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# INTERNALIZING PROBLEMS IN CONTEXT OF NEGATIVE LIFE EVENTS IN ADOLESCENCE

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## ABSTRACT

*The aim of the study was to assess the internalizing problems of adolescence in context of perceived life events. The sample of 602 adolescents was collected from different schools and colleges. The participants completed the Life Event Checklist (LEC; Blake et al. 1995) and Depression, Anxiety and Stress Scale (DASS; Lovibond & Lovibond, 1995). The findings suggest that adolescents with high internalizing problems scored high on negative events of fire explosion, exposure to a toxic substance, violent death and serious injury caused to someone close. Moreover, adolescence with less internalizing problems scored high on events of physical assault, assault with weapons, and unwanted sexual assault. Furthermore, girls scored high on stress as compared to boys whereas insignificant gender differences are evident on depression and anxiety. The findings further suggest that boys scored significantly high on negative life events of natural disaster, fire explosion, combat or exposure to war zone. Whereas, girls significantly scored high on serious accident at work, severe human suffering. The findings of research and clinical implications.*

***Keywords:*** *Negative Life Events, Internalizing Problems, Gender, Adolescents*

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## INTRODUCTION

Throughout individual's life experiences many events differ in strength, duration, time, and its meaning. Events such as death of a family member have a drastic effect and brought about a lot of mental change. On other hand events of minor level such as having poor grades brought about little change. All these events play an important role in human development by facilitating positive growth and adjustment. On other hand negative life events can play its role in developing illness and disturbance (Goodyer, Herbert, Tamplin, & Altham, 2000). Negative life events are associated with poor functioning attachment and adjustment at school (Beasley, Thompson, & Davidson, 2003). These negative life events are ones which cause a lot of turbulence and maladjustments in one's life, consequently requires readjustment in daily routine (Holmes & Rahe, 1967). The findings of a research on large sample of undergraduate and community students showed that students who have experienced more negative life events have poor adjustment at school, lower grades, the high distress and low life satisfaction (Anders, Frazier, & Shallcross, 2012).

Gender play quite evident role in how stress can be perceived (Baruch, Biener, & Barnett, 1987). Male and female have different physiology and therefore they have different effect of life events on them. In a study conducted on European setting over a large population, it was found that women have higher rate of depression and are more vulnerable to life events of negative nature (Dalgard et al., 2006). When studying gender and stressful or negative life events, beside conflicting outcomes, it was found that women perceive themselves more in stressful circumstances as compared to men (McDonough & Walter, 2001; Ptacek, Smith, & Zanas, 1992). At domestic level women have been found to have daily stress on routine work. Their stress is more family oriented and care related (Lee, 2001). They women tend to be more emotionally involved in social, domestic events as compare to their counterparts and have more chances to experience stress (Turner et al., 1995). On larger level women experience the stressful events related to gender discrimination which is associated to their physical and mental events (Klonoff, Landrine, & Campbell, 2000). Moreover, many skin diseases are also linked with negative stressful life events such as itch, acne, fungal infections which are more common in more girls than boys (Dalgard, Lien, & Dalen, 2007).

Stressful events play an important role in developing depression and anxiety in adolescents. Stressful events activate emotional reactivity towards it and hence increase the vulnerability towards internalizing problems. Females tend to

suffer more because they are more emotional, have weak coping strategies. This link is predictive of future psychopathology, particularly anxiety and depression in adolescence females. Other mechanism can enhance the internalizing problems which includes sadness rumination, repetitive thoughts, and thoughts about personal sadness (Pine, Cohen, & Brook, 1998). Moreover, a survey was conducted in which prevalence of depression is linked with presence of negative life events in freshmen college students. This is one of the most important factor of maladjustment in school life (Reyes-Rodríguez, Rivera-Medina, Cámara-Fuentes, Suárez-Torres, & Bernal, 2013).

Spence and associates (2002) found that negative life events are experienced by both male and female, however, female show more depressive symptoms as result of experiencing negative life events. Research on childhood stressful events and its effect on male and female adolescents on their anxiety symptoms showed relation of number of stressful life events such as loss, death, peer rejection and academic difficulties with that of anxious symptoms. There was a positive relationship between stressful life events and anxiety symptoms in females but for males only negative family environment is a stressful event linked to anxiety symptoms (Grover, Ginsburg, & Ialongo, 2005).

