



Global Journal of Scientific Researches

Available online at gjsr.blue-ap.org

©2016 GJSR Journal. Vol. 4(6), pp. 109-114, 26 December, 2016

E-ISSN: 2311-732X

The Role of Self-Efficacy and Perfectionism in Predicting Depression in Student

Babak Noruzi^{1*} and Maryam Sedghi²

1. Lecturer of Payam Noor University of Parsabad
2. Department of Psychology, Ardabil Branch, Islamic Azad University, Ardabil, Iran

Corresponding Author: Babak Noruzi

Received: 02 December, 2016

Accepted: 15 December, 2016

Published: 26 December, 2016

ABSTRACT

The main objective in this research is to study the role of self-efficacy and perfectionism in predicating depression in students. 210 third-grade junior high school students from Pars Abad County were chosen through multi-stage random sampling. The students were asked to fill out three questionnaires of Sherer's General Self-Efficacy Scale, Ahvaz Perfectionism Scale (APS) and Beck's Depression Inventory (BDI-II). In order to analyze the data, multivariate Regression analysis was used. Results suggested that self-efficacy and perfectionism could predict occurrence of depression in students. Since self-efficacy has a key role in self-regulation of emotional states, low self-efficacy, which is the understanding the inability in impacting the events and social situations, could lead to depression. Also, failure in perfectionist individuals in meeting their idealistic expectations leads to invoking worthless emotions and extreme self-blame, which provides the basis for depression.

Keywords: *Self-efficacy, Perfectionism, Depression, Students.*

©2016 GJSR Journal All rights reserved.

INTRODUCTION

Adolescence is among the most significant and at the same time most turbulent and complex stages of life. The issues and problems related to puberty and adolescence are so that the adolescence could be called the crisis and pressure period. (Khaje Rashidan, 1996; Cited by Narimani, Hasanzade and Abulqasemi, 2012) In this period, change which are related to the growth and the relation between various aspects of growth take place. These changes could lead to many mental disorders such as depression. (Safarpur, 2005; Cited by Nazari and Asadi, 2011) Depression is one of the most common psychiatric disorders so that, some call it the cold of mental illnesses. (Kessler et al., 2005; Cited by Kring, Davison, Neale and Johnson, 2009) Depression is a disorder whose symptoms include dysphoric mood, decrease in joy and interest in life and pleasurable activities, anorexia, increase or decrease of sleep, exhaustion, psychomotor agitation, feeling of guilt, problems in concentration, decrease in ability to think and suicidal thoughts. (Ryan and Shea, 1996; Cited by Bulat, 2009) Dpression has a considerable growth in rate during adolescence. (Dadsetan, 1999) The harmful effects and the high frequency of depression in adolescent students decrease their educational achievements and their practical efficiency. Students are the future capitals of any country. Hence, considering depression in students and recognizing factors which assist with etiology of depression seem necessary. Finding show that not only one factor can predict the occurrence of depression, but depression occurs in interaction of several factors. (Hawton, Kirk and Clark, 2009)

One of the theoretical models which provides a proper explanation of reasons for depression is the Bandura's Social Cognitive Theory (SCT) (1977). In explaining depression, this model focuses on self-efficacy especially. (Mercer, 2004; Cited by Rabbani, Bavejdan and Baqeri, 2011) In his social cognitive theory, Bendura (1997; Cited by Muris, 2007) emphasizes on self-efficacy as a major concept which helps the individuals with understanding their capabilities for carrying out actions that they desire. According to Bandura (1977), self-efficacy plays a key role in self-regulation of emotional states. According to him, feeling of helplessness in impacting events and social situations could lead to feeling of emptiness, sadness, discourage and depression. To put it briefly, when an individual sees themselves inefficient in reaching the valuable expectations, they become

