CHAPTER - II
REVIEW
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Research takes advantage of the knowledge which has accumulated in the past as a result of constant human behaviour. The knowledge of related literature, brings the researcher up-to-date on the work which others have done and thus to state the objectives clearly and concisely. The review of related literature gives the researcher an understanding of the research methodology which refers to the way the study is to be conducted. It helps the researcher to know about the tools and instruments which proved to be useful and promising in the previous studies. The advantage of the related literature is also to provide insight into the statistical methods through which validity of results is to be established (Koul, 2007).

The present study is aimed at exploring the relationship of depression with the independent variables of family environment, peer group influence, academic stress and career decision-making. A few studies which have a direct or indirect link with the present study and helped the investigator in arriving at conclusions and gaining certain directions are presented under the following headings:

2.1 Studies Related to Depression and Family Environment
2.2 Studies Related to Depression and Peer Group Influence
2.3 Studies Related to Depression and Academic Stress
2.4 Studies Related to Depression and Career Decision-Making
2.5 Studies Related to Gender Differences on Depression

2.1 Studies Related to Depression and Family Environment

Crook (1994) conducted study to test two models which examine the relationship between family environment, social skills, and depression. Subjects consisted of 133 children ranging in average age from 9.5 to 14.75 years. All children were screened using two self-report paper and pencil measures. Their level of depressive symptomatology was assessed by clinical interview. The children then completed a self-report measure of their social skills functioning and a measure of their perceived family environments. Results of a series of regression analysis showed that family environment variables are consistently predictive of
depression during childhood. However, some family variables are more predictive of social skills than others, and these results differ depending on gender and age. Only inappropriate and impulsive social skills are predictive of depression during childhood.

Deb (1995) conducted research on teenager’s morality and its relation to delinquent conduct. Results of the study showed that about 15% of Kolkata teenagers were suffering from serious identity crisis and high role confusion in their social life. Over expectation of parents, family violence, gaps in parent-child relationships and un-fulfillment of curious minds regarding different issues also cause psychological stress, depression which in turn affect the career development.

Kuen (1997) conducted research on family relationship and its relation to self-concept and depression among Hong Kong secondary school adolescents. A total of 2,706 students from grade seven to nine were included in the study. Results showed that families of greater cohesion and greater expressiveness among family members were associated with more positive self-concept development (in academic, appearance domain, social and general domain). Sex differences are found in the appearance domain, with boys scoring higher than girls. No grade difference was found with respect to depression. Families with greater cohesion, greater expressiveness among family members were lower in depression. Sex differences were found in the demoralization, worry and despondency dimension of depression with girls scoring higher than boys. Students in lower grade were less depressive than students in higher grade. Results of regression analysis demonstrated that cohesion was the most significant predictor of different aspects of self-concept and depression, whereas conflict was the least and non-significant predictor. Thus, a cohesive family seems to have an essential condition for the healthy psychological development of an adolescent.

Lau and Kwok (2000) examined the relationships among family environment, depression and self-concept of adolescents in Hong Kong. The study involved a total of 2,706 adolescents. Results showed that all the three domains of family environment (relationship, personal growth and system maintenance) correlated significantly with the three depression aspects (emotionality, lack of positive experience and physiological irritation). The relationship domain of Family Environment Scale (FES) appeared to correlate more strongly than the
other two domains with the depression aspects. The Family Environment Scale domains also correlated strongly and positively with the four domains of self-concept: academic, appearance, social and general. Both the relationship domain and system maintenance domain correlated more strongly than the personal growth domain with the self-concept domains. Regression analyses showed that family relationship was most predictive of various aspects of depression and self-concept. Sex difference was found in the prediction of both boys’ and girls’ depression and self-concept. With boys, system maintenance was predictive only of self-concept. With girls, personal growth was predictive of depression, and personal growth and system maintenance were predictive of self-concept. Analysis of variance showed that students high on family relationship, personal growth and system maintenance were low in different depression aspects, but high in various self-concept domains. It was concluded that a cohesive, orderly and achieving family environment is conducive to more positive development in adolescents, in terms of lower depression and higher self-concept.

Rudolph, Kurlakowsky and Conley (2001) demonstrated that family disruption, as well as exposure to chronic stressful circumstances within the family, peer and school settings, predicted decrease in perceptions of control and increase in helpless behaviour in academic and social situations. These maladaptive beliefs and behaviour were in turn associated with depression.

Aydin and Oztutunç (2001) conducted study to examine adolescents’ negative thoughts, depressive mood and family environment. For the study 311 students with age range of 16-17 years were selected. The Family Environment Scale, the Automatic Thoughts Questionnaire and the Beck Depression Inventory (BDI) were used to collect data. Results of the study showed that family cohesion was found to be related to the degree of negative thoughts and depressive mood of the adolescents.

Meyerson, Long, Miranda and Marx (2002) conducted research to find out the contributions of sexual abuse, physical abuse, family cohesion and family conflict in predicting the psychological functioning of adolescents. For the study 131 adolescents (age ranges from 16-18 years) were selected. Adolescents were administered with psychological assessment tools to assess abuse history, family environment characteristics and current adjustment. Results of the study
demonstrated that physically abused females perceived their family environments as more conflictual and less cohesive than females without physical and sexual abuse. Also it was found that physically abused males reported more conflict than males without physical abuse, but did not differ with regard to family cohesion. Multiple regression analyses showed that family conflict, family cohesion, and history of sexual and physical abuse predicted depression and distress.

Seguin, Manion, Cloutier, McEvoy and Cappelli (2003) conducted a case control study on adolescent depression, family psychopathology and parent/child relations. Three types of adolescents were interviewed in this study. First type of adolescents were currently depressed and have at least one parent who had/or is still experiencing a mood disorder, second were currently depressed adolescents whose parents were never diagnosed with a mood disorder, and third one were the never-depressed control adolescents. All participants were administered the Schedule for Affective Disorders and Schizophrenia-Children’s version or Structured Clinical Interview for DSM-IV, the Beck Depression Inventory, The Parental Bonding Instrument and the Life Events Checklist. Results showed that parental psychopathology, parent-child relations and life events were all relevant factors in adolescent depression and they should be considered in combination for assessment, prevention and intervention efforts.

Truong (2003) conducted study to examine emotional autonomy, the family environment and adolescent depression. For the study, a sample of 46 adolescents was taken which constituted 23 depressed and 23 non-clinical adolescents and their parents. Results of the study demonstrated that the adolescents who were depressed reported higher levels of emotional autonomy than non-clinical adolescents. Also results showed that depressed adolescents had families in which parents reported greater levels of parental expressed emotion, maladaptive levels of cohesion and adaptability compared to non-clinical adolescents.

Sagrestano, Paikoff, Holmbeck and Fendrich (2003) conducted longitudinal research on familial risk factors for depression among inner-city African American adolescents. For this research, a sample 302 urban, low-income, African American adolescents (age 9-15 years) and their parents were selected and 2 waves of data collection were used. Results of data showed that 7.3% of parents and 3% of children at Time 1 and 5.4% of parents and 2.8% of children at Time 2 were
clinically depressed. Regression analyses demonstrated that changes in family functioning were concurrently associated with changes in depression for both children and parents. Specifically, increases in conflict and decreases in parental monitoring were associated with increases in child depressive symptomatology, and increases in conflict and decreases in positive parenting were associated with increases in parental depressive symptomatology.

Hammack, Robinson, Crawford and Li (2004) conducted study to examine the role of family stress as a mediator of the relationship between poverty and depressed mood among African American adolescents. For the study 1,704 low income African American adolescents were taken. Results of the study showed that approximately half of the adolescents (47%) reported clinical depressive symptoms. Also it was found that females reported higher levels of family stress and higher poverty index, and these were related to increased rates of depresses mood. It also showed that family stress significantly mediated the relationship between poverty and adolescent depressed mood by explaining 50% of the total effect.

Abbott, Hall and Meredith (2005) conducted study to examine the influences of family on adolescents’ well functioning. More than 300 hundred adolescents were surveyed about family influences on adolescent positive development outcomes and healthy life choices. Results of the study demonstrated that parental warmth, teen religiosity, parental monitoring and a low occurrence of stressful life events were related to adolescent depression, participation in risky behaviours and parental teen conflict.

