The Relationship Between Self-Efficacy and Depression in Physically Handicapped Children

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Running Head: Self-Efficacy And Depression

ABSTRACT

Objectives: To determine the relationship between self-efficacy and depression in physically handicapped children.

Design: Descriptive Study.

Place and duration of study: This study was conducted at different institutes of physically handicapped children of twin cities of Rawalpindi and Islamabad.

Subjects and Methods: The sample consisted of 42 physically handicapped children (both boys and girls in equal number). The age range of the sample was between 13 to 17 years. The data was collected with the help of Urdu translation of Generalized Self Efficacy Scale: GSES and Beck Depression Inventory.

Results: The results showed inverse correlation between the scores of self-efficacy and depression. The correlation of scores of GSES with items of BDI pertaining to Emotional, Cognitive, Motivational and Somatic symptoms of depression showed significant inverse correlation with Emotional and Cognitive symptoms of depression ($r = -.35^* \& -.34^*$).

Conclusion: From these findings it can be concluded that high generalized self-efficacy in children may serve as a protective factor against depression, whereas, low self-efficacy can lead them to depression.

Key words: Self-efficacy, Depression.

INTRODUCTION

“Self-efficacy is the belief in one's capabilities to organize and execute the courses of action required to produce given attainments” (Bandura, 1997). These courses of action may include behavior, thoughts and emotions (Miller, 2002). Individuals form their self-efficacy beliefs interpret information primarily from mastery experience, vicarious experience, learning or observation, social and verbal persuasions, and physical and affective states. Self-efficacy beliefs produce diverse effects on human functioning through four major psychological processes. These psychological processes include: (1) cognitive processes, (2) motivational processes, (3) selection processes, and (4) affective processes” (Bandura, 1997). Researchers have also supported that mood affects people's judgments of their personal efficacy. Positive mood enhances perceived self-efficacy; despondent mood diminishes it (Bandura, 1999). Physiological indicators are considered as important sources of self-efficacy information. Similarly, the effects of self-efficacy on cognitive processes take a variety of forms as much of human behavior is purposive and regulated by forethought and goal setting, which is influenced by self-appraisal of capabilities (Bandura, 1999).

By influencing affective processes, self-efficacy plays highly important role in physical and mental health of an individual. High self-efficacy helps create feelings of serenity in approaching difficult tasks and activities. Conversely, people with low self-efficacy may believe that things are tougher than they really are, a belief that fosters anxiety, stress, depression, and a narrow vision of how best to solve a problem (Pajares, 2002). Similarly, individual’s belief in his coping capabilities affect how much stress and depression a person experiences in threatening or difficult situations. Depression is believed to be cognitively generated by dejecting ruminative thoughts. A low sense of efficacy in order to exercise control over these ruminative thoughts tends to contribute to the development of depression (Bandura, 1999).

Substantial amount of research (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999; Dieserud, Roysamb, Ekeberg, & Kraft, 2001; Ehrenberg, Cox, & Koopman, 1991; Maciejewski, Prigerson, & Mazure, 2000; Makarem, 2000; McFarlane, Bellissimo, & Muris, Schmidt, Lambrichs, & Meesters, 2001) have shown a significant inverse correlation between self-efficacy and depression. Relationship between self-efficacy and depression is explored among different samples, for instance on patients of different disorders (Kurlowicz, 1998; Robinson, Johnston, & Allen, 2000) people suffering from some type of injury or pain, (Arnstein, Caudill, Mandle, Norris, & Beasley, 1999; Shnek, Foley, LaRocca, Gordon, DeLuca, Schwartzman, Halper, 2000)
Lennox, & Irvine, 1997) or elderly people (Davis, 1988, 1990; Holahan & Holahan, 1987). These studies identified factors affecting self-efficacy and vulnerability to depression.

Studies on physically handicapped children maintain that children having some type of physical disability show low self-efficacy while facing the challenges of life ahead. Besides, these children also show high feelings of hopelessness and depression. Independent studies on self-efficacy (Schieman, & Campbell, 2001) and depression in physically disabled children are enormous (Prince, Harwood, Blizard, Thomas, & Mann, 1997; Tate, Forchheimer, Maynard, & Dijkers, 1994; Van & Schieman, 2001). However, none of these studies have explored the relationship of self efficacy with depression in physically handicapped children. With this background, present study is planned, which focuses on exploring the relationship between the two variables for the sample of handicapped children.

**SUBJECTS AND METHODS**

**Sample:** Sample includes 42 physically handicapped children of age range between 13-17 years (M = 14.17, SD = 2.70). These included both boys and girls (in equal number). They were taken from different institutes for physically handicapped children of Rawalpindi and Islamabad city. All the children who presented themselves on the dates of testing were included in the study. The mentally retarded children were excluded.