depressed. (Muris, 2002) It seems that there are three main paths through which low self-efficacy leads to depression. The first one is the situations in which individuals have to meet highly valuable criteria, and low self-efficacy might lead to depression in them. The second one is when low social self-efficacy might prevent formation of positive relationships which provides self-efficacy for the individual and enables them to control their stressful experiences and this leads to intensification of depression. The third one is that low self-efficacy in controlling negative thoughts might increase depression. (Becher, 2009; Cited by Rabbani, Bavejdan and Baqeri, 2011) Results from Ehrenberg (1986) indicated that self-efficacy has a negative correlation with depression and depressed adolescents have a lower self-efficacy, comparing with undepressed adolescents. (Rabbani, Bavejdan and Baqeri, 2011) In his research, Kim (2003) showed that depression has a relationship with high levels of negative attitude and low self-efficacy beliefs. Self-efficacy plays an intermediate role in decreasing depression symptoms and by the increase and improvement in self-efficacy beliefs, depression decreases. Also, Takaki et al. (2003) indicated that patients with low self-efficacy have a higher rate of depression. In a study, Weng, Dai, Weng, Huang and Chiang (2008) showed the negative relationship between general self-efficacy and depression symptoms. Findings of Akin (2008), Francis et al. (2007), Maciejewski et al. (2000), Khoshnevisan and Afruz (2011), Rabbani, Bavejdan and Baqeri (2011), Maleki Pirbazari, Nuri and Serami (2011), and Tahmasebiyan and Anari (2009) are in accordance with this research.

Perfectionism is another psychological processes which has been identified and recognized as a potential damaging factor in depression both by psychoanalysis theoreticians (Bibring 1953) and cognitive theoreticians (Beck, 1967; Kanfer and Hagerman, 1981). (Flett and Hewitt, 1991) Perfectionism is described as setting personal criteria which are highly above the reachable performance along with tendency towards extremely criticizing one's performance. (Frost et al., 1990; Cited by Namju et al., 2012) In fact, perfectionists are individuals who think they can and have to perform accurately and anything which is not accurate in their opinion is not satisfying and they have a biased attitude towards signs of failure in reaching the high criteria of performance. (Burns, 1984; Cited by 'Alilu, 2006) Flett and Hewitt, (1991) have defined perfectionism as a three-dimensional structure of personality which is formed by self-oriented perfectionism, other-oriented perfectionism and society-oriented perfections. Self-oriented perfectionism is identified by tendency towards setting stringent and unrealistic criteria for self and focusing on defects and failures in performance, along with close self-monitoring. Other-oriented perfectionism is the tendency towards having extreme expectations and critical evaluation of others; this type of perfectionism is accompanied by enmity and blaming others and it could lead to difficulties in inter-personal relationships. Society-oriented perfectionism is related to this belief that others set high criteria for the individuals and evaluate them critically and apply a high pressure on them for perfection in performances. (Flett and Hewitt, 1991)

On the relationship between perfectionism and depression, Flett and Hewitt (1991) argued that intense feelings of worthlessness and self-criticism, which often lead to not satisfying the idealistic expectations, probably form the negative emotional states or conditions such as depression or feeling of dysphoria. (Flett and Hewitt, 1991) Also on the relationship between perfectionism and depression, Kanfer and Hagerman (1981; Cited by Namju et al., 2012) expressed that setting perfectionist criteria for self by the individual that could lead to increase in frequency of failure, leads to depression in combination with self-blame or suffering. Besser, Flett and Hewitt (2004; Cited by Namju et al.) showed that in perfectionists, who experience failure in performance situations, dysphoric emotions and sadness increase. Besharat and Mirzamani (2004) compared perfectionism aspects in patients diagnosed with depression and anxiety and a healthy group in their study and came to this conclusion that depressed patients had a higher level of self-oriented perfectionism, comparing to the other two groups. Considering the abovementioned cases and the research background, this research tries to answer the following questions:

1. Does self-efficacy predict depression in students?
2. Does perfectionism predict depression in students?

Methodology:

Statistical Population, Sample, and Research Methodology:

The statistical population in this research included all male third grade junior high school students of Pars Abad County in 2015-2016 school year, that included 458 students according to statistics in Pars Abad County Department of Education. Among these students, 210 students were chosen as the sample through Kerjegy and Morgan table (1970). In this research, multistage random sampling method was used, so that, initially, among the 9 available schools, 5 schools were randomly chosen. In the next stage, 4 classes from each school and from each class, 12 students were randomly chosen. The students were asked to fill out Beck's Depression Inventory, Sherer's General Self-Efficacy Scale and Ahvaz Perfectionism Scale. Data was collected in groups at the students's schools and using the assist of school consultants. In the first stage, depression inventory was used among the students. In the second stage, the students filled out the self-efficacy scale. And at the ultimate stage, data collection was carried out through perfectionism scale. After collecting data, the questionnaires which were not filled out were excluded and ultimately, 210 cases were selected.

Since in this research there are two predicting variables (self-efficacy and perfectionism), and one criterion variable (depression), correlation is used.

Measuring Tools:

Self-Efficacy Scale: The scale was designed by Sherer et al. in 1982 and it includes 23 items, 17 items of which are related to the general self-efficacy and 6 other items are related to self-efficacy experiences in social situations. In this research, the 17-itemed scale was used. Self-efficacy scale measures the individual's opinion on their capabilities in overcoming various situations. This scale is designed based on five-point Likert scale. In order to determine the structural validity of the test, Barati (2006) reported its correlation with self-esteem scale to be 0.61. Sherer et al. (1982) calculated the Cronbach's alpha to be 0.86 for this scale. Keramati (2011) calculated its Cronbach's alpha to be 0.86 in Iranian samples. (Barati Bakhtiyari, 2006)

Ahvaz Perfectionism Scale (APS): This instrument is a self-report scale which was designed by Najariyan, 'Atari and Zargar in 1999 and it was implemented on a 395-membered sample of students from Chamran University and Ahvaz Islamic Azad University. This scale includes 27 four scale items (Never, Hardly Ever, Sometimes, Often) and except items 11, 16, 17, and 22 which are scored reversely, in other items, each choice is given a score from 1 to 4, respectively and at the end, the total score shows the rate of perfectionism. In order to test the validity of the perfectionism scale, Najariyan et al. correlated that with behavioral pattern and personality type, somatization subscale and the Coopersmith inventory. The correlation coefficient between the total score of subjects in perfectionism scale with behavioral pattern scale was 0.65, with somatization subscale was 0.41 and with Coopersmith inventory was 0.39, which was significant at 0.05. The reliability of the perfectionism scale through Cronbach's alpha and split half methods were 0.86 and 0.85, respectively. (Namju et al., 2012)

Beck's Depression Inventory (BDI-II): This questionnaire includes 21 items and each item has 4 choices which are scored from 0 to 3 and determines various degrees of depression from weak to intense. The maximum score in this test is 63 and the minimum is zero. Scores between 0 and 13 show the lack of depression, scores from 14 to 19 show mild depression, scores between 20 and 28 show moderate depression and scores between 29 and 63 show severe depression. Rezayat and Dehqan Nayeri calculated the reliability of this inventory to be 0.89. In a study on 125 students of University of Tehran and Allameh Tabataba'i University which was carried out to test the validity of BDI-II, results show Cronbach's alpha of 0.78 and test-retest reliability of 0.73 in two weeks. (Fathi Ashtiyani, 2010)

Data Analysis Method: For describing the variables in this research, descriptive statistics such as mean, standard deviation, etc. and for data analysis, multivariate Regression was used through SPSS software. Also, the significance level was 0.05.

Findings:

Table 1 presents the statistical indices of mean, standard deviation, minimum, maximum, skewness and kurtosis of the participants scores based on variables of self-efficacy, perfectionism and depression.