Lee, Wong, Chow and Chang (2006) conducted research to examine the perceptions of school and family contributing to depression and suicide ideation in Hong Kong adolescents in two studies. In Study 1, among 327 Hong Kong Chinese female students ages 13-18 years, 47% reported some suicide ideation. Suicide ideation was significantly associated with depression, test anxiety, academic self-concept, and adolescents’ perceived parental dissatisfaction with academic performance. The correlation between test anxiety and depression was especially high (r = 0.51). Study 2 examined how three different aspects of perceived family relationship were associated with depression and suicide ideation. Among 371 Hong Kong Chinese adolescents (age 14-20 years) 52.6% reported suicide
ideation. Low levels of family cohesion, support and high levels of parent-adolescent conflict were positively related to depression and suicide ideation in both the genders. Across both studies, depression mediated associations between academic and family-related variables and suicide ideation.

Herman, Ostrander and Tucker (2007) conducted study to examine the relationship between family cohesion, family conflict and depression for African American and European American adolescents (age ranges from 12 to 17 years) and also to find out the influence of cognitive variables on these relationships. Results of the study showed that low family cohesion was associated with depression for African American adolescents, whereas high family conflict was predictor of depression for European American adolescents. Also it was found that high self-discrepancy (a cognitive variable) mediated the effect for the European American adolescents, but not for African American adolescents.

McGraw, Moore, Fuller and Bates (2008) conducted research to investigate Australian year 12 (the final year of secondary schooling) students’ sense of connectedness to their schools, families and peers, and examine associations between connectedness and emotional well being. Year 12 students (492 male and 449 females) from ten secondary schools in Victoria, Australia participated in phase one of the study. The study found high levels of depression, anxiety and stress among year 12 students, with higher negative affect associated with lower levels of family, peer and school connectedness. Results suggested that there were significant numbers of at risk young people in their final year of school, who feel lonely and disconnected from peers and who maintain concerning levels of depression, anxiety and stress in first year of university.

Sharma, Verma and Malhotra (2008) conducted study to examine the role of pathogenic family patterns in the development of anxiety. Results of the study concluded that poor family environment in terms of parental hostility, rejection and inconsistencies can all contribute to psychological problems viz. anxiety, stress, neuroticism, depression and many others.

Zuniga, Jacobo, Rodriguez, Cabrera and Renteria (2009) conducted study to find the relationship between depression and family conflicts in adolescents. For this 342 participants (Mean age of 13.4 years) were administered with the Family Environment Scale and the Beck Depression Inventory. For analysis Pearson’s
product moment correlation and ANOVA were computed. Results of the study showed that depression was negatively related to family cohesion and results also demonstrated that only the effects of relation were significant.

Ogburn et al. (2010) conducted research on family environment and pediatric major depressive disorder. For this 31 families with an 8-17 year old child who met the DSM-IV criteria for major depressive disorder (MDD) and 34 families with no mentally ill children or parents were studied. Children and their parents were assessed with the Kiddie Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version. Parents also completed the Family Environment Scale (FES) to assess their perceptions of current family functioning. For data analysis the nonparametric Wilcoxon-Mann-Whitney test was used. Results of the study demonstrated that families of MDD children showed significantly different patterns of family functioning on FES subscales of relationships and personal growth dimensions. The families with MDD children showed higher levels of conflict and lower levels of cohesion, expressiveness and active-recreational orientation compared to the families without mentally ill children.

Deb and Chakraborty (2010) conducted research on depression and risk behaviour among adolescents from Kolkata. The results of study demonstrated that about 25% of the adolescent girls and 10% of the boys were observed to be severely depressed. Loneliness (22.4% of the adolescents were only children and 65.5% from nuclear families) and high expectations of the parents for better academic performance were the main causes of depression.

Auerbach, Bigda-Peyton, Eberhart, Webb and Ringo Ho (2011) conducted study to investigate the relationship among social support, stress and depressive symptoms. For the study, a sample of 258 adolescents was taken. For the data collection self-report measures assessing social support (peer, classmate, parent, and total), dependent interpersonal stress, anxious symptoms and depressive symptoms were administered. Results of the study showed that deficits in parental and classmate support play a significant role in contributing to adolescent depression.

Zhang, Li and Zou (2011) examined the association between cognitive distortion, type D personality, family environment and depression in a sample of
Chinese adolescents. For this Chinese adolescents with depression and the controls were investigated cross-sectionally with Life Orientation Test-Revised, Type D Personality Scale-14, Family Environment Scale and Zung Self-Depression Scale respectively. Results showed that Chinese-depressed adolescents showed more cognitive distortion, type D personality and adverse family environment than control groups. Also, lower level of optimism, negative affectivity and poor family cohesion may increase the risk of depression in Chinese adolescents.

Desha, Nicholson and Ziviani (2011) conducted research on adolescent depression and time spent with parents and siblings. The results of the study showed that time spent with parents is indirectly linked with the severity of depressive symptoms.

Avanci, Assis, Oliveira and Pires (2012) conducted research to examine the association of psychosocial depression factors in low-income Brazilian school children and highlighting several forms of violence that take place within the family context. For this study 464 schoolchildren aged between 6 to 10 years were selected by random sampling from a city in the state of Rio de Janeiro, Brazil. A binary logistic regression model was applied for analysis. The regression analysis showed that the psychosocial factors associated with depression in childhood were average or poor relationship with the father, high frequency of victimization by psychological violence (humiliation) and parental divorce.

Ghamari (2012) conducted research to find the relationship between depression, anxiety and somatization among college students. A sample of 140 college students was selected by using cluster sampling. The Family Assessment Device was administrated. The results of the study showed that depression and family dysfunction were significantly correlated.

Lipps et al. (2012) examined the association between parenting practices and depression in a sample of adolescents (grade X) in Jamaica. Parenting Practices Scale (PPS) and BDI-II were used for data collection. Results of the study indicated that 52.1% adolescents reported mild to severe symptoms of depression and 29.1% reported moderate to severe symptoms of depression. Also it was found that authoritative and permissive parenting styles were associated with lower levels of depressive symptoms among adolescents.
Acharya (2013) conducted research on adolescent depression in relation to cognitive distortion and parental bonding in India. For this study, a sample of 150 late adolescent boys was drawn from colleges and university comports in the age range of 18-19 years in New Delhi. Stepwise multiple regression analysis was applied to find out the predictors from various variables of cognitive distortions (self criticism, self blame, helplessness, care and father overprotection) towards the criterion total depression scores. It was found that self-criticism, helplessness, preoccupation with danger and self blame were positively contributing to adolescent depression. Overprotection by father was positively contributing to depression in adolescent boys and father care dimension of parent child relationship is contributing negatively towards adolescent depression.

Gate et al. (2013) conducted research to examine the relationship between adverse family environment and adolescent depression. For the study 163 mother-adolescent dyads were taken. Results of the study showed that low level of positive maternal behaviour was related to adolescent depression. The above written studies showed the relationship between depression and family environment. Families with greater cohesion, greater expressiveness among family members were lower in depression (Zuniga et al., 2009; Lau & Kwok, 2000; Kuen, 1997), family disruption, exposure to chronic stressful circumstances within the family, poor family environment in terms of parental hostility, rejection and inconsistencies, family violence, parental psychopathology, parents reported greater levels of expressed emotion, maladaptive levels of cohesion leads to depression (Gate et al., 2013; Sharma et al., 2008; Seguin et al., 2003; Truong, 2003; Rudolph et al., 2001; Deb, 1995). Family environment variables like increases in parent-adolescent conflict, decreases in parental monitoring, low levels of family cohesion, low level of parental support, lower levels of family connectedness, high expectations of the parents for better academic performance and higher level of family stress were consistently predictive of depression during childhood and adolescents (Zhang et al., 2011; Auerbach et al., 2011; Deb & Chakraborty, 2010; Ogburn et al., 2010; McGraw et al., 2008; Herman et al., 2007; Lee et al., 2006; Hammack et al., 2004; Sagrestano et al., 2003; Crook, 1994). Overprotection of father, parental divorce, family dysfunction and poor relationship with the father was significantly related to depression (Acharya, 2013; Avanci et al., 2012; Ghamari, 2012).
2.2 Studies Related to Depression and Peer Group Influence

Slee (1995) conducted research to examine the relationship between three dimensions of children’s peer relations (the tendency to be victimized, to bully and to be pro-social) and depression. Questionnaires were administered to 353 primary school students assessing various dimensions of peer relations and depression. Results of the study showed that the tendency to be victimized was significantly associated with depression. There was also a significant association between depression and the tendency to bully.

