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SOCIAL AND PSYCHOLOGICAL DETERMINANTS OF DEPRESSIVE STATES IN HIGH SCHOOL STUDENTS

DETERMINANTES SOCIAIS E PSICOLÓGICOS DE ESTADOS DEPRESSIVOS EM ESTUDANTES DO SEGUNDO GRAU

DETERMINANTES SOCIALES Y PSICOLÓGICOS DE ESTADOS DEPRESIVOS EN ESTUDIANTES DE ESCUELA SECUNDARIA

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ABSTRACT: The purpose of the study is to determine how the demand for self-actualization, level of development, and satisfaction, combined with the degree of social isolation of adolescents, affects their risk of depression. A total of 600 adolescents aged 15-16 were surveyed (random sample, 320 girls and 280 boys). A high level of positive correlation was revealed between the indicators of self-esteem of social isolation of adolescents and the severity of their depressive states, as well as a negative correlation of depressive states with indicators of the level of their self-actualization. The study showed that social exclusion can be both a cause and a consequence of various depressive states. This study confirmed the importance of examining the tendency of adolescents to show depression, and it is essential to take into account even low levels of depression.

KEYWORDS: Adolescent depression. Determinants of depressive states. Personality self-actualization. Prevention of depressive states. Social isolation.

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***RESUMO**: O objetivo do estudo é determinar como a demanda por autorrealização, nível de desenvolvimento e satisfação, combinados com o grau de isolamento social dos adolescentes, afeta seu risco de depressão. Foram pesquisados 600 adolescentes de 15 a 16 anos (amostra aleatória, 320 meninas e 280 meninos). Foi revelado um alto nível de correlação positiva entre os indicadores de autoestima de isolamento social dos adolescentes e a gravidade de seus estados depressivos, bem como uma correlação negativa dos estados depressivos com indicadores do nível de sua autorrealização. O estudo mostrou que a exclusão social pode ser causa e consequência de vários estados depressivos. Este estudo confirmou a importância de examinar a tendência dos adolescentes a apresentarem depressão, sendo essencial levar em conta mesmo níveis baixos de depressão.*

***PALAVRAS-CHAVE**: Depressão no adolescente. Determinantes dos estados depressivos. Autoatualização da personalidade. Prevenção de estados depressivos. Isolação social.*

***RESUMEN**: El propósito del estudio es determinar cómo la demanda de autorrealización, el nivel de desarrollo y satisfacción, combinado con el grado de aislamiento social de los adolescentes, afecta su riesgo de depresión. Materiales y métodos. Se encuestó a un total de 600 adolescentes de 15 a 16 años (muestra aleatoria, 320 niñas y 280 niños). Se reveló un alto nivel de correlación positiva entre los indicadores de autoestima del aislamiento social de los adolescentes y la gravedad de sus estados depresivos, así como una correlación negativa de los estados depresivos con indicadores del nivel de su autorrealización. Discusión. El estudio mostró que la exclusión social puede ser tanto causa como consecuencia de diversos estados depresivos. Conclusión. Este estudio confirmó la importancia de examinar la tendencia de los adolescentes a mostrar depresión, y es fundamental tener en cuenta incluso los niveles bajos de depresión.*

***PALABRAS CLAVE**: Depresión en los adolescentes. Determinantes de los estados depresivos. Autorrealización de la personalidad. Prevención de los estados depresivos. Aislamiento social.*

Introduction

Problem definition

One of the most common personality disorders is depression, a state of low spirit, impaired thinking, and motor retardation. Although depressive disorders have been known since classical times, they became widespread in the late 20th and early 21st centuries. A particularly acute problem is the rise in affective disorders among children and adolescents.