**Instruments:** Following instruments were used in this study.

I. *Generalized Self Efficacy Scale*

Urdu Translation of “Generalized Self-Efficacy Scale” (Tabbassum, Rehman, Schwarzer, Jerusalem, 2003) originally developed by Schwarzer & Jerusalem (2000) was used in this research (Schwarzer, 2001). GSES is a 10-item, 4-point Likert type scale. GSES assesses a broad and stable sense of personal competence or a general sense of perceived self-efficacy to cope or deal efficiently with a variety of stressful situations and novel or difficult demands in life. It assesses the strength of an individual's belief in his or her own ability, to predict coping with daily hassles and to deal with any associated obstacles or setbacks, as well as adaptation after experiencing all kinds of stressful life events (Schwarzer, 2001; Schwarzer & Jerusalem, 1993 & 2000).

II. *Beck Depression Inventory (BDI)*

BDI (Beck, Ward, Mendelson, Mock & Erbaugh, 1961) is a self administered 21 items self-report inventory, presented in multiple choice formats. It purports to measure and assess supposed manifestations, presence, degree, intensity, severity, characteristic attitudes and symptoms of depression in clinical and normal patients (Beck, 1971, 2002).

For the present research Urdu adaptation (Khan, 1996) of Beck Depression Inventory (BDI) was used. Item number 21 of BDI was dropped because of its sexual connotation, which inhibits a true response in our culture setting.

**Procedure:** The participants were approached in their institutes individually after having formal permission from principals of the institutes. Respective school teachers helped in selecting the sample. The tests compiled in the form of test booklet along with demographic information sheet were individually administered to the physically handicapped children by the researcher, who read out each item herself.

**RESULTS**

Correlation of scores of physically handicapped children on GSES with BDI is shown in the table 1. The Pearson Product Moment correlation of GSES and BDI scores was found to be -.25 (p .12). Although the scores of GSES and BDI are inversely correlated, however, the value of correlation is not statistically significant. Further analysis was performed by calculating correlation of scores of GSES with the scores of the items of BDI pertaining Emotional, Cognitive, Motivational and Somatic symptoms of depression. The table 1 below shows the correlation of scores of GSES with the scores of items of subcategories of BDI:

**Table 1: Pearson Product Moment Correlation of GSES scores with the scores of 4 categories of items of BDI**

<table>
<thead>
<tr>
<th></th>
<th>Emotional Symptoms</th>
<th>Cognitive Symptoms</th>
<th>Motivational Symptoms</th>
<th>Somatic Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GSES</strong></td>
<td>-.348*</td>
<td>-.343*</td>
<td>-.015</td>
<td>.080</td>
</tr>
</tbody>
</table>

* *p<.05
The findings in the table show that scores of GSES are significantly inversely correlated with the scores of emotional and cognitive symptoms of BDI.

DISCUSSION
It was hypothesized that "self-efficacy will be inversely correlated with depression in physically handicapped children". The results show that scores of GSES are inversely correlated with scores of BDI. These findings are in line with some earlier studies (Bandura et al., 1999; Davis, 1988, 1990; Dieserud et al., 2001; Ehrenberg et al., 1991; Maciejewski et al., 2000; Makaremi, 2000; McFarlane et al., 1995; Muris et al., 2001; Robinson et al., 2000) indicating an inverse correlation between self-efficacy and depression. Our findings is also supported by Bandura (1994) and Pajares (2002), who maintain that Physical and affective states such as anxiety, stress, arousal, and mood states provide information about efficacy beliefs. Mood has significant effect upon people's judgments of their personal efficacy. Positive mood enhances perceived self-efficacy and despondent mood diminishes it (Bandura, 1994).

Results further indicate that the scores of GSES are significantly inversely correlated with the scores of BDI on items measuring Emotional and Cognitive symptoms of depression. These findings suggest that impact of low self efficacy is more upon emotional and cognitive symptoms of depression compared to the motivational and somatic symptoms of depression. Our findings get support from the findings of Pajares (2002) who maintains that self-efficacy beliefs influence an individual's thought patterns and emotional reactions. Bandura (1994) also maintains that much human depression is cognitively generated by dejecting ruminative thoughts and a low sense of efficacy to exercise control over these ruminative thoughts also contributes to the development of depression.

CONCLUSION
Findings of this study indicate that there exists an inverse correlation between generalized self-efficacy and depression in physically handicapped children. It can thus be concluded from these findings that high generalized self-efficacy of these children may serve as a protective factor against depression, whereas, low self-efficacy can lead them to depression. The results of this study can be used for developing intervention strategies, training and intervention programs for handicapped children, for their parents and teachers. Efforts should be made to make these children learn to face the challenges of life with courage. The present research can serve as a preliminary study for future prospective researches in the area. Future researches should focus upon exploring the relationship of social and familial support and attitudes with self efficacy and depression on a larger sample of handicapped children.

REFERENCES