Glover, Burns, Butler and Patton (1998) conducted a longitudinal research to investigate the significance of school and general social environment on young people’s mental health. Thirteen and fourteen year olds from 26 secondary schools in Victoria, Australia were surveyed for depression, deliberate self-harm, substance use, abuse and smoking. Measures of social environment included students’ perceptions of security and victimization at school, feelings of connectedness to peers, family, teachers and the level of participation in school life. The first phase of data collection demonstrated the associations between students’ perceptions of the school environment and depressive symptoms. The results indicated that more than 40% of young people felt that they did not have anyone in or outside of school who they perceived, knew them well or who they could trust. Young people were reporting low connectedness two to three times more likely to experience depressive symptoms as compared to peers who indicated feeling more connected. As well, young people who reported that they did not feel noticed by teachers or provided with positive feedback were twice as likely to report symptoms of depression. Young people who reported that they were not treated in a friendly manner at school were four times more likely to report depression.

Lau, Chan and Lau (1999) investigated aspects of loneliness and depression among more than 6,000 Chinese children and adolescents in grade four to nine. The findings of the study showed that peer related loneliness was the most significant predictor for scores of depression.

Colarossi and Eccles (2000) conducted research to examine the parent and child predictors of adolescents’ perceived social support from peers. For the study 285 adolescents and their parents participated. Results of the study demonstrated that reported high negative correlations between adolescent depressive symptoms
and self-esteem (-0.53), high positive correlations between adolescent self-esteem and peer support (0.37); and finally, high negative correlations between adolescent depressive symptoms and peer support (-0.43).

Prinstein, Boergers and Spirito (2001) conducted study to examine the models of risk for adolescent health-risk behaviour, including family dysfunction, social acceptance and depression as factors that may mitigate the associations between adolescents’ and peers’ risk behaviour. For the study, a sample of 527 adolescents in grades 9-12 was selected. Adolescents reported on their substance use (cigarette and marijuana use, heavy episodic drinking), violent behaviour (weapon carrying, physical fighting), suicidality (suicidal ideation and attempts), and the health-risk behaviour of their friends. Results of the study showed that adolescents’ substance use, violence, and suicidal behaviour were related to their friends’ substance use, deviance, and suicidal behaviours respectively. Also friends’ pro-social behaviour was negatively associated with adolescent violence and substance use. Family dysfunction, social acceptance and depression altered the magnitude of association between peers’ and adolescents’ risk behaviour.

Simons-Morton (2002) conducted study to examine the peer and parent influences on smoking initiation among early adolescents. For the study 1,081 students were surveyed from four middle schools at the beginning and at the end of sixth grade. Results of the study showed that problem behaving peers and depression were positively related with smoking initiation. Also it was observed that adjustment to school, perceived social competence, parent expectations; parental monitoring and parental involvement were all negatively associated with smoking initiation. A significant interaction was found between parental involvement and peer affiliation which indicated that adolescents having problem behaving friends and parents (who were uninvolved in their activities) were at increased risk for smoking initiation.

McLean (2003) conducted study to examine the influence of familial, peer, gender, genetics, and South African factors on the development of adolescent depression. 385 adolescents (114 boys and 271 girls) studying in grade 11 were selected for the study. For the collection of data Goldberg Depression Scale and The Adolescent Life Perspective Questionnaire were used. Results of the study demonstrated that negative family relations and negative peer relations contributed in the development of adolescent depression. Also male and female adolescents did not differ on depression.
Gutman and Sameroff (2004) found that variables related to depression differed for males and females depending on the developmental period being examined. Family and peer variables in adolescence were significantly related to change in depression during the transition to adulthood for males, whereas family and neighbourhood variables were marginally significant for females. Family and neighbourhood variables in adulthood were significantly related to change in depression for females, and peer variables were significant for both males and females. Overall, contextual variables in adolescence had a more significant impact on change in depression for males, whereas contemporary variables in young adulthood had a more significant impact on change in depression for females.

Schwartz, Gorman, Nakamoto and Toblin (2005) conducted short-term longitudinal investigation on associations between victimization in the peer group and academic functioning over a 1-year period. The multi-informant approach was used to assess peer victimization, symptoms of depression and academic outcomes for 199 elementary school children (average age of 9 years) consisted of 105 boys and 94 girls. Frequent victimization by peers was associated with poor academic functioning (as indicated by grade point averages and achievement test scores) on both at concurrent and predictive level. Also results of the study showed that peer group victimization predicted academic difficulties through the mediating influence of depressive symptoms.

La Greca and Harrison (2005) conducted study to examine the multiple levels of adolescents’ interpersonal functioning including general peer relations (peer crowd affiliations and peer victimization), qualities of best friendships and romantic relationships as predictors of symptoms of depression and social anxiety. For the study, a sample of 421 adolescents was taken and measures of peer crowd affiliation, peer victimization, qualities of best friendships and romantic relationships were filled by the respondents. Peer crowd affiliations (high and low status), positive qualities in best friendships, and the presence of a dating relationship protected adolescents against feelings of social anxiety, but relational victimization and negative interactions in best friendships predicted high social anxiety. Also the results showed that affiliation with a high-status peer crowd afforded some protection against depressive affect; however, relational victimization, negative qualities of best friendships and romantic relationships predicted depressive symptoms.
Stevens and Prinstein (2005) conducted research to examine associations between adolescents’ and their friends’ depressive symptoms and depressogenic attributional style. A sample comprised of 398 adolescents in grades six through eight was selected. Adolescents completed peer nominations to identify reciprocated and unreciprocated best friendships as well as measures of depressive symptoms and depressogenic attributional style at an initial time point and again after 11 months. Results of the study revealed that best friends’ reported level of depressive symptoms was associated with adolescents’ own depressive symptoms and with adolescents’ depressogenic attributional style.

Allen, Porter and McFarland (2006) conducted research to examine the adolescent’s susceptibility to peer influence as a predictor of risky behaviour, friendship instability and depression. The results of the study showed that observed susceptibility to peer influence with a close friend predicted future responses to negative peer pressure, and also it was related to broader markers of problems in functioning, including decreases in popularity and increasing levels of depressive symptoms over time. He found that susceptibility to peer influence was linked to higher concurrent levels of substance use, externalizing behaviour and sexual activity.

Prinstein (2007) conducted a longitudinal study to examine the depression socialization between adolescents and their best friends. This longitudinal study examined peer contagion of depressive symptoms over an 18-month interval within a sample of 100 Xth grade adolescents. Three types of peer contagion moderators were examined. First one was the characteristics of adolescents (social anxiety, global self-worth), second was characteristics of friends (level of friends’ peer-perceived popularity), and third was the relationship between them (friendship quality). Responses were collected using adolescents’ and their friends’ reports of depressive symptoms, adolescents’ reports of social anxiety, global self-worth, friendship quality and a socio-metric assessment of peer-perceived popularity. Results of the study demonstrated that among girls higher levels of social anxiety were associated with adolescents’ greater susceptibility to peer contagion and among boys, higher levels of friends’ peer perceived popularity and lower levels of positive friendship quality each were associated with greater susceptibility to depressive symptom contagion.
Rose, Carlson and Waller (2007) conducted a six month longitudinal study to examine the associations of co-rumination with friendship and emotional adjustment. The study was carried out for middle childhood to mid-adolescent youth and examined whether co-rumination is simultaneously a risk factor (for depression and anxiety) and a protective factor (for friendship problems). The results showed that for girls a reciprocal relationship was found in which co-rumination predicted increased depressive and anxiety symptoms and increased positive friendship quality over the time, which in turn, contributed to greater co-rumination. For boys, having depressive and anxiety symptoms and high-quality friendships also predicted increased co-rumination. However, for boys co-rumination predicted only increasing positive friendship quality and not increasing depression and anxiety.

Paukert, Pettit and Amacker (2008) conducted study to examine the role of interdependence and perceived similarity in depressed affect contagion. Results of the study showed that depressive symptoms were ‘caught’ more often for students who perceived themselves as highly similar to the depressed target student.

Uba, Yaacob and Juhari (2009) conducted study to find out the relationship between peer relations and depression among adolescents in Selangor, Malaysia. For this, a sample of 242 teenagers was taken with mean age of 14.67 years. The Children Depression Inventory was used to measure adolescent depression and The Peer Relationship Questionnaire was used to assess bullying, victimization and pro-social behaviour among respondents of the study. The results of study revealed that depression has a significant and positive correlation with both bullying ($r = 0.296$) and victimization ($r = 0.432$), and a negative and non-significant correlation ($r = -0.101$) with pro-social behaviour. Significant difference ($t = 3.306$) was only found between male and female teenagers in bullying. The results of the study also discovered victimization as the unique predictor of depression ($Beta = 0.373$) among peers.

Veed (2009) conducted research to examine the effect of the peer group on adolescent’s internalizing and externalizing symptoms. Social network analysis was used to examine self-reported anxiety, depression, aggression and delinquency among students of rural high school. The results of the study showed that the predicted peer group’s level of anxiety or depression affects adolescents at later
stage. Also, the predicted level of delinquency in peer group predicts delinquency among adolescent at later stage. But the peer group’s level of aggression was not related to concurrent or later individual aggression.