To sum up, negative life event is one of the important factors which can affect the psychological development of adolescence. Negative events such as earthquakes, fire explosion, physical assault (Steinberg, 2001) if happened leave their mark so deep that it can alter the normal psychological development of adolescence. The psychological repercussions of negative life events include internalizing problems like depression and anxiety. The depression can subsequently lead to suicidal behavior or other adverse effects across campus life (Eisenberg, Gollust, Golberstein, & Hefner, 2007; World Health Organization, WHO: 2005). Likewise, adolescents with anxiety present with restlessness, behavioral issues, reduced concentration, decline in school performance and social withdrawal (Essau, 2003). Hence, it is important to study the internalizing problems in context of negative life events in adolescents since, many adult behaviors have their foundations in adolescence and if we need to find the right cause it's important to look into early life events of a person. Therefore, this study attempted to explore the differences between adolescence with low internalizing behavior problems and adolescents with high internalizing behaviors problems on negative life events. In addition, another interrelated objective of the study was to examine the differences between boys and girls with regard to their perception of negative life events and internalizing problems. This study will provide substantial

understanding about association between negative life events and internalizing problems. It will be helpful in future for analyst, psychologist, and parents.

Following hypotheses are framed for present study:

1. The adolescents with high scores on internalizing problems will report more negative life events as compared to adolescents with low score on internalizing behavior problems.
2. Girls will show high scores on internalizing problem as compared to boys.
3. Boys will show high scores on negative life events as compared to girls.

## METHOD

### *Participants*

The sample was collected through purposive sampling technique. The sample consisted of 602 adolescence of which 419 were girls and 168 were boys. The age range of the sample was between 13 to 19 years with mean age of 17.8 (SD=1.68). The sample included enrolled students of different schools, colleges and universities of Islamabad, Rawalpindi and Multan (see Table 1).

### *Measures*

#### Life Event Checklist (LEC)

The Life Event Checklist (LEC; Blake et al., 1995) was developed by National Center of PTSD. It was based on DSM-5 and designed to measure the potentially traumatic events. LEC-5 was consisted of 17 items. Of which 16 items are describing different traumatic events which could contribute in PTSD or distress. It also included an additional open-ended item to describe any stressful event not mentioned in previous 16 items. The sample item consisted of events like flood, hurricane, tornado, and earthquake. Responses included: *happened to me, witnessed it, learned about it, not sure*. The mean kappa Coefficient for total LEC-5 was .61.

### Depression, Anxiety and Stress Scale

Depression, Anxiety and Stress Scale (DASS; Lovibond & Lovibond, 1995) is 21-item self-report measure used to measure depression, anxiety and stress. The individual reported the symptoms of last week. Each item was scored from *0 (did not apply to me at all over the past week)* to *3 (applied to me very much).* The DASS was not used as a diagnostic measure, but to assess the overall distress. The Cronbach's alpha value for DASS is reported to be .93 which indicates excellent internal consistency.

### *Procedure*

For the present study, the formal permission was taken from the principals of schools, colleges and Universities in Islamabad and Multan. After taking informed consent from the participants, questionnaire booklet was given. The booklet comprised of consent form, Demographic Information Sheet, Depression, Anxiety, Stress Scale and Life Events Checklist. At the end of administration of the measures, participants were thanked for their time and support.

### *Statistical Analysis*

The data was processed through SPSS for analysis. Pearson product moment coefficient of correlation and t-test were used to analyze the data in statistical terms.

## RESULTS

Table 1
*Demographic Characteristic of Sample (N=602*)

| | *f* | % | *M* | *SD* |
|---|---|---|---|---|
| **Age (13-19 years)** | | | 17.8 | 1.68 |
| **Education** | | | | |
| 8th Grade | 95 | 15.7 | | |
| 9th Grade | 85 | 14.11 | | |
| 10th Grade | 105 | 17.44 | | |
| 11th Grade | 95 | 15.78 | | |
| 12th Grade | 100 | 16.61 | | |
| 13th Grade | 122 | 20.26 | | |