According to the World Health Organization (WHO), depression is the leading cause of adolescent morbidity and disability, and its overall prevalence in adolescence ranges from 15–40%. What is important to note is that the highest prevalence of depressive conditions is found in developed and affluent countries (SENCHUKOVA, 2017). One of the main causes or risk factors for suicide among adolescents is depression (BONKALO; SHMELEVA;

SABANCHIEVA; TSYGANKOVA; ROMANOVA; KARPINSKY, 2021; GRISHINA, 2016; LICHKO, 1985). In this regard, it is important and relevant to investigate the causes and factors that lead to and contribute to depression in adolescents.

Key approaches to investigating the nature of depression

Many different theories exist to explain the nature of depressive disorders.

The so-called biological or biochemical theories were among the first that were developed. For instance, several research studies have shown that people with depressive disorders are deficient in magnesium, vitamin D, and tryptophan. Depressive symptoms occur with hypothyroidism and mitochondrial diseases. According to the so-called monoamine hypothesis of depression, the development of depression can be linked to a depletion in the levels of biogenic amines, such as serotonin, noradrenaline, and dopamine. A similar reaction is caused by the use of a number of drugs (iatrogenic or pharmacogenic depression) (SOLODKAYA; LOGINOV, 2016).

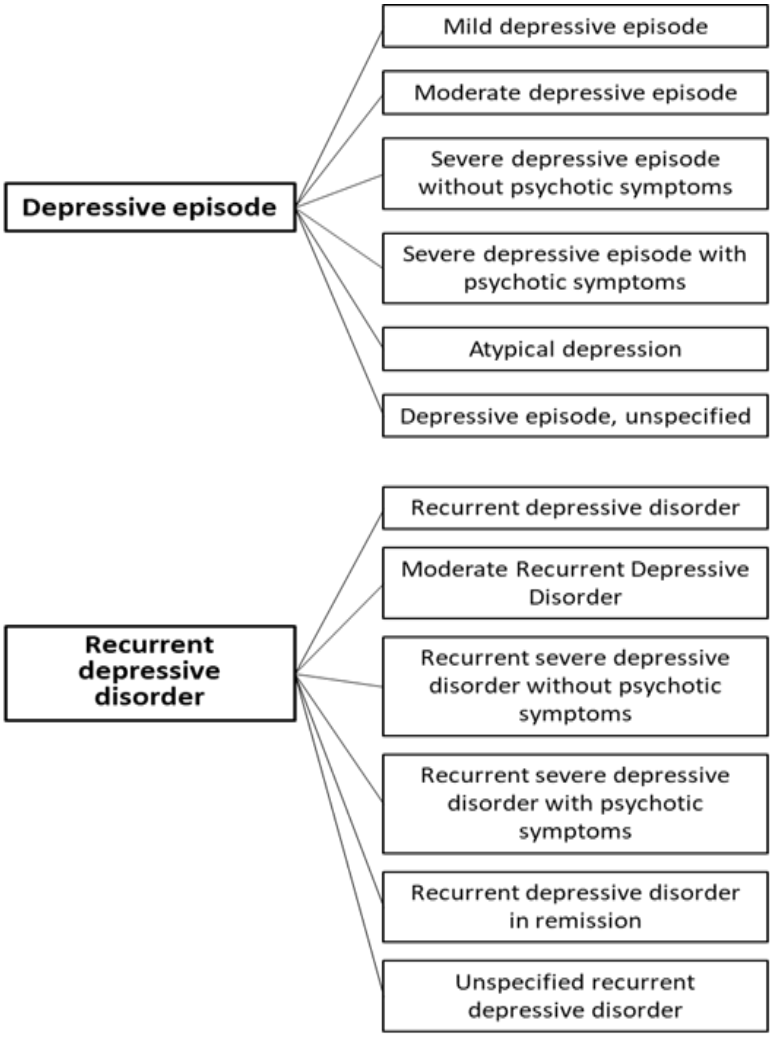
The biological theory of depression has brought the search for causal links between depressive states of the individual and other characteristics of his or her life. This has led to a distinction being made between what are known as primary and secondary depressions, which makes it possible to identify the leading or contributory role of depressive disorder for any sign of a syndrome.