Van Zalk, Kerr, Branje, Stattin and Meeus (2010) conducted study to investigate the mechanisms underlying peer contagion of depressive symptoms in adolescence. The results of the study showed that peers’ depressive symptoms predicted increase in adolescents’ depressive symptoms over time.

Biggs, Nelson and Sampilo (2010) conducted longitudinal research to examine the relationship of anxiety with depression mediated by peer relations. For the study, a sample of 91 adolescents age ranges from 14 to 17 years was taken. Sample was administered with questionnaires on anxiety symptoms, depression symptoms, peer group experiences (i.e. peer acceptance and victimization from peers), and friendship quality (i.e. positive qualities and conflict). The results of the study demonstrated that anxiety symptoms predicted depression symptoms and this relationship was mediated by low perceived peer acceptance and victimization from peers.

Yang et al. (2010) conducted a multi wave longitudinal study to examine the impact of stress on depressive symptoms in 143 Chinese adolescents (age 14 to 18 years) with subthreshold depression. Adolescents completed measures assessing social support from peers and depressive symptoms, and they subsequently completed measures assessing depressive symptoms and the occurrence of negative events once every three months for the subsequent fifteen months. Results of the study indicated that the prevalence of lifetime subthreshold depression in Hunan was 22.9%. Also, the results of hierarchical linear modeling analyses demonstrated that lower levels of social support from peers was associated with greater increases in depressive symptoms following the occurrence of negative events.

Conway, Rancourt, Adelman, Burk and Prinstein (2011) conducted research to examine the role of gender and group centrality as moderators of peer influence to find out depression socialization. Socialization of depressive symptoms among 648 students in grades six through eight was examined over a one year period. Sociometric methods were used for this purpose. Results of the study showed that a significant depression socialization effect occurred and this effect was most potent for girls and for individuals who were on the periphery of friendship groups.
Giletta et al. (2011) conducted research to examine the friendship selection and socialization as mechanisms explaining the similarity in depressive symptoms in adolescent same-gender best friend dyads. For the study, a sample of 1,752 adolescents (51% male) ages 12-16 years forming 487 friend dyads and 389 nonfriend dyads (the nonfriend dyads served as a comparison groups) was selected. For this a multigroup actor-partner interdependence model was employed to friendship types that started and ended at different time points during the 2 waves of data collection. Results of the study revealed that adolescents’ reported levels of depressive symptoms at follow-up were similar to those of their best friends. The socialization processes explained the increase in similarity exclusively in female dyads, whereas no evidence for friendship selection emerged for either male or female dyads. Findings of the study showed that the importance of examining friendship relations as a potential context for the development of depressive symptoms.

Scott and Dearing (2012) conducted a longitudinal study to find out the relationship of self-efficacy judgments in three domains (academic domain, social domain and resisting negative peer influences), cultural identity, theories of intelligence and depressive symptoms. For the study 198 American Indian students were selected, who were all attending a middle school on reservation in the northern plains of the United States. Results of the study showed that students with high self-efficacy have lower depression. Also it was found that increases in self-efficacy beliefs for academic, social and for resisting negative peer influences predicted decreases in depression. Cultural identity and theories of intelligence did not moderate the relationship between self-efficacy and depression.

Goodwin, Mrug, Borch and Cillessen (2012) examined the role of peer selection and socialization in adolescent depression. For the study, a sample of 367 adolescents studying from 6th to 11th grade was selected. Results of the study demonstrated that students selected those friends which have similar levels of depressive symptoms.

Lee, Maria, Estanislao and Rodriguez (2013) conducted research to examine the relationship of social and demographic factors with depressive symptoms in a sample of 2,436 Filipino university students. For the collection of data, the University Students Depression Inventory with measures on lethargy,
cognition-emotion and academic motivation was used. Results of the study indicated that depression was found to be significantly correlated with frequency of smoking, frequency of drinking, not living with biological parents, dissatisfaction with one’s financial condition, level of closeness with parents and level of closeness with peers.

The above written studies showed the relationship between depression and peer group influence. Poor peer relationships, negative peer relations, peer related loneliness and lower levels of social support from peers’ leads to depression (Yang et al., 2010; McLean, 2003; Lau et al., 1999) and young people who reported that they were not treated in a friendly manner at school were four times more likely to report depression (Glover et al., 1998). Some studies showed that high negative correlations between adolescent depressive symptoms and peer support (Colarossi & Eccles, 2000; Slee, 1995). Adolescents’ substance use, violence, and suicidal behaviour were related to their friends’ substance use, deviance, and suicidal behaviours respectively, negative qualities of best friendships, relational victimization, lower levels of positive friendship quality, low perceived peer acceptance were all lead to depression, peer group victimization predicted academic difficulties through the mediating influence of depressive symptoms (Biggs et al., 2010; Uba et al., 2009; Prinstein, 2007; Schwartz et al., 2005; La Greca & Harrison, 2005; Prinstein et al., 2001). Peer group’s level of depression affects adolescents at later stage and best friends’ reported level of depressive symptoms was associated with adolescents’ own depressive symptoms (Giletta et al., 2011; Van Zalk et al., 2010; Veed, 2009; Stevens & Prinstein, 2005).

### 2.3 Studies Related to Depression and Academic Stress

Rubin et al. (1992) conducted research to examine the depressive affect in normal adolescents (in high school students) in relation to stress and quality of relationship with family and friends. The sample was comprised of 300 students in which 204 were females and 96 were males (in grade nine through twelve), and data was drawn from the public schools of a small New England community. The results of the study showed that three major variables total stress, family cohesion and adolescent friendships were all significantly related to depression in the
predicted direction in both the genders. Adolescents who reported higher levels of depressive affect experienced more life stress, lower levels of family cohesion and more problematic peer relationships. Also, adolescents who reported higher levels of depressive affect were more likely to manifest lowered school performance and greater acting-out behaviour. The effects of high stress were buffered for boys by positive peer relationships and for girls by cohesive family relationships.

Nash (1994) conducted study to examine acculturative stress and depression among homeless Hispanic males. 100 Hispanic men (50 homeless and 50 non-homeless) were administrated a demographic questionnaire, the Hispanic Stress Inventory and the Center for Epidemiologic Studies Depression Scale. Results of the study indicated that no relationship was found between acculturative stress, depression and duration of homelessness. As predicted, age found to be significantly correlated to stress and depression. In this study overall levels of acculturative stress and depression were found to be significant, as were specific levels of family or cultural conflict stress level. However, occupational, economic stress levels were not found to be significant. Results also indicated that there were no significant differences in acculturative stress and depression between Mexican born and non Mexican born homeless subjects.

Lee and Larson (2000) conducted research to examine clinical depression among Korean and American adolescents, and to find out the relationship between depression and time spent on schoolwork and homework. For the study 56 Korean and 62 American high school seniors were taken. Results of the study showed that Korean students spend more time on homework than American students and reported more negative attitudes during this activity than American adolescents. When combining the data, it was found that spending less time on active leisure activities, having more negative affect states during schoolwork, socializing and passive leisure activities were related to higher depression.

Rudolph, Lambert, Clark and Kurlakowsky (2001) found that the experience of school related stress (such as poor academic performance, negative feedback from parents and teachers about school work, and daily hassles in the school environment) leads to increase in depression in the context of a transition into middle school.
Takakura and Sakihara (2001) conducted study to determine the psychosocial factors associated with the presence and persistence of depressive symptoms among high school students in Okinawa, Japan. For the study, a sample of 3,202 students was drawn from 12 public senior high schools. The depressive symptomatology was measured using the Center for Epidemiologic Studies Depression Scale. The students were asked to report whether they had depressive symptoms at any time in the immediate past week and whether those symptoms persisted for 5-7 days. The psychosocial variables examined were life stressors, perceived social support, health practices, self-esteem and locus of control. The relationship between the psychosocial factors and depressive symptoms was examined using hierarchical multiple regression analyses. After controlling for the effects of demographic and other psychosocial variables, the presence of depressive symptoms was positively associated with life stressors in the domains of friends, family and teachers. Similarly, persistence of depressive symptoms was also positively associated with life stressors in the domains of friends and teachers. Presence and persistence of depressive symptoms were negatively associated with positive health practices, more social support, high self-esteem and internal locus of control.

Chang (2001) conducted study to examine the relationship between life stress, self-concept clarity, self-esteem and depressed mood among adolescents. A sample of 268 high school students was taken for the study. The results of the study showed that the relationship between life stress and depressed mood was mediated by self-concept clarity and self-esteem. Also, life stress was found to be a significant predictor of depressed mood after controlling for the influences of clarity of self-concept and self-esteem.