Table 1. Descriptive Statistics of Research Variables

Variable	Mean	Standard Deviation	Minimum	Maximum	Skewness	Kurtosis
Self-efficacy	55.5190	5.03501	36	67	-0.698	1.697
Perfectionism	62.1667	9.08260	29	81	-0.399	0.586
Depression	26.4238	6.27949	2	39	-0.467	1.084

Based on the findings in Table 1, it could be claimed that variable of depression has the minimum and maximum of 2 and 39, respectively. Also, this variable has the mean of 26.42 and standard deviation of 6.27. the skewness and kurtosis for the variable of depression were -0.467 and 1.084, respectively. These statistics are also presented for other variables in Table 1.

In order to answer the research questions, multivariate Regression analysis method is used. In this research, occurrence of depression is considered as criterion variable and self-efficacy and perfectionism are considered as predicting variables and if any of the predicting variables coefficients is significant, it could be concluded that the desired variable could predict the occurrence of depression.

Regression results are valid when its assumptions (assumptions of classic Regression) are true. One of the main assumptions of Regression analysis is the normality of criterion variable distribution. To test the normality of variable distribution, Kolmogorov-Smirnov nonparametric test is used. Results from this test are presented in Table 2. Significance level higher than 0.05 shows the normality of data distribution. Since significance level for criterion variable is not higher than 0.05, it is concluded that this variable is not normal, hence, the assumption of normality is true.

Another assumption of linear Regression is independence of errors or lack of correlation of errors. In order to test the independence of errors from each other, Durbin-Watson test is used. The values of Durbin-Watson statistic are between 0 and 4. If Durbin-Watson statistic is in the interval of 1.5 and 2.5, the lack of correlation between errors is approved. Considering Table 2, Durbin-Watson statistic for the Regression model is 1.956 which is in the interval of 1.5 and 2.5. hence, it could be claimed that the assumption of independence of errors in Regression model is not approved and it could be said the lack of correlation of errors is true.

In Table 2, F-statistics and the significance level derived for that are related to certainty test of presence of linear relation (total Regression model test) between predicting variables and criterion variable. Considering the fact that significance level in this test is lower than 0.05, it could be said that there is a linear relation between predicting variables and criterion variable and the model is significant.

Another assumption of multivariate Regression is lack of collinearity among predicting variables. Indices which are used for testing the collinearity include tolerance index and variance inflation factor (VIF). It has been empirically found that the closer the tolerance index is to zero, shows the collinearity. This index should not be lower than 0.1. Considering Table 2, this index is of a proper value. Also, as an empirical rule, the closer the variance inflation factor is to 10 (values larger than 10, show extreme collinearity), the collinearity increase. Hence, the Regression model shows improper predictions. Considering Table 2, variance inflation factor value is proper for predicting variables which indicates that there is no extreme collinearity among predicting variables and Regression could be sued. Conceding Table 2 and coefficient of determination, it could be said that around 86.5 percent of changes in criterion variable is explained by predicting variables. Therefore, considering the fact that Regression assumptions are true, variables coefficients are studied.

Table 2. Multivariate Regression Results

Criterion Variable	Depression					
Predicting Variables	Coefficient	Standardized Coefficient	Significance Level	Tolerance Index	Variance Factor	Inflation
Constant Value	-22.576		0.000			
Self-Efficacy			0.000	0.223	4.491	
Perfectionism			0.000	0.223	4.491	
F-Statistic	667.980					
F-Statistic Significance Level	0.000					
Durbin-Watson Statistic	1.956					
Adjusted Coefficient of Determination	0.865					
Kolmogorov-Smirnov Test						
		Kolmogorov-Smirnov Z		Significance Level		
Depression		1.124		0.160		

In Table 2, self-efficacy coefficient is -0.443. Considering the derived significance level (derived significance level is 0.000 which is lower than 0.05) for this coefficient, it could be claimed that self-efficacy variable has a reverse (considering the negative sign of the coefficient) and significant relationship with depression. In other words, it could be said that by the decrease in self-efficacy, depression increases. Also, based on standardized coefficients, it could be said that by one unit decrease in self-efficacy variable, depression variable increases by 0.370 of a unit.