Later on, depressions that are of a biological nature were defined as endogenous and those arising from other causes as exogenous or reactive depressions. Endogenous depression can be caused by genetic or biochemical processes occurring in the body, whereas exogenous depression is triggered by a wide range of social and psychological factors.

The nature of exogenous depression was studied by Ivan Petrovich Pavlov, Burrhus Frederic Skinner, Sigmund Freud, and many other famous scientists. Thus, based on the work by Sigmund Freud, a new category was identified, the so-called *neurotic depression*, as a specific group of disorders that have psychological reasons and several specific characteristics (FREUD, 2017; LICHKO, 1985; MINUTKO, 2016; ROZANOVA, 2019).

For a long time, neurotic depression (PODKORYTOV, 2015; PODOLSKY; IDOBAEVA; HEIMANS, 2004; RESHETNIKOV, 2008) has been included in traditional diagnostic classifications. Still, modern medicine offers a slightly different approach, based primarily on the frequency and severity of depressive signs (Figure 1).

Figure 1 – Classification of depressive conditions in accordance with ICD-10, 2018



Source: Elaborated by the authors

Psychological theories of depression and depressive states include:

1. *Psychoanalytic theories*. According to Sigmund Freud, the depression tendency is forming at the early stages of development, when the infant is as helpless and dependent as possible. The emotional trauma of this period becomes dominant (CRAIG, 2017; FREUD, 2007; ROMANOVA; USANOVA, 1995; WINNICOTT, 2004). Other psychoanalysts come to similar conclusions, such as Melanie Klein, Donald Woods Winnicott et al., thus, in terms of psychoanalytic theory, depression is a specific type of exogenous disorder resulting from psycho-traumatic events that occurred in early childhood (BONKALO; SHMELEVA; ZAVARZINA; DUBROVINSKAYA; ORLOVA, 2016; KURPATOV, 2019; MIKHAYLOVA; SHMELEVA; KARPOV; SHARAGIN; SHIMANOVSKAYA; PETROVA;

ALIFIROV; EREMIN, 2019; ZABOZLAEVA; MALININ; KOLMOGOROVA, 2015).

2. *Behavioral learning theories*. At the heart of the development of depression is the phenomenon of 'learned helplessness.' It was studied and described by Martin Seligman: repeated situations of pain and suffering lead to the emergence and development of depression, which is a kind of anticipation of traumatic events, the result of 'negative learning' (GOVORIN; SAKHAROV, 2008; KLEIN, 2008; MASKAEVA; SHMELEVA; ZOLOTOVA; VAKULENKO; LOGACHEV; VOROBEVA, 2020; MIKHAYLOVA; SHMELEVA; KARPOV; SHARAGIN; SHIMANOVSKAYA; PETROVA; ALIFIROV; EREMIN, 2019; STRELKOV; ZAVARZINA; SHMELEVA; KARTASHEV; SAVCHENKO, 2016).
3. *Cognitive theories*. Beck's cognitive triad is one of the best-known theories by Aaron T. Beck. As a cognitive perspective, depressive disorders are characterized by dysfunctional negative self-views of people, their life experiences (and the world in general), and their future (BECK, 2020). Although the cognitive theory of depression is one of the most comprehensive, many forms of depression cannot be explained by it. For example, sudden-onset depressions and some other forms of depression cannot be explained based on cognitive theory.
4. *Ego psychological theories*. Depression is seen as a consequence of the loss or disruption of the social bonding system or the loss of social identity.

The aim and hypotheses of the research study

Somatic diseases, biochemical factors, hormonal changes, pharmacogenetic factors, alcohol, drug and other addictions, personality traits, psychotraumatic events, psychotraumatic circumstances and personality traits are considered as factors that lead to depression.

Numerous studies, however, show that depressive states are caused by a combination of factors.