Kouzma and Kennedy (2002) conducted study to examine the relationship between hours of homework, stress and mood disturbance in senior high school students. For the study 369 Australian adolescents were taken in which 141 were boys and 228 were girls with age ranging from 16 to 18 years. Students were administered with a self-report stress scale, the profile of mood disorders and were asked to complete a one-week homework diary. Results of the study showed that significant sex differences were found with female students scoring higher on hours of homework, stress and mood disturbance as compared to male students.
Significant and positive relationship emerged between hours spent on homework with stress and mood disturbance. This finding showed that how amount of homework can be related to negative emotions and behaviour.

Deardorff, Gonzales and Sandler (2003) examined the role of control beliefs as a mediator of the relationship between stress and depressive symptoms among 445 inner-city adolescents. Also, the direct effects of six individual stress domains (peer, family, school, neighbourhood, economic and discrimination) on control beliefs and depressive symptoms were examined. Results of the study demonstrated that economic stress relates to adolescents’ control beliefs and family stress relates to adolescents’ depressive symptoms. But peer stress relates to both control beliefs and depressive symptoms. The results of the study revealed that control beliefs significantly mediate the specific relations between peer stress and depressive symptoms.

Little and Garber (2004) conducted research to examine the role of interpersonal and achievement orientations and specific stressors in the prediction of depressive and aggressive symptoms. A sample of 129 ninth grade adolescents was selected for the study. Results of the study indicated that academic stressors contribute to depressive and aggressive symptoms. In case of girls higher levels of interpersonal orientations were found to be associated with increase in depressive symptoms and higher levels of achievement orientations were related to aggressive symptoms. It was found that academic stressors were positively related to depressive symptoms and this relationship was stronger for girls. In case of boys, academic stressors were related with increases in aggressive symptoms only.

Williamson, Birmaher, Dahl and Ryan (2005) conducted study to examine the stressful life events in anxious and depressed children. Children (6-12 years of age) with an anxiety disorder (N = 20), depression (N = 45) and normal controls (N = 11) were assessed using the Life Events Record. Results of the study showed that stressful life events were significantly elevated in anxious and depressed individuals, which led to low performance in academic achievement.

Ang and Huan (2006) conducted research to find out the relationship between academic stress and suicidal ideation by introducing depression as mediator using multiple regression analysis on a sample of 1,108 Asian adolescents (age ranges from 12 to 18 years) from a secondary school in Singapore. Results of
the study demonstrated that depression mediated the relationship between academic stress and suicidal ideation in a four-step process. Also, results showed that significant relationship between academic stress and suicidal ideation was significantly reduced in magnitude when depression was included in the model and it was a partial mediator.

Shih, Eberhart, Hammen and Brennan (2006) conducted study to predict the sex differences in adolescent depression from differential exposure and reactivity to interpersonal stress. For this, a sample of 816 adolescents (414 boys and 402 girls) with mean age 15 years was selected. Results of the study showed that adolescent girls experienced higher levels of total and interpersonal episodic stress, whereas boys experienced higher levels of chronic stress (academic and close friendship domains). Also results of the study showed that higher rates of depression in girls were explained by their greater exposure to total stress, particularly interpersonal episodic stress.

Al-Gelban (2007) conducted study to examine the prevalence rates and severity of depression, anxiety and stress among Saudi adolescent boys. The Arabic version of Depression Anxiety and Stress Scale was used to measure school boys’ levels of depression, anxiety and stress. The results of study demonstrated that 59.4% had at least one of the three disorders, 40.7% had at least two disorders and 22.6% had all the three disorders. Moreover, more than one third of the participants (38.2%) had depression, while 48.9% had anxiety and 35.5% had stress. Depression, anxiety and stress were strongly, positively and significantly correlated.

Dinh Do (2007) conducted study to assess the prevalence of depression by using the Center for Epidemiologic Studies Depression Scale and relationship of depression with stress among the first year medical students in university of medicine and pharmacy Hochiminh city, Vietnam. For the study, 351 first year medical students were selected. The results of the study showed that the prevalence of depression was 39.6% and it was positively linearly correlated with stress.

Hamad, Fernald, Karlan and Zinman (2008) conducted study to examine the prevalence and correlates of depressive symptoms and perceived stress among a heterogeneous South African population. 257 Low-income adults in Capetown, Port Elizabeth and Durban were interviewed regarding demographics, income,
subjective social status, life events and decision-making. The Center for Epidemiologic Studies Depression Scale (CES-D) and Cohen’s Perceived Stress Scale were used for data collection. CES-D scores were 18.8 with 50.4% of men and 64.5% of women exceeding the cut-off at which professional care is recommended. PSS scores were 18.6 with a mean of 17.5 among men and 19.6 among women. In multivariate regressions, increased CES-D scores were associated with more household members, lower educational attainment, less income stability, lower subjective social status and independent decision-making. Increased PSS scores were associated with female gender, multiracial race, more household members, lower subjective social status and recent birth or catastrophe. Depressive symptoms and perceived stress were public health concerns in this sample, with more symptoms among those with fewer resources.

Dixon and Kurpius (2008) investigated the interrelationships among four variables: depression, college stress, self-esteem, and mattering. Participants included college students (199 males and 256 females) between the ages of 18 and 23 years. Significant sex differences were observed with women reporting greater depression, college stress, and mattering. Sex, self-esteem, and mattering accounted for 13.8% and 39.4% of the variance in stress and depression, respectively. Accounting for 49.1% of the variance, the full model including sex, self-esteem, and mattering enhanced the ability of stress to predict depression.

Rao (2008) conducted a study to assess the prevalence of academic stress and adolescent distress among 12th standard students. Qualitative and quantitative methods both were used in the study. A survey was conducted to assess the prevalence of academic stress and adolescent distress, and an interview was conducted with 12th standard students to explore their perceptions of the issue and their understanding of the role of parents. The scales that measure depression and anxiety were used on a sample (N = 588) of 12th standard students from Chennai. Results of the study showed that a majority of the students were stressed by the coming school year, and rates of depression and anxiety were very high in the sample. Further results demonstrated that different groups of students appeared to experience distress in different ways. Also, semi-structured interviews were conducted with 12th standard students (N = 24) to explore their perceptions of academic stress and adolescent distress. The same interview data was also used to
understand the role of parents. Analysis of the interviews revealed that parents were involved in their child’s education, as parents had specific expectations for achievement, put pressure on their children, compared their child to others, controlled the study environment and were supportive of their children. Results also showed that some individuals appeared to be associated with a greater experience of academic stress and distress than others.

Ghaderi, Kumar and Kumar (2009) conducted study to compare the experiences of stress, anxiety and depression among Indian and Iranian students. The data was collected from students studying in different departments of University of Mysore, Mysore, studying post graduate and Ph.D. degree courses. The sample comprised of 80 Indian and 80 Iranian, both male and female students. The Depression Anxiety Stress Scale (DASS) was used to measure depression, anxiety and stress. The findings revealed that depression, anxiety and stress level of Indian students were significantly higher than those of Iranian students. Furthermore gender differences were not found significant.

Al-Gelban, Al-Amri and Mostafa (2009) conducted a cross-sectional study on secondary school girls in Abha city, Aseer Region, Saudi Arabia, using the Arabic version of the Depression Anxiety and Stress Scale to determine the prevalence of symptoms of depression, anxiety and stress. 545 female students recruited in this study, 73.4% had the symptoms of at least one of the three studied disorders and 50.1% had at least two disorders. The prevalence of symptoms of depression, anxiety and stress was 41.5%, 66.2% and 52.5% respectively. The majority of symptoms were mild to moderate in severity. The scores for depression, anxiety, and stress were positively and significantly correlated. There was no significant association found between the girls’ socio demographic characteristics and the scores of the three studied disorders.

Bansal, Goyal and Srivastava (2009) examined the prevalence of depression among adolescent students. Results of the study showed that 15.2% of school-going adolescents were found to be having evidence of distress, 18.4% were depressed and 5.6% students were detected to have both depression and distress. Certain factors like parental fights, beating at home and inability to cope up with studies were found to be significantly associated with higher distress. Economic difficulty, physical punishment at school, teasing at school and parental fights were significantly associated with depression.
Gray-Stanley et al. (2010) conducted study to examine the contribution of work support and locus of control in the prediction of work stress and depression among professionals. Results of the study demonstrated that work stress was positively associated with depression, while resources (work social support and internal locus of control) were negatively associated with depression.