Table 2
*Differences between Adolescents with Low Internalizing Problems and Adolescents with High Internalizing Problems on Life Events (N=602)*

| **Life Events** | **Low Internalizing (*n* =341)** | | **High Internalizing (*n*= 261)** | | ***t*** | ***p*** | ***Cohen's d*** |
|---|---|---|---|---|---|---|---|
| | ***M*** | ***SD*** | ***M*** | ***SD*** | | | |
| Natural disaster | 3.98 | 1.6 | 3.94 | 1.7 | .28 | .77 | .02 |
| Fire explosion | 4.22 | 1.52 | 4.47 | 1.17 | -2.12 | .03* | -.18 |
| Transportation Accident | 3.76 | 1.81 | 3.86 | 1.78 | -.60 | .54 | -.05 |
| Serious accident at work or home | 4.38 | 1.40 | 4.39 | 1.42 | .04 | .96 | .00 |
| Exposure to toxic substance | 4.15 | 1.60 | 4.48 | 1.33 | -2.3 | .01** | .22 |
| Physical assault | 2.71 | .90 | 2.48 | 1.0 | 2.6 | .01** | .24 |
| Assault with weapon | 4.83 | .74 | 4.57 | 1.1 | 3.22 | .00** | .27 |
| Sexual assault | 4.89 | .61 | 4.77 | .92 | 1.85 | .06 | .15 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Unwanted sexual assault(other) | 4.87 | .66 | 4.58 | 1.1 | 3.7 | .00** | .31 |
| Combat or exposure to war zone | 4.86 | .68 | 4.80 | .77 | .93 | .35 | .08 |
| Captivity | 4.71 | 1.00 | 4.58 | 1.1 | 1.3 | .17 | .12 |
| Life threatening | 4.37 | 1.42 | 4.14 | 1.15 | 1.7 | .07 | .17 |
| Severe human suffering | 4.60 | 1.15 | 4.76 | .90 | -1.5 | .11 | -.15 |
| Violent death eg suicide | 4.09 | 1.63 | 4.46 | 1.30 | -2.6 | .00** | -.25 |
| Unexpected death of someone close | 3.67 | 1.83 | 3.93 | 1.64 | -1.6 | .10 | -.14 |
| Serious injury caused to someone close | 3.92 | 1.53 | 4.21 | 1.69 | 2.0 | .04* | .17 |
| Anyother stressful event | 3.15 | 1.72 | 2.95 | 1.61 | 1.3 | 1.7 | .12 |

*$p$<.05, **$p$<.01, $df$ = 600

Table 3

*Differences between Boys and Girls on Internalizing Problems (N=602)*

| **Internalizing Problems** | **Boys (*n* =183)** | | **Girls (*n*= 419)** | | ***t*** | ***p*** | ***Cohen's d*** |
|---|---|---|---|---|---|---|---|
| | ***M*** | ***SD*** | ***M*** | ***SD*** | | | |
| Depression | 14.4 | 3.86 | 14.5 | 3.93 | -.12 | .89 | -.02 |
| Anxiety | 14.5 | 4.0 | 14.1 | 3.6 | 1.0 | .29 | .10 |
| Stress | 14.8 | 3.89 | 15.7 | 4.26 | -2.3 | .02* | -.22 |