Given the developmental characteristics of adolescence, which primarily include a desire for self-reflection, it can be assumed that the risk of depression is determined both by the adolescent's internal needs for self-expression and selfhood and by external circumstances related to his or her social environment. Identification with oneself and with others, the first experience of *dedicated individualization* often evokes diverse emotions, including negative

ones. As a result, adolescence is often fraught with numerous conflicts. If, at the same time, the adolescent has an unfavorable family environment, difficult parental relationships, problems at school, the resulting feelings of loneliness and anxiety can be extremely destructive and lead to the development of depressive states.

Thus, the aim of this study is to determine how the demand for self-actualization, level of development, and satisfaction, combined with the degree of social isolation of adolescents, affects their risk of depression. It has been suggested that an adolescent's level of development as a self-actualizing personality reduces the risk of feelings of social isolation, which also blocks the formation of depressive states (RAIGORODSKY, 2013; SELIGMAN, 1997).

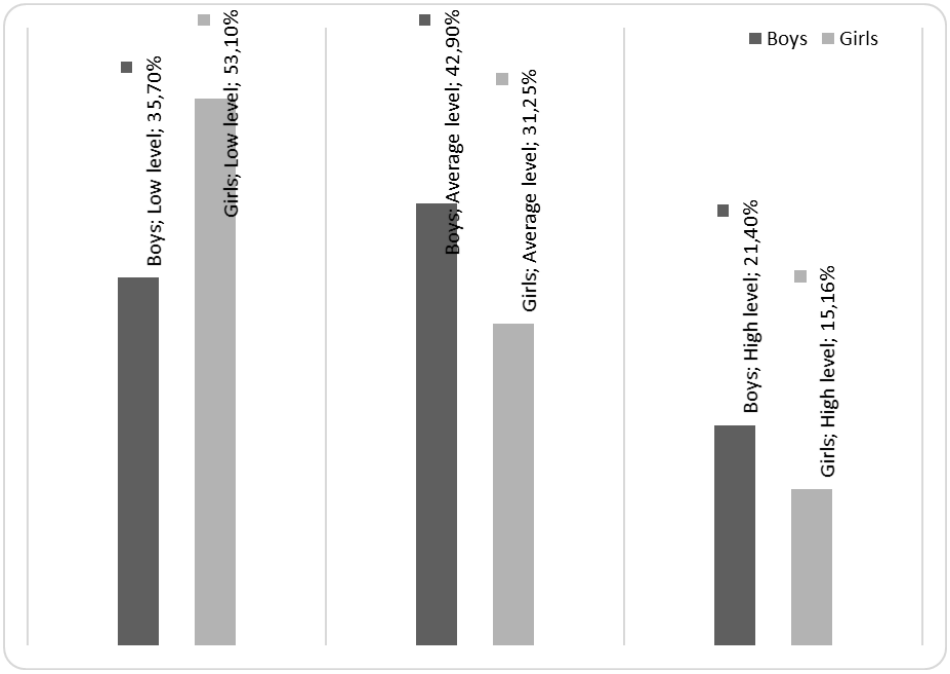
Materials and methods

A total of 600 adolescents aged 15–16 were surveyed (random sample, 320 girls and 280 boys). The study was carried out using the following diagnostic techniques: the children's depression inventory (CDI) (M. Kovacs); express diagnostics of the level of social isolation of the individual (D. Russell and M. Ferguson); the self-actualization diagnostic questionnaire "SAMOAL" (by A. V. Lazukin, as adapted by N. F. Kalin). The selection of techniques made it possible to differentiate respondents according to the degree of manifestation of depressive states, to assess the level of social isolation and self-actualization of respondents and to reveal the correlation of these indicators with the degree of severity of depressive symptoms. To this end, using Pearson's correlation coefficient, methods of correlation analysis were applied.

Results

An analysis of the gender dimensions of social exclusion shows that social exclusion is much less pronounced in the group of girls (Figure 2).