Bhasin, Sharma and Saini (2010) conducted study to examine the relationship among depression, anxiety and stress on a sample of 242 adolescent students belonging to class 9th-12th and the sample belong to affluent families. For data collection 21-item Depression Anxiety and Stress Scale was used. The results of the study indicated that the scores in the three domains depression, anxiety and stress were found to be remarkably correlated and depression was significantly more among the females than the males. Depression, anxiety and stress were all significantly higher among the board classes i.e. 10th and 12th as compared to the classes 9th and 11th. Also it was found that depression, anxiety and stress were having an inverse relationship with the academic performance of the students.

Antonio et al. (2010) conducted study to investigate the relationship between depression and stress among university students. Results of the study showed that the prevalence of depression was found to be 47.2 % and it was significantly related with severity of the stress of academic stressors.

Skipworth (2011) conducted research to examine the effects of perceived stress levels on depression outcomes in college students and to evaluate the influence of health related behaviours on this relationship. A random sample of 20,000 students was drawn from 62,476 students enrolled at Arizona State University (ASU). Results of the study showed that there were more female participants than males and both averaged 23 years of age. Analysis showed that there were more significant correlations between health factors and having perceived depression than with having real or diagnosed depression. Logistic regression analysis showed that out of all variables and behaviours studied, only high levels of stress, poor general health, substance use, and gender (female) resulted in significant odds in predicting that a participant would be in one of the depression categories.
Liu and Lu (2012) conducted study to examine the different effects of Chinese high school students’ academic stress on their depressive symptoms and the moderating effects of gender and students’ perceptions of school climate on the relationships between their academic stress and depressive symptoms. Results of the study showed that students’ perceptions of academic stress from lack of achievement positively predicted their depressive symptoms.

Moreira and Furegato (2013) conducted study to investigate the relationship between stress and depression in students of nursing. For the collection of data, The Perceived Stress Scale and Beck Depression Inventory were administered on 88 students. Results of the study showed that 69.8% have no depression, 18.2% showed symptoms of dysphoria, 6.8% were moderately depressed and 5.7% reported severe depression. A significant relationship was found between stress and depression.

The above written studies showed the relationship between depression and academic stress. Nash (1994) showed no relationship between stress and depression, but other studies showed positive relationship between academic stress and depression (Moreira & Furegato, 2013; Skipworth, 2011; Antonio et al., 2010; Bhasin et al., 2010; Al-Gelban et al., 2009; Dinh Do, 2007; Al-Gelban, 2007; Ang & Huan, 2006; Shih et al., 2006; Little & Garber, 2004; Takakura & Sakihara, 2001; Chang, 2001; Rubin et al., 1992). Experience of school related stress such as poor academic performance, negative feedback from parents and teachers about school work; daily hassles in the school environment, stressful life events and negative affect states during school work were all leads to increase in depression (Liu & Lu, 2012; Gray-Stanley et al., 2010; Rao, 2008; Hamad et al., 2008; Williamson et al., 2005; Rudolph et al., 2001; Lee & Larson, 2000).

### 2.4 Studies Related to Depression and Career Decision-Making

Radford, Nakane, Ohta, Mann and Kalucy (1991) conducted study to examine decision making in a depressed sample comprised of Australian and Japanese individuals. Results of the study showed that depressive symptoms correlated with poor self-esteem as a decision maker, careless decision style and avoidance of decisions.
Judge and Locke (1993) conducted study to find out the effect of dysfunctional thought processes on subjective well-being and job satisfaction. Results of the study showed that dysfunctional career thoughts linked to subjective well-being or a person’s self-perception of their current status, job dissatisfaction, poor job performance, job failure, job avoidance, depression and anxiety.

Ischner (1997) conducted research to examine the relationship between depression and career choice in matriculants in South Africa. Data was collected from matriculants from four different regions in Gauteng. The Beck Depression Inventory and Career Decision Scale were used to collect data. The quantitative data analysis showed that depressive symptomatology and career indecision were significantly related with the incidence of feelings of depression being related to career indecision and career indecision possibly giving rise to symptoms of depression.

Haraburda (1998) conducted study to investigate the relationship of indecisiveness and five factor model of personality and psychological symptomatology. Results revealed that subjects who scored high in decisiveness were less neurotic and fewer psychological symptoms than those who were indecisive.

Saunders et al. (2000) conducted study to investigate the relationship of depression and dysfunctional career thinking to career indecision. The participants were 215 undergraduate students enrolled in an introductory psychology course at a large South-Eastern University. The Career Decision Scale was used to measure career indecision, whereas the Beck Depression Inventory and Career Thoughts Inventory were used to measure depression and dysfunctional career thinking respectively. The relative contribution of depression, dysfunctional career thoughts and selected control variables were ascertained through hierarchical regression. Results of the study showed that the existence of dysfunctional career thoughts as a significant component of career indecision. Depression was found to be significantly associated with career indecision.

Smith and Betz (2002) examined models of self-efficacy and self-esteem pathways to depression in 405 college students. Both models showed excellent fit to the data. The more parsimonious model indicated that efficacy and esteem variables were related to depressive symptoms indirectly through their
relationships to the intermediate adjustment variables of career indecision and shyness. Results of the study showed that career indecision and shyness were directly related to depressive symptoms, although these relationships were small. The strongest predictor of depressive symptoms was global self-esteem. For men and women, respectively, the model accounted for 61% and 64% of the variance in shyness, 28% and 37% of the variance in career indecision, and 41% and 48% of the variance in depressive symptoms.

Kushwaha and Hasan (2005) conducted research on career decision making as a function of personality dimension and gender. 320 adolescents (160 males and 160 females) of tenth class within age range of 14-16 years were taken for data collection. The results of study showed that extroverted (Mean = 78.32) were significantly better in career decision-making than introverted adolescents (Mean = 73.38). Results also showed that neurotic (Mean = 71.64) were significantly poor in career decision-making than normal adolescents (Mean = 80.06). Also, results demonstrated that male subjects (Mean = 77.69) were significantly better in career decision-making than female subjects (Mean = 74) and extroverted normal male subjects (Mean = 84.90) were significantly better in career decision-making than the introverted neurotic female subjects (Mean = 67.20).

Campagna and Curtis (2007) conducted study to examine the components (depression and dysfunctional career thoughts) of the state of career indecision. For the study, a sample of 215 undergraduate students enrolled in an introductory psychology course at a large South Eastern University was taken. The Career Decision Scale was used to measure career indecision; the Beck Depression Inventory and Career Thoughts Inventory were used to measure depression and dysfunctional career thinking respectively. Regression analysis was employed to find out the contributors. Results of the study showed that dysfunctional career thought was the significant component of career indecision. Also it was found that depression associated significantly with career indecision but it was not found significant predictor in the regression model.

Hamad et al. (2008) conducted study to examine the prevalence and correlates of depressive symptoms and perceived stress in a sample of 257 South African population in Capetown, Port Elizabeth and Durban. The Center for Epidemiologic Studies Depression Scale (CES-D) and Cohen’s Perceived Stress
Scale (PSS) were used for data collection. Multivariate regression analysis showed that increased CES-D scores were associated with more household members, lower educational attainment, less income stability, lower subjective social status and independent decision-making. Also results showed that increased PSS scores were associated with female gender, multiracial race, more household members, lower subjective social status and recent birth or catastrophe.

Rottinghaus, Jenkins and Jantzer (2009) conducted research to investigate the relationship of depression, affectivity to career decision status and self efficacy in college students. The researchers examined the links between participant’s emotional life including depression, positive negative affect, career decision status and average level of vocationally relevant self-efficacy in a sample of 388 university students. Results of the study indicated that those participants who made a career decision were significantly less depressed, as measured by the Center for Epidemiologic Studies Depression Scale, than those who were undecided about their career. Furthermore, no significant difference was found in the average level of positive affect or negative affect as measured by the positive and negative affect schedule across career choice status groups.

Hartley (2009) conducted research to examine the relationship between career indecision, negative career thoughts and vocational interest structure among first-generation and other college students. Results of the study showed that due to career indecision, the students begin to thinking negatively about their college experiences and career opportunities. These negative career thoughts and aversive reactions to thinking about the future contribute to anxiety and depression.

