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Relationships between self-efficacy and symptoms of anxiety disorders and depression in a normal adolescent sample

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Abstract

The present study examined relationships between self-efficacy and symptoms of affective disorders in a large sample of normal adolescents ($n = 596$). Participants completed the Self-Efficacy Questionnaire for Children and scales measuring trait anxiety/neuroticism, and symptoms of anxiety disorders and depression. Results showed that low levels of self-efficacy generally were accompanied by high levels of trait anxiety/neuroticism, anxiety disorders symptoms, and depressive symptoms. Furthermore, some support was found for the notion that specific domains of self-efficacy are especially associated with particular types of anxiety problems. That is, social self-efficacy was most strongly connected to social phobia, academic self-efficacy to school phobia, and emotional self-efficacy to generalised anxiety and panic/somatic. Finally, when controlling for trait anxiety/neuroticism, self-efficacy still accounted for a small but significant proportion of the variance of symptoms of anxiety disorders and depression. The role of self-efficacy in the aetiology and maintenance of childhood affective disorders and directions for future research are briefly discussed. © 2001 Elsevier Science Ltd. All rights reserved.

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1. Introduction

Self-efficacy is the central construct of Bandura's (1997) social cognitive theory and refers to *the perceived ability to produce a desired action*. Self-efficacy is more than telling ourselves that we can

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succeed; it is a strong conviction of competence that is based on our evaluation of various sources of information about our abilities (Bandura, 1986). It is important to note that self-efficacy is partially independent of one's actual abilities. For example, people who are highly competent at a particular task but have little faith in their ability are unlikely to attempt the task. In other words, when ability is high but self-efficacy is low, there is little chance that the task will be successfully accomplished. Furthermore, self-efficacy should be distinguished from outcome expectancy. While self-efficacy pertains to beliefs about one's own competence, outcome expectancy refers to one's estimate that a given action will lead to a certain outcome (Bandura, 1986).

According to Bandura (1997), self-efficacy plays a pivotal role in the self-regulation of affective states. In his words, "The [perceived] inability to influence events and social conditions that significantly affect one's life can give rise to feelings of futility and despondency as well as anxiety" (p.153). Briefly, when people perceive themselves as inefficient to gain highly valued outcomes, they will be depressed. Otherwise, when people see themselves as ill equipped to cope with potentially threatening events, they will become anxious.

There seem to be three important pathways along which a low sense of self-efficacy may give rise to feelings of depression and anxiety (Bandura, 1997). First of all, when people face a situation in which they have to meet highly valued standards, a low sense of self-efficacy may produce a despondent mood and anticipatory apprehension. This is particularly true when people's personal standards of merit are set well above their perceived efficacy to attain them. Second, a low sense of social self-efficacy may hinder the formation of positive social relationships that bring satisfaction to peoples' lives and enable them to manage stressful experiences, and thereby may promote depressed feelings. Furthermore, the lack of social self-efficacy makes people believe that they cannot meet others' evaluative standards and this is likely to enhance anxiety in social situations. Third and finally, low self-efficacy about the exercise of control over negative thoughts may also boost anxiety and depression. All people will experience anxious, worrisome, and depressed thoughts from time to time, but they vary in how well they are able to deal with these thoughts. While some people successfully cope with negative thinking, others may use ineffective strategies that even trigger further strings of negative thoughts.

Empirical research on the contribution of perceived self-efficacy to depression and anxiety has been predominantly confined to adults (see for a review, Bandura, 1997). As these affective disorders also frequently occur in youths (e.g. Bernstein, Borchardt, & Perwien, 1996; Birmaher et al., 1996), it seems obvious to study self-efficacy in relation to child and adolescent psychopathology. So far, some research in this area has addressed the role of self-efficacy in early-onset depression. Cross-sectional studies (e.g. Comunian, 1989; Ehrenberg, Cox, & Koopman, 1991) have reported a negative correlation between self-efficacy and depression. That is, the lower children's self-efficacy, the higher their level of depression. Recently, Bandura, Pastorell, Barbaranelli, and Caprara (1999) tested the connection between self-efficacy and childhood depression prospectively. In that study, relationships between social and academic self-efficacy and depression at 1 and 2 years follow-up were examined. Results indicated that low levels of both social and academic self-efficacy were predictive of long-term depression. In a similar vein, there are a few studies that have examined the connection between self-efficacy and childhood anxiety. These studies have focused on the relationship between self-efficacy and specific types of anxiety (e.g. social anxiety, Matsuo & Arai, 1998, and test anxiety, Yue, 1996) and consistently showed that low levels of self-efficacy are accompanied by high levels of anxiety.

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