Figure 2 – Percentage distributions of adolescents by the level of their social isolation (self-esteem, %)

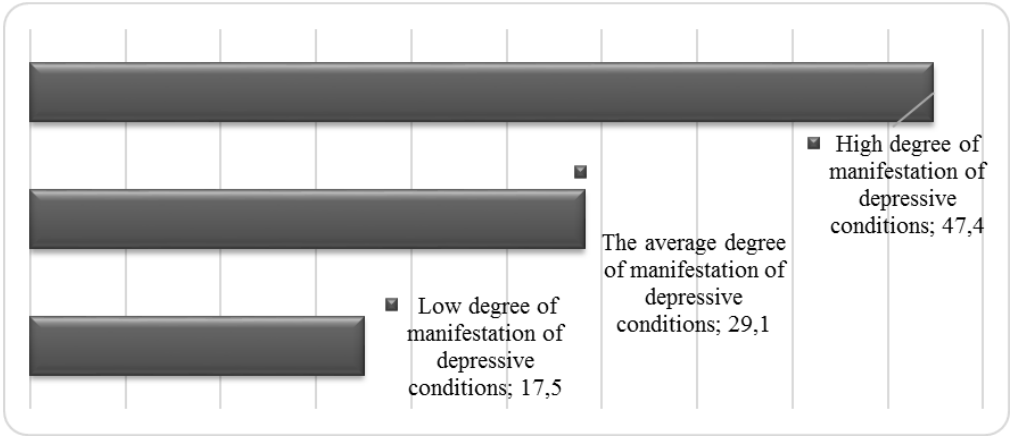


Source: Elaborated by the authors

For example, only 15.6% of girls can be classified as respondents who rate their social exclusion above average, compared to 21.4% of boys.

Analysis of the level of social exclusion across groups of interviewees structured according to the severity of depressive states showed that there was a clear relationship between these indicators, i.e., the groups with higher severity of depressive states had higher self-feeling of social exclusion (Figure 3).

Figure 3 – The average level of social isolation of adolescents with varying degrees of manifestation of depressive states (average score)



Source: Elaborated by the authors

The high correlation between the social exclusion index and the severity of depressive states is also confirmed by the calculation of the Pearson's correlation coefficient (Table 1).

Table 1 – Correlation links between the level of social isolation of adolescents and the severity of their depressive states

Indicators of depressive states (scales of the Kovacs questionnaire)	**Correlation coefficient, r^p**	**Significance of correlation (tightness of communication)**
Scale A negative mood	0.917131644	Very high
Scale B interpersonal problems	0.685391128	Noticeable
Scale C ineffectiveness	0.800387644	Tall
D scale of anhedonia	0.261412128	Weak
E scale negative self-esteem	0.851424049	High

Source: Elaborated by the authors

The highest correlation is diagnosed on the scales *negative mood* ($r = 0.917$, $p < 0{,}001$), *negative self-feeling* ($r = 0.851$, $p < 0.001$) and *ineffectiveness* ($r = 0.800$, $p < 0.001$). The scale of interpersonal problems shows a significant correlation, while the scale of anhedonia shows a weak correlation, which we think is due to the specific nature of age.

The correlation between the severity of depressive states and the integral index of self-actualization, as well as indicators on the scales of orientation in time, autonomy, self-sympathy, contactivity, flexibility in communication showed the following (Table 2).

Table 2 – Indicators of self-actualization of the personality of adolescents with varying degrees of severity of depressive states

Self-actualization indicators (questionnaire scales)	**The severity of depressive states**						**Differences between groups 1 and 3**	
	High		Average		Low		t	p
	ì	ä	ì	ä	ì	ä		
Time orientation	5.5	2.23	5.7	2.14	5.6	2.35	0.66	> 0.05
Autonomy	4.18	1.24	5.12	2.01	6.22	1.24	2.06	< 0.05
Autosympathy	3.76	1.18	4.18	1.21	6.11	2.14	3.18	< 0.01
Contact	3.27	1.10	5.96	1.22	5.12	1.47	2.84	< 0.01
Communication flexibility	2.89	2.43	5.34	3.0	5.42	1.18	2.11	< 0.05
Integral indicator of self-actualization	38.24	5.17	44.27	3.46	49.54	4.12	2.10	< 0.05

Source: Elaborated by the authors

Significant differences in the group mean scores of self-actualization levels among adolescents with different degrees of depression were found for virtually all characteristics of a self-actualizing personality.