Leykin and DeRubeis (2010) conducted study on decision making styles and depressive symptomatology. For this, they constructed an instrument that aims to measure a variety of decision making styles as well as the respondent’s view of himself or herself as a decision maker (decisional self-esteem). These styles and estimates of decisional self-esteem were then related to depressive symptoms. Results of the study demonstrated that depressive symptomatology was negatively correlated with perception of self as a decision maker. Those with higher depression severity score characterized themselves as being more anxious about decision and more likely to procrastinate. They also reported using fewer productive decisions making strategies, depending more on other people for help with decisions and relying less on their own intuitions when making decisions.
Buelow (2010) conducted study to examine the relationship of personal emotional factors to career indecision. The results of the study indicated that personality facets, state anxiety and state depression are all significantly related to career indecision, and state anxiety had a stronger impact on career indecision than did trait anxiety.

Uthayakumar, Schimmack, Hartung and Rogers (2010) conducted research on the career decidedness as a predictor of subjective well-being. A sample of 181 undergraduate students was taken for the study. Undergraduate students responded to measures of career decidedness, subjective well being and personality. Results of the study showed that partial mediator model indicated a direct relationship between decidedness and subjective well being not moderated by grade level, and an inverse relationship was observed between the depression facet of neuroticism and both career decidedness and subjective well being.

Karaoglu and Şeker (2010) conducted research to examine the anxiety and depression in medical students related to desire for and expectations from a medical career. A sample comprised of first (N = 164) and second (N = 186) years of medical students was taken for the study. Questionnaire for demographics, Hospital Anxiety and Depression Scales (HADS) and questionnaire regarding medical career decision were used for data collection. Results of the study showed that the mean anxiety score was 7.66 and the mean depression score was 5.77. Males and second year students had significantly high levels of depression. Also results of the study showed that those who were pressured to become doctors and who expected to gain much money were both more anxious and more depressed.

Leykin, Roberts and DeRubes (2011) conducted study to examine the relationship between decision-making and depressive symptomatology. One hundred and twenty-five participants were taken for the study. The Beck Depression Inventory-II and the Decisions and Reasons Questionnaire were used for data collection. Results of the study showed that BDI-II scores were strongly and significantly correlated with ratings of reduced activity, reduced perception of existing resources, lower optimism, lower appraisal and higher negative emotionality, lower risk-seeking, lower likelihood of ambiguity resolution, reduced information gathering and lower pro-sociality. Also BDI-II scores were strongly associated with lower productivity of decisions and poorer analytical thinking,
indicating that individuals with greater depressive symptomatology appeared to be making their decisions in either a sub-optimal or maladaptive fashion which resulting in poorer decisions.

Walker and Peterson (2012) conducted study to find out the relationship of dysfunctional career thoughts and career indecision with depression. A sample of 158 college students enrolled in career development course was taken. Measures of dysfunctional career thoughts, an occupational alternative question and depressive symptoms were completed by the respondents. Results of the study demonstrated that dysfunctional career thoughts and occupational indecision were related to depressive symptoms; and it was found that decision-making confusion was the best predictor.

Solomon (2012) conducted research on the Decision Space Worksheet (DSW), the Career Thoughts Inventory (CTI) and the Beck Depression Inventory-II (BDI-II) as measures of mental health in the career decision-making process. The Decision Space Worksheet is a projective assessment technique that assists clients in understanding the social and emotional context involved in the career decision-making process. The study investigated the relationship between responses on the DSW and the presence of depressive symptomatology. For the study, 131 students enrolled in 8 sections of an undergraduate general psychology course or psychology of personal and social adjustment course at a South-Eastern community college in a mid-sized city within the United States were taken. Results of the study showed that no significant positive relationship was found between the DSW total score and BDI-II score as well as between the respective DSW domains and the BDI-II score. Also, there was a contradictory significant inverse relationship was found between the DSW domain self-doubt and the BDI-II. The best predictors of depression were found to be the CTI subscales External Conflict (EC) and Commitment Anxiety (CA). There were no significant differences found between moderate/severely depressed and non-depressed/mild groups on the BDI-II and DSW responses.

Rossier, Zecca, Stauffer, Maggiori and Dauwalder (2012) conducted study to analyze the psychometric properties of the Career Adapt-Abilities Scale (CAAS) in a French-speaking Swiss sample and its relationship with personality dimensions. 391 participants completed the CAAS-International and a short
version of the Utrecht Work Engagement Scale and to assess personality
dimensions. Participants completed either the Zuckerman-Kuhlman-Aluja
Personality Questionnaire or the NEO-Five Factor Inventory (NEO-FFI). The
internal consistencies for the four subscales and total scores of the CAAS ranged
from good to excellent, and skewness and kurtosis values indicated that scores
were normally distributed. Results of the study showed that career adaptability
partially moderated the relationship between personality and work engagement,
and suggesting that career adaptability also contributes to regulating the expression
of personality dispositions. Also results indicating that negative correlations were
observed between career adaptability and depression.

Kaur and Sharma (2013) examined the relationship of depression with
career decision-making in a sample of senior secondary school students from
Himachal Pradesh. For the collection of data Beck Depression Inventory-II (BDI-
II) and Career Decision-Making Inventory (CDMI) were used. Results of the study
revealed that no significant relationship was found between depression and career
decision-making. Also no significant gender differences were observed on
depression and career decision-making.

The above written studies showed the correlation between depression and
career decision-making. Studies indicated that depression is negatively correlated
with decision-making which means depressed individuals may exhibit greater
indecisiveness, lower productivity of decisions and poorer analytical thinking and
poor decisions about career (Leykin et al., 2011; Leykin & DeRubeis, 2010;
Rottinghaus et al., 2009; Saunders et al., 2000; Radford et al., 1991). Also some
studies showed that avoidance of decisions, dysfunctional career thoughts, career
indecision, negative thinking about career opportunities and occupational
indecision were all leads to depression (Walker & Peterson, 2012; Buelow, 2010;
Hartley, 2009; Campagna & Curtis, 2007; Smith & Betz, 2002; Ischner, 1997;
Radford et al., 1991). Kaur and Sharma (2013) found no significant relationship
between depression and career decision-making.

2.5 Studies Related to Gender Differences on Depression

Upmanyu and Upmanyu (1994) conducted research to investigate
depression in relation to sex role orientation and hopelessness among male and
female Indian adolescents. The subjects were 100 males and 100 females with age range of 17-20 years and 16-20 years respectively. The subjects completed the Bem Sex-Role Inventory, the Beck Depression Inventory and Hopelessness Scale. The results of study showed that females exhibit more depressive symptoms than males do. Among the respondents who were high in hopelessness, a gender difference was evident (Mean value for males was 17.18 and for females was 22.26), but this difference did not reach statistical significance among the respondents who were low in hopelessness (Mean value for males was 8.03 and for females was 10.80). Further, among the respondents who had a lower than average level of hopelessness sex role orientation did not play an important role in gender differences. However, among the respondents who had a higher than average level of hopelessness, gender difference in depression seemed to be affected by sex role orientation. Females with a masculine orientation reported a markedly more severe tendency toward depression than males did. Also, both males and females with undifferentiated sex role orientation and high hopelessness reported a higher tendency toward depression.

Kalia and Sheoran (2000) conducted research to investigate the effect of gender, caste and residence on depression. The data for study was collected from eighty students of VIII class equally divided on the basis of sex, caste and residence studying in Rohtak district of Haryana. They were administered Children’s Depression Scale by Miriam Tisher and Moshe Lang. Results revealed that female students were significant higher on full ‘D’ scale in comparison to male students. Scheduled caste students were significantly higher on subscales self esteem, sickness, death, full ‘D’ scale and total depression. No significant difference was observed among urban and rural students on subscales of depression.

Ge, Conger and Elder (2001) investigated the role of pubertal and social transitions in emergence of gender differences in depressive symptoms during teenage. Results of the study showed that gender differences on depressive symptoms were observed during the 8th grade and remained significant through 12th grade. Those girls who matured at an early stage and experienced stressful life events reported higher rate of depressive symptoms. Also it was found that recent stressful life events were related to increase in depressive symptoms.
Twenge and Nolen-Hoeksema (2002) conducted a meta-analysis on 310 children (age varied from 8 to 16 years) by administering Children’s Depression Inventory. Results revealed that depression score of girls remained same from age 8 to 11 and then increased between the ages of 12-16 years. But depression score of boys was stable from ages 8 to 16 except depression score at the age of 12. Also it was found that depression score of girls was slightly lower than boys during childhood, but girls scored higher on depression at the age of 13. No socioeconomic status effects and racial differences were found. Hispanic students scored significantly higher on depression. Analyses for birth cohort demonstrated a slight decrease in boys’ depression scores over time and no change for girls.

Kaur, Singh and Javed (2003) conducted research to examine the relationship between body image and depression among 150 male and 150 female adolescents from Chandigarh. Beck Depression Inventory and Multidimensional Self Relation Questionnaire were used to study the variables. The findings revealed that male and female adolescents differed significantly on measure of depression with males scoring higher than females. On the measure of body image, significant differences were observed between the two groups and females were higher than males. A strong relationship was found between body image and depression. It was also found that body image play important role in adolescent depression.