*$p$<.05, $df$ = 600

Table 4
*Differences between Boys and Girls on Life Events (N=602)*

| Life Events | Girls (*n* =419) | | Boys (*n*= 183) | | *t* | *p* | *Cohen's d* |
|---|---|---|---|---|---|---|---|
| | **M** | **SD** | **M** | **SD** | | | |
| Natural disaster | 3.86 | 1.5 | 4.22 | 1.5 | 2.37 | .01** | .02 |
| Fire explosion | 4.12 | 1.35 | 4.42 | 1.17 | -2.35 | .01** | -.18 |
| Transportation Accident | 3.76 | 1.81 | 3.86 | 1.78 | -.33 | .74 | -.05 |
| Serious accident at work or home | 4.49 | 1.40 | 4.15 | 1.42 | -2.7 | .00** | .00 |
| Exposure to toxic substance | 4.15 | 1.60 | 4.48 | 1.23 | -.33 | .74 | -.22 |
| Physical assault | 2.63 | .87 | 2.67 | 1.0 | .02 | .71 | .24 |
| Assault with weapon | 4.74 | .74 | 4.77 | 1.1 | 3.22 | .67 | .27 |
| Sexual assault | 4.89 | .61 | 4.77 | .92 | -.65 | .51 | .15 |
| Unwanted sexual assault(other) | 4.87 | .66 | 4.83 | 1.1 | -.80 | .42 | .31 |
| Combat or exposure to war zone | 4.64 | .68 | 4.69 | .77 | -2.3 | .01** | .08 |
| Captivity | 4.61 | 1.00 | 4.69 | 1.1 | -.56 | .57 | .12 |
| Life threatening | 4.37 | 1.42 | 4.14 | 1.15 | -1.3 | .89 | .17 |
| Severe human suffering | 4.72 | 1.15 | 4.49 | .90 | -2.3 | .02** | -.15 |
| Violent death eg suicide | 4.09 | 1.63 | 4.46 | 1.30 | -1.7 | .07 | -.25 |
| Unexpected death of someone close | 3.67 | 1.83 | 3.93 | 1.64 | .89 | .37 | -.14 |
| Serious injury caused to someone close | 3.92 | 1.53 | 4.21 | 1.69 | -1.7 | .08 | .17 |
| Anyother stressful event | 3.15 | 1.72 | 2.95 | 1.61 | -1.4 | .13 | .12 |

*$p$<.05, **$p$<.01, $df$ = 600

## DISCUSSION

Hypothesis '1' was that 'The adolescents with high scores on internalizing problems will report more negative life events as compared to adolescents with low score on internalizing problems'. The results (Table 2) suggests that adolescents with high internalizing problems scored high on negative events of fire explosion, exposure to a toxic substance, violent death and serious injury caused to someone close. Moreover, adolescence with less internalizing problems scored high on events of physical assault, assault with weapons, and unwanted sexual assault. So hypothesis '1' was partially supported. The reason for showing less distress on this negative event was cultural difference. The sample was of the culture where parents hitting or slapping a child is part of their brought up. Knott (2005) stated that many self-proclaimed parenting experts equate physical punishment as discipline. It has also been posited that the adolescence experienced low distress on event of unwanted sexual assault (Malik, 2004).

The reason for showing less distress on this negative event was cultural difference. The sample was of the culture where parents hitting or slapping a child is part of their brought up. Knott (2005) stated that many self-proclaimed parenting experts equate physical punishment as discipline.

Hypothesis '2' was that 'Girls will show high score on internalizing problems as compared to boys'. The results (Table 3) suggest that girls scored higher than boys only on the variable of stress whereas insignificant differences are evident on internalizing problems of anxiety and depression. It can be inferred that girls of grade $8^{th}$ to $13^{th}$ take more stress than boys on routine work such as homework assignments, class tests etc. It also means that teenage girls are more easily stressed. Stress can be predictor of anxiety and depression (Compass, Orosan, & Grant, 1993). So it can be said that if girls have more stress level than they are more prone to depression and anxiety. But findings did not support the presence of depression and anxiety in boys and girls.

Hypothesis '3' was that 'Boys will show high scores on negative life events as compared to girls'. The results suggest that boys scored high as compared to girls on life events of natural disaster, fire explosion, combat or exposure to war zone. The girls scored higher than boys on negative life events of domestic nature such as serious accident at work or severe human suffering than boys. The previous

finding by Hankin and colleagues (2007) found that boys experienced stress on events which are more outward in nature such as exposure to warzone.

In conclusion, the present study partially support the hypotheses of our study however highlight the significance of association of negative life events with internalizing behavior problems. Hence, further studies are warranted. The present study has certain limitations which may limit generalizability of this study. The sample was taken from few cities and the female number was high as compared to boys. The response rate was high in female adolescence. The self-report measures provide limited information so in future mixed method research by incorporating qualitative methods may prove beneficial in studying role of negative life events in context of internalizing disorders.

## REFERENCES

Anders, S. L., Frazier, P. A., & Shallcross, S. L. (2012). Prevalence and effects of life event exposure among undergraduate and community college students. *Journal of Counselling Psychology*, *59*(3), 449.

Baruch, G. K., Biener, L., & Barnett, R. C. (1987). Women and gender in research on work and family stress. *American Psychologist*, *42*(2), 130.