The fact that adolescents' level of self-actualization determines their risk of depression is evidenced by the results of a correlation analysis (Table 3).

Table 3 – Correlation links between the level of self-actualization of adolescents and the severity of their depressive states

Indicators	Negative mood	Interpersonal problems	Not efficiency	Anhedonia	Negative self-esteem
Time orientation	–0.10701	–0.00323	–0.02772	–0.09483	–0.04291
Autonomy	**–0.45913**	–0.09074	–0.01014	–0.01921	**–0.46537**
Autosympathy	–0.07992	–0.10132	**0.350057**	–0.04832	**–0.58635**
Contact	**–0.43001**	–0.10232	–0.10043	–0.10443	**–0.49691**
Communication flexibility	**–0.23245**	**–0.34821**	**–0.29432**	–0.04639	**–0.28821**
Integral indicator of self-actualization	**–0.7276**	**–0.48101**	**–0.64925**	–0.10542	**–0.75747**

Source: Elaborated by the authors

The correlation between measures of self-actualization and the severity of depressive states, as calculated using Pearson's coefficient, is diagnosed between:

- The integral self-actualization indicator and the scales of negative mood, interpersonal problems, ineffectiveness, and negative self-feeling;
- The self-sympathy indicator and the ineffectiveness and negative self-feeling scales;
- The contactivity and autonomy indicators and the negative mood and negative self-esteem scales;
- The flexibility in communication indicator and the negative mood, interpersonal problems, ineffectiveness and negative self-feeling scales.

In most cases, the correlation is negative, that is, the higher is the self-actualization, the lower is the sign of teenage depression.

Discussion

The study showed that social exclusion can be both a cause and a consequence of various depressive states. It is the growing social exclusion that a fair number of researchers believe is one of the causes of the spread of various mental disorders and syndromes, including depression. One of the reasons for growing social exclusion is the virtualization of social contacts. A few years ago, social interaction required a face-to-face encounter and direct communication with the full range of emotions that accompany it, but today, with the

ubiquity of mobile communications, communication is mostly done by distance, by telephone and via WhatsApp, Viber, Skype, etc. On the one hand, new technologies make life much easier for people, but on the other hand, the decrease in the density of social contacts leads to various deformations of mental development. The shrinking of contacts, the difficulty of making new ones gradually lead to a kind of reproducible loneliness, having a habit of it.

The study results also indicate that respondents with higher levels of depression have a significantly lower integral index of self-actualization than respondents with normative and low levels of depression. The most significant differences, as we have hypothesized when formulating the hypothesis, are diagnosed on such scales as self-sympathy and contactivity, which indicate the need to expand adolescent social contacts and shape them into self-actualizing personality traits.

Final considerations

This study confirmed the importance of examining the tendency of adolescents to show depression, and it is essential to take into account even low levels of depression. First, symptoms of depression can develop quite quickly between the ages of 12 and 17; second, depressive moods have become more frequent in this age group and, third, the appearance of depression in adolescence may be a symptom of profound destructive changes in older ages.

The correlations revealed in the study between the indicators of social exclusion and self-actualization of schoolchildren and the severity of their depressive states allow us to conclude that one of the effective directions of preventive work with teenagers should be the expansion of their social contacts, not virtual, but face to face, and the development of the need for self-actualization of their personality, the need to be the subject of their lives and activities, the formation of responsibility for their lives and their actions.

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