Galambos, Leadbeater and Barker (2004) conducted research to examine the gender differences and risk factors for depressive symptoms and major depressive episodes. A sample of 1,322 adolescents aged 12-19 years participated in study. Results of the study indicated that there was not a statistically significant increase in depressive symptoms in early adolescence but significant gender difference was found in the levels of depressive symptoms and the prevalence of major depressive episodes favoured by girls than boys. Also it was found that decreases in the level of social support and increases in smoking were directly related to increases in depressive symptoms.

Sidhu (2006) conducted study to examine the prevalence of depression in late childhood and early adolescence. For the study 1000 students were taken. Children Depression Inventory and Beck Depression Inventory were used for measuring depression at late childhood and early adolescence respectively. Results of the study showed that male and female children during late childhood reporting
higher rates of depressive symptoms in Children Depression Inventory. But there were differences in severities of symptoms. It was found that during late childhood the symptoms were more strongly felt by females than males on spells of crying, loss of libido, loss of concentration and emptiness, and these were the core symptoms of depression. Also it was found that prevalence of depression was higher among females during late childhood. In the sample of early adolescence, it was noted that differences between male and female were more marked on depression. Diurnal variations, spells of crying, sleep disturbance, fatigability, psychomotor retardation, hopelessness, self-depreciation and suicidal thought symptoms were more strongly felt by females than males in early adolescence.

Asal and Abdel-Fattah (2007) conducted study on prevalence, symptomatology and risk factors for depression among high school students in Saudi Arabia. 490 secondary school students comprising 306 males (62.4%) and 184 females (37.6%) in the age group 16-20 years were surveyed from January to May, 2005 in Taif, Saudi Arabia by using the Arabic version of Beck Depression Inventory. The results showed that a clear predominance of prevalence of depression in girls than in boys (1.5 times). Multivariate logistic regression analysis demonstrated that the most significant risk factors involved were gender, birth order, history of psychiatric, history of relative loss and familial history of chronic diseases. Also, factor analysis revealed that self criticalness, agitation and loss of energy had the highest scores in the total sample. In the male group loss of energy, self-criticalness, punishment feeling and agitation had the highest score while in the female subgroup self-criticalness, agitation and crying had the highest score.

Jaggi (2008) conducted study to find out the psychosocial aspects of happiness among adolescents. For the study 400 adolescents (200 boys and 200 girls) from various schools of Chandigarh were selected. Results of the study showed that happiness was found to be positively correlated to positive mental state, daily uplifts, confrontive coping, seeking social support, planful problem solving, positive reappraisal, perceived social support and perceived family environment. Also it was found that happiness was negatively and significantly correlated to stress symptoms, daily hassles, escape avoidance, depression, state anger, trait anger, anger in, anger out, total anger expressed, neuroticism,
psychoticism, and externality. Also no significant gender differences were found on dimensions of happiness, positive and negative affect, daily uplifts, personality dimensions (extraversion and neuroticism), social desirability, locus of control, state anger, trait anger, anger in, anger out, total anger expressed and depression.

Charbonneau, Mezulis and Hyde (2009) conducted study to examine the role of stress and emotional reactivity for gender differences in adolescents’ depressive symptoms. A sample of 315 adolescents was taken for the study. Results of the study showed that stressful events significantly mediated gender differences in depression. Results also showed that significant gender differences were found on emotional reactivity.

Upmanyu, Lal, Kaur, Dwivedi and Sharma (2010) conducted study to examine gender differences in negative cognition, stress, social support and depression. 200 males and 200 females in the age range of 15-17 years participated in the study. Zung’s Self Rating Depression Scale, Automatic Thought Questionnaire, Perceived Stress Scale and Social Support Questionnaire were used as a measure of depression, negative cognition, stress and social support. The study revealed that male and female adolescents did not differ on depression, negative cognition and stress. The females were found to be higher on perceived social support both qualitatively and quantitatively than males.

Fonseca-Pedrero, Paito, Lemos-Giraldez and Muniz (2011) conducted research to investigate the prevalence of depressive symptoms in Spanish adolescents. For the study 1,683 adolescents with mean age of 15.9 years were administered with Reynolds Adolescent Depression Scale (RADS). Results of the study indicated that 2.5% adolescents scored higher than the cut-off point of 77 on the Reynolds Adolescent Depression Scale which showed a clear severity in the depressive symptomatology. Female adolescents obtained higher scores on the Reynolds Adolescent Depression Scale, Dysphoria and Somatic Complaints subscales than males. Also it was found that adolescents with age ranges from 17 to 19 showed more score on Dysphoria subscale as compared to adolescents with age of 14 to 16.

Tiwari and Ruhela (2012) conducted study to examine the relationship between social isolation and depression among adolescents and examine the prevalent gender differences in the social isolation and depression. The sample of
the study consisted of 300 adolescent (150 boys and 150 girls) in age ranging from 16-18 years from Delhi. Social isolation and depression were measured by using Youth Problem Inventory. The results of the study showed that social isolation and depression were positively correlated. Also results indicated that boys and girls were significantly differing on depression and social isolation. Girls were high on rate of depression and social isolation as compared to boys.

Some studies showed that adolescent females are at significantly greater risk than males for depression (Tiwari & Ruhela, 2012; Fonseca-Pedrero et al., 2011; Asal & Abdel-Fattah, 2007; Sidhu, 2006; Galambos et al., 2004; Twenge & Nolen-Hoeksema, 2002; Kalita & Sheoran, 2000; Upmanyu & Upmanyu, 1994) but some showed male and female adolescents did not differ on depression (Upmanyu et al., 2010; Jaggi, 2008). Another study showed males scoring higher than females on depression (Kaur et al., 2003).

2.6 Overview

The review of studies presented in this chapter leads to draw the following trends:

1. From the studies related to depression and family environment it was found that families with greater cohesion and greater expressiveness among family members were lower in depression and family disruption, exposure to chronic stressful circumstances within the family, poor family environment in terms of parental hostility, rejection and inconsistencies, family violence, maladaptive levels of cohesion, low level of parental support and high expectations of the parents for better academic performance, all these causes were lead to depression.

2. From the studies related to depression and peer group influence it was observed that adolescents’ substance use, violence, and suicidal behaviour were related to their friends’ substance use, deviance, and suicidal behaviours respectively. Also it was found that peer group victimization predicted academic difficulties through the mediating influence of depressive symptoms. Negative qualities of best friendships, relational victimization, lower levels of positive friendship quality, poor peer group relationships, peer related loneliness, low perceived peer acceptance and lower levels of social support from peers’ were all lead to depression.
3. From the studies related to depression and academic stress it was concluded that positive relationship exists between academic stress and depression. Experience of school related stress such as poor academic performance, negative feedback from parents and teachers about school work; daily hassles in the school environment and stressful life events were all leads to increase in depression.

4. From the studies related to depression and career decision-making it was observed that depression is negatively correlated with decision-making which means depressed individuals may exhibit greater indecisiveness, lower productivity of decisions, poorer analytical thinking and poor decisions about career. Also some studies showed that avoidance of decisions, dysfunctional career thoughts, negative thinking about career opportunities, occupational indecision and career indecision were all lead to depression.

5. From the studies related to gender differences on depression it was found that adolescent females are at significantly greater risk than males for depression but some studies showed males scoring higher than females on depression and some studies showed no significant gender differences on depression.

2.7 Hypotheses

From the review of literature, it is found that previous studies are not sufficient and some offer inconsistent and contradictory results. Limited Indian studies are found on depression among adolescents in relation to their family environment, peer group influence, academic stress and career decision-making, which prompted the investigator for further research in this area. On the behalf of objectives stated in Chapter 1 and by reviewing literature, the investigator formulated following hypotheses for the present study which are described below:

**H$_1$**: There is no significant relationship between depression and family environment among adolescents.

**H$_2$**: There is no significant relationship between depression and peer group influence among adolescents.
null

**H1:** There is no significant relationship between depression and academic stress among adolescents.

**H2:** There is no significant relationship between depression and career decision-making among adolescents.

**H3:** There are no significant gender differences on the variables of depression, family environment, peer group influence, academic stress and career decision-making.

**H4:** There are no significant differences among science, arts and commerce stream adolescents on the variables of depression, family environment, peer group influence, academic stress and career decision-making.

**H5:** None of the independent variables of family environment, peer group influence, academic stress and career decision-making contribute significantly in predicting depression among adolescents conjointly as well as independently.