Beasley, M., Thompson, T., & Davidson, J. (2003). Resilience in response to life stress: The effects of coping style and cognitive hardiness. *Personality and Individual Differences*, *34*(1), 77-95.

Blake, D. D., Weathers, F. W., Nagy, L. M., Kaloupek, D. G., Gusman, F. D., Charney, D. S., & Keane, T. M. (1995). The development of a clinician-administered PTSD scale. *Journal of Traumatic Stress*, *8*(1), 75-90.

Compas, B. E., Orosan, P. G., & Grant, K. E. (1993). Adolescent stress and coping: Implications for psychopathology during adolescence. *Journal of Adolescence*, *16*(3), 331.

Dalgard, O. S., Dowrick, C., Lehtinen, V., Vazquez-Barquero, J. L., Casey, P., Wilkinson, G..... ODIN Group. (2006). Negative life events, social support and gender difference in depression. *Social Psychiatry and Psychiatric Epidemiology*, *41*(6), 444-451.

Dalgard, F., Lien, L., & Dalen, I. (2007). Itch in the community: Associations with psychosocial factors among adults. *Journal of the European Academy Dermatology and Venereology, 21*(9), 1215-1219.

Essau, C. A. (2003). Comorbidity of anxiety disorders in adolescents. *Depression and Anxiety, 18,* 1-6. doi: 10.1002/da.10107

Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry*, *77*(4), 534-542.

Goodyer, I. M., Herbert, J., Tamplin, A., & Altham, P. M. E., (2000). First episode major depression in adolescents-affective, cognitive endocrine characteristics of risk status and predictors of onset. *British Journal of Psychiatry, 176*, 142-149.

Grover, R. L., Ginsburg, G. S., & Ialongo, N. (2005). Childhood predictors of anxiety symptoms: A longitudinal study. *Child Psychiatry and Human Development*, *36*(2), 133-153.

Hankin, B. L., Mermelstein, R., & Roesch, L. (2007). Sex differences in adolescent depression: Stress exposure and reactivity models. *Child Development*, *78*(1), 279-295.

Holmes, T. H., & Rahe, R. H. (1967). The social readjustment rating scale. *Journal of Psychosomatic Research, 11*(2), 213-218.

Klonoff, E. A., Landrine, H., & Campbell, R. (2000). Sexist discrimination may account for well-known gender differences in psychiatric symptoms. *Psychology of Women Quarterly*, *24*(1), 93-99.

Knott, J., (2005). The Labeling Game A Conceptual Exploration of Deviance on the Internet. *Social Science Computer Review*, *23*(1), 93-107.

Lee, C. (2001). Experiences of family caregiving among older Australian women. *Journal of Health Psychology*, 6, 393-404.

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, *33*(3), 335-343

McDonough, P., & Walters, V. (2001).Gender and health: reassessing patterns. *Social Science & Medicine*, *52*(4), 547-559.

Pine, D. S., Cohen, P., Gurley, D., Brook, J., & Ma, Y. (1998). The risk for early-adulthood anxiety and depressive disorders in adolescents with anxiety and depressive disorders. *Archives of General Psychiatry*, *55*(1), 56-64.

Ptacek, J. T., Smith, R. E., & Zanas, J. (1992). Gender, appraisal, and coping: A longitudinal analysis. *Journal of Personality*, *60*(4), 747-770.

Reyes-Rodríguez, M. L., Rivera-Medina, C. L., Cámara-Fuentes, L., Suárez-Torres, A., & Bernal, G. (2013). Depression symptoms and stressful life events among college students in Puerto Rico. *Journal of Affective Disorders*, *145*(3), 324-330.

Spence, S. H., Sheffield, J., & Donovan, C. (2002). Problem-solving orientation and attributional style: Moderators of the impact of negative life events on the development of depressive symptoms in adolescence? *Journal of Clinical Child and Adolescent Psychology*, *31*(2), 219-229.

Steinberg, L. (2001). We know some things: Parent–adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence*, *11*(1), 1-19.

Turner, R. J., Wheaton, B., & Lloyd, D. A. (1995). The epidemiology of social stress. *American Sociological Review*, 104-125.