In Table 2, perfectionism variable coefficient is 0.390. Considering the derived significance level (derived significance level is 0.000 which is lower than 0.05) for this coefficient, it could be claimed that perfectionism variable has a direct (considering the positive sign of the coefficient) and significant impact on depression. In other words, it could be said that by the increase in perfectionism, depression increases. Also, based on standardized coefficients, it could be said that by one unit increase in perfectionism variable, depression variable increases by 0.588 of a unit.

Considering the aforementioned, it could be said that self-efficacy and perfectionism variables could predict the occurrence of depression in students.

Discussion and Conclusion:

The main objective in this research is to study the role of self-efficacy and perfectionism in predicating depression in students. Findings of Akin (2008), Francis, Weiss, Senf, Heist and Hargraves (2007), Laszanska, Gutierrez-Donna and Schwartz (2005; Cited by Rabbani, Bavejdan et al. (2012), Maciejewski Prigerson and Mazure (2000), Khoshnevisan and Afruz (2011), Tahmasebiyan and Anari (2009), and Rabbani, Bavejdan and Baqeri (2011) are in accordance with this research.

In explaining these findings, it could be said that self-efficacy has a fundamental role in self-regulation of emotional states and having low self-efficacy, which is understanding the inability in impacting events and social situations, could lead to feeling of emptiness, sadness, discourage and depression. To put it briefly, when an individual sees themselves inefficient in reaching the valuable expectations, they become depressed. (Muris, 2002) In this regard, due to their special situation, adolescent students are exposed to many stressful events and situations. Hence, if they have a high self-efficacy, it could help them with managing such events and protect them against depression. In other words, low self-efficacy prevents effective coping skills and students are exposed to formation of depression symptoms and other emotional issues.

Also, findings in this research showed that perfectionism could predict depression in students; that is, the risk of depression in perfectionist individuals, who have idealistic expectations and unrealistic criteria, is high. These findings are in accordance

with Enns and Cox (1999), Flett, Hewitt, Blankstein, and O'Brien (1991) and some of conducted studies (Flett et al., 1995; Frost et al., 1993; Saddler and Socks, 1993; Proser et al., 1994; Saddler and Buckland, 1995; Cited by Namju et al., 2012).

The explanation for this relation is that based on theoretical view of Flett and Hewitt (1991), failure of individuals in reaching their idealistic expectations and unrealistic criteria leads to invoking feelings of worthlessness and extreme self-blame and self-criticism in the individuals and provides negative emotional states or conditions such as depression or feeling of dysphoria.

Results from this research could help with treatment and prevention of depression, so that by change in general self-efficacy beliefs, the depression symptoms could be decreased. Hence, this could be a guideline for school consultants to use general self-efficacy element in consultation for students suffering from depression. Also, findings in this research could provide scientific references for school consultants so that they could target the activities which change perfectionist tendencies while working with perfectionist depressed students.

Using self-evaluation questionnaires in this research which could provide biased responses, leads to limitations in generalizing the findings of this research. Also, the studied sample in this research was a student sample and generalizing the findings of this research to other communities should be carried out with caution.

It is recommended that this research is carried out in a broader level, in other communities and with other age groups so that the findings could have a higher generalizability. Also, future researches could study other variables such as the family socioeconomic level, sources of support, family conflicts and education background of the parents.

