level of anxiety (34%). In terms of depression, the majority of the respondents fell into normal category (57%), followed by indications of moderate anxiety (18.1%), mild anxiety (17.3%), severe anxiety (4.1%), and very severe anxiety (3.6%). The mean value for depression was 9.46, signifying that most subjects belonged to the normal category.

The results of the descriptive analysis revealed that more than half of the sample indicated a normal level of stress (61.0%), and the indicated levels of stress of the rest of the sample were mild (16.3%), moderate (13%), severe (7.7%), and very severe (2.0%). Furthermore, the mean value for subjects' stress levels was 14.0, which was normal. When depression, anxiety, and stress were compared, by considering the population, anxiety stood out as the most common problem experienced by the subjects, as evidenced by the mean value of 12.03 for anxiety levels, which was in the range of moderate category. By contrast, depression and stress were within the normal category.

Results of Inferential Analysis

Table 3. Matrix for the Correlation of Hope and Internalizing Behavior

Hope	Hope 1	Depression	Anxiety	Stress
Depression	-.36 *** [-.45; -.26]	1		
Anxiety	-.20 *** [-.31; -.10]	.62 *** [.54; .70]	1	
Stress	-.16 *** [-.28; -.05]	.66 *** [.59; .72]	.77 *** [.72; .82]	1

Note. ***significance level at .05

Table 3 displays the significant relationships between hope and levels of depression, anxiety, and stress. The correlation between hope and each of the internalizing behavior problems remained weak or very weak. The study found that the correlation between hope and depression was weak as indicated by r value of $-.36$, while the correlation between hope and anxiety as well as hope and stress showed very weak correlation with r values of $-.20$ and $-.16$ respectively.

Table 4. Results of Regression Analysis

Dependent Variable	T	B	sig	BCa 95% CI	
				LL	UL
Depression	-7.66	-.28	.000	-.38	-.19
Anxiety	-4.01	-.16	.000	-.26	-.08
Stress	-3.27	-.13	.001	-.29	-.05

Note. Predictor: Hope

Discussion

Research findings suggest that hope can predict internalizing behavior, which is depression, anxiety, and stress. A review of previous literature found that hope could serve as a protection from psychological disorders (Huen et al., 2015). This is relevant to the finding in this study, that is, hope negatively correlates with depression, stress, and anxiety. This suggests that when subjects show higher levels of hope, the level of internalizing behavior problems indicated by those subjects is low. These results support those of Rajandram et al. (2011), who investigated the relationship between hope and anxiety, depression, and hopelessness in cancer patients who were considered vulnerable. Hope showed a negative correlation with anxiety ($r = -.38, p < .05$) and depression ($r = -.55, p < .001$) in an empirical study by Rajandram et al. (2011). Thimm, Holte, Brennen, and Wang (2013) also reported this finding, which showed a significant inverse relationship between hope and depression.

Strong association between hope and stress, anxiety, and depression, as well as the weak and extremely weak correlations are worth further discussion. The weak correlation between hope and depression, and the very weak correlation of hope with anxiety and stress in this study might be attributable to the characteristics of the sample participating in this research. The weak and very weak correlations might result from the subjects attending school without specific psychological problems. The descriptive analysis, which showed that the majority of participants fell into the normal category for stress and depression, while the majority were reported to have a moderate level of anxiety, lends weight to this idea.

Furthermore, the assumption on the weak and very weak correlations of hope with depression and anxiety can be attributed to the characteristics of the subjects. This is supported by previous findings which have demonstrated that there is a moderate correlation of hope with depression and anxiety on subjects with vulnerability and issues, such as cancer patients (Rajandram et al., 2011). Among subjects comprising cancer patients, hope has been found to strongly correlate with depression ($r = -.55, p < .001$) and moderately correlate with anxiety ($r = -.38, p < .05$). This indicates that the characteristics of the sample possibly affect the degree of correlation of hope with depression and anxiety.

This study further supports findings from previous research by demonstrating that hope can predict a reduction in levels of depression, anxiety, and stress. Germann (2018) conducted a study on pediatric patients and found that children's agency, a component of hope, significantly predicted symptoms of depression and anxiety. However, this outcome is contrary to that of other studies, such as a study by Rajandram et al. (2011), which did not find hope to be a significant predictor of anxiety, but rather found new optimism to be a significant predictor. These discrepancies suggest that the relationship between hope and anxiety may be more complex. It is possible that the presence of another protective factor, such as optimism, may moderate the correlation between hope and anxiety. This notion is supported by a previous study that demonstrated the predictive role of optimism in reducing

negative effects on individuals (Rand et al., 2020). Despite these contradictory findings, the present study has shown that hope can predict a decrease in depression, anxiety, and stress levels in the participants, indicating its potential as a protective factor against psychological issues, which is consistent with prior research.

While this research has revealed the role of hope in predicting depression, anxiety, and stress, there are some limitations. First, the accidental sampling technique used in this research did not provide a full picture of the sample representativeness since accidental sampling only targets participants that are more accessible and available during data collection. Second, there was a possibility for biases. Although the bootstrap analysis for resampling was done and the data were normally distributed, it was possible that biases occurred in the collected data for hope and internalizing behavior problems. Furthermore, the tests examining the correlation between hope and the levels of depression, anxiety, and stress in this study did not consider any demographic factors, such as age. Therefore, it might be important to include demographic variables in the analysis, as demonstrated by a previous study that found a positive correlation between hope and age (Esteves et al., 2013).

CONCLUSIONS AND RECOMMENDATION

This study confirms previous findings regarding the protective role of hope in mitigating psychological problems among teenagers. The results of our investigation marked the importance of hope in preserving teenagers' mental health by showing that it could predict a drop in levels of stress, anxiety, and sadness.

Future studies could investigate the connection between internalizing behavioral issues and hope by utilizing a larger and more varied sample from various geographical locations. In addition, the accuracy of research findings can be improved by employing random sampling methods to ensure a representative sample, which may provide a comprehensive understanding of the target population. Furthermore, it would be valuable to consider demographic factors, such as age, as additional variables in future studies because previous research indicated a positive correlation between hope and age.

As a result of limited information, this study did not obtain ethics approval due to the recent establishment of the university research ethics committee. However, to address this issue, informed consent information was provided to the participants and approval for participation in the study was obtained from them.

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CONFLICT OF INTEREST

There are no disclosed conflicts of interest for the writers.

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