REFERENCES

- Akin, A. (2008). Self-efficacy, achievement goals and depression, anxiety, and stress: A structural equation modeling. *World Applied Sciences journal*, 5, 732-725.
- Barati Bakhtiari, S. (1385). Examine the relationship between self-efficacy variables, low self-esteem and academic performance in the third year of middle school students in Ahwaz. Master's thesis Educational Psychology, University of Chamran.
- Besharat, MA and Mirzamani, SM. (1383). Perfectionism dimensions depressed and anxious, *Abstracts of the First Congress of Iranian psychology / 23*.
- Fathi Ashtiani, A. (1389). Psychological test. Tehran: Besat Publications.
- Bulut, S. (2009). Late life depression: A literature review of late-life depression in adolescents. unpublished master thesis, Simon Fraser University.
- Dadsetan, P. (1378). Psychopathology transformation: from childhood to adulthood (Volume I), Tehran: Roshd Publications.
- Flett, G.L.; Hewitt, P.L. (1991). Perfectionism and learned resourcefulness in depression and self-esteem, *personality and Individual Differences*, 12, 61-68.
- Francis, L., Weiss, B. D., Senf, J. H., Heist, K., & Hargraves, R. (2007). Does literacy education improve symptoms of depression and self-efficacy in individuals with low literacy and depressive symptoms? A preliminary investigation. *Journal of the American board of Family Medicine*, 20, 7-23.
- Frost, R.O., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, 14, 449-468.
- Houghton, Q, Kirk, J., & Clark, D. (1388). Cognitive behavioral therapy, a practical guide on the treatment of mental disorders. Translation Habibullah Ghasemzadeh. Tehran: Arjmand Publications.
- Khoshnevisan, Z and Afrouz, Gh. (1390). The relationship of self-efficacy, depression, anxiety and stress and Behavior, 20, 74-80.
- Kering, M., Davison, J.; Neil, C. M.; and Johnson, L. (1388). Psychopathology (abnormal psychology). Translated by Hamid Shamsipour. Tehran: Arjmand Publications.
- Kim, Y. (2003). Correlation of mental health problems with psychological constructs in adolescence: final results from a 2-year study. *International Journal of Nursing Studies*, 40, 124-115.
- Mahmoud alilo, M. (1385). Perfectionism, personality traits and behavior patterns of parents perceived in obsessive - compulsive checking, *Journal of Psychology*, University of Tabriz, 1 (3-2), 239-262.
- Namjoo, M., Hakim Javadi, M., Lavassani, Gholamali, M and Atashkar, R. (1391). Perfectionism, defense style and depressive symptoms in students. *Research in clinical psychology and counseling Ferdowsi University of Mashhad, Faculty of Education and Psychology*, 2 (1), 53-76.
- Narimani, M., Hassan Zadeh, SH and Abolqasemi, A. (1391). Effectiveness of psychological inoculation training on reducing stress, anxiety and depression among pre-university students. *Journal of Psychology Magazine*, Volume 1, Number 3, 101-117.
- Nazari, A and Asadi, M. (1390). The effects of group cognitive therapy in reducing depression in students. *Knowledge & Health*, Tehran University of Medical Sciences and Health Services Anymore, Vol. 6, No. 1, 44-58.
- Rabani-Bavejdan, M and Bagheri, M. (1391). Compare students' self-efficacy beliefs depressed or anxious and regular students, *psychological research journal*, Volume 15, Issue 1, 29-43.
- Rezayat, F and Dehghan- Niri, N. (1392). The relationship between depression and self-efficacy in nursing, *Iran Journal of Nursing*, Volume 26, Number 81, 54-63.
- Tahmasian, K and Anari, A. (1388). Relationship between self-efficacy and depression. *Journal of Applied Psychology*, 3, 83-93.
- Maciejewski, P. R., Prigerson, H. G., & Mazure, C. M. (2000). Self-efficacy as a mediator between stressful life events and depressive symptoms. *British Journal of psychiatry*, 176, 378-373.

- Muris, P. (2002). Relationships between self-efficacy and symptoms of anxiety disorders and depression in a normal adolescent sample. *Personality and Individual Differences*, 32, 337-348.
- Takaki, j., Nishi, T., Shimoyama, H., Inada, T., Matsuyama, N., Kumano, H., & Kuboki, T. (2003). Interactions among a stressor, self-efficacy, coping with stress, depression, in maintenance hemodialysis patients. *Behavioral Medicine*, 29, 107-112.
- Weng, L. C., Dai, Y. T., Wang, Y. W., Huang, H. L., & Chiang, Y. J. (2008). Effects of self-efficacy and self-care behaviors on depressive symptom of Taiwanese kidney transplant recipients. *Journal of Clinical Nursing*, 17, 1786 -1794.