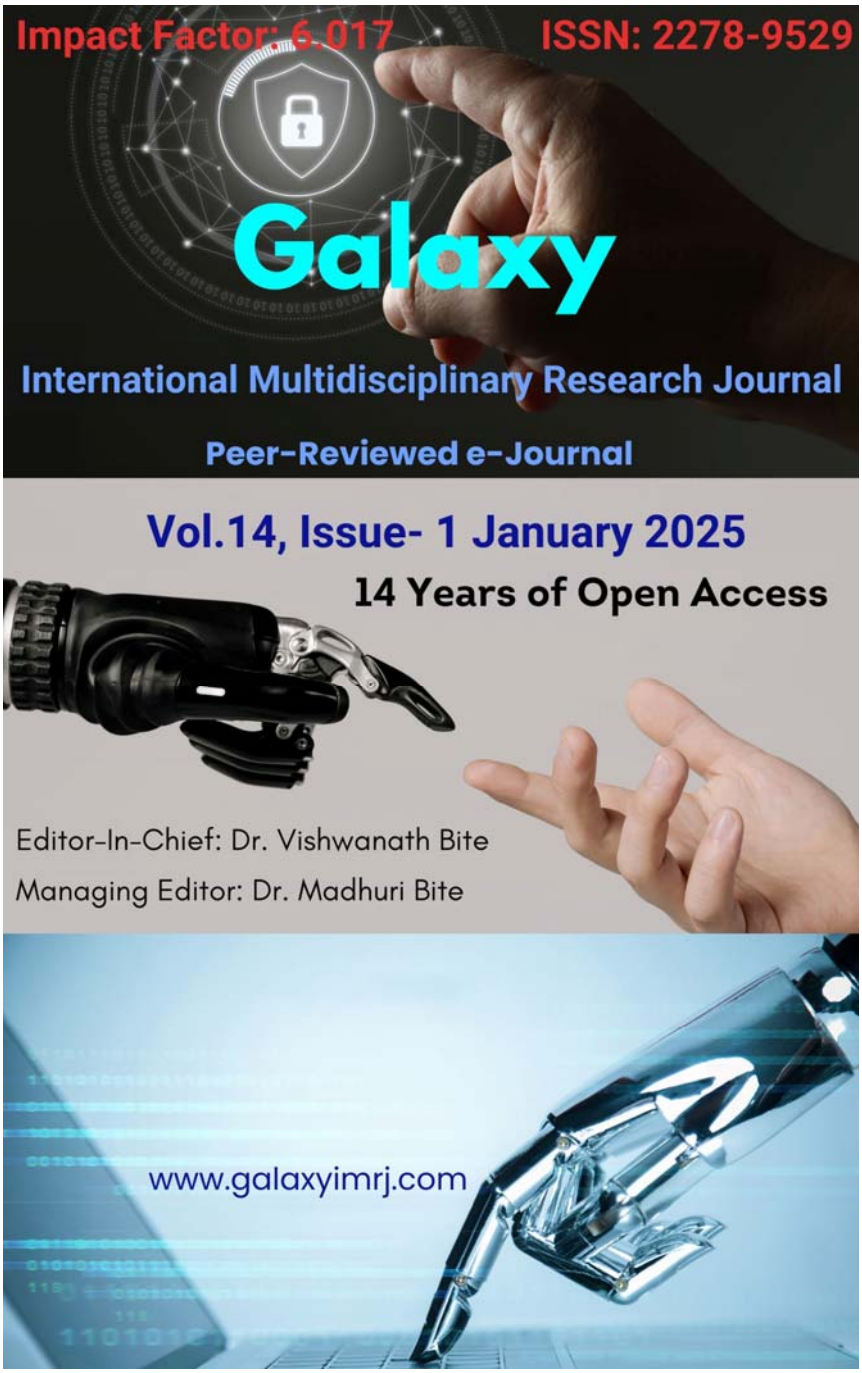

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High vs. Low Self-Efficacy: Effects on Adolescent Anxiety and Helplessness

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Abstract:

"This study explores the relationship between self-efficacy, anxiety, and helplessness in adolescents. Self-efficacy, a psychological construct defined by an individual's belief in their ability to achieve goals, plays a significant role in emotional regulation and resilience. Adolescence, a stage of significant developmental changes, is often marked by stressors such as academic pressures and social challenges. The research aimed to analyze the differences in anxiety and helplessness levels between adolescents with high and low self-efficacy. A sample of 100 adolescents (50 with high self-efficacy and 50 with low self-efficacy) was chosen from Sangli district, Maharashtra. Results indicated no significant differences in the levels of anxiety or helplessness between the two groups. While low self-efficacy adolescents showed slightly higher anxiety and helplessness scores, these differences were not statistically significant. The findings suggest that self-efficacy may not act as a strong standalone predictor of anxiety or helplessness in this sample. Further research is needed to explore these relationships in diverse cultural and socio-economic contexts, considering the indirect effects of self-efficacy and its interactions with other influencing factors."

Keywords: Self-efficacy, Anxiety, Helplessness, Adolescents, Psychological well-being, Social Cognitive Theory, Emotional regulation.

INTRODUCTION:

A) SELF-EFFICACY

Self-efficacy, a cornerstone of Bandura's Social Cognitive Theory, refers to an individual's belief in their capacity to organize and execute actions required to achieve desired outcomes. This psychological construct profoundly influences various dimensions of

human behavior, including emotional regulation, motivation, and resilience. Among adolescents, self-efficacy becomes particularly crucial as it intersects with developmental challenges, academic pressures, and social dynamics, all of which contribute to their psychological well-being.

Adolescence is a transitional stage marked by increased exposure to stressors, including academic expectations, peer relationships, and identity formation. During this phase, self-efficacy functions as a buffer against anxiety and feelings of helplessness. High self-efficacy equips adolescents with the confidence to navigate challenges effectively, fostering a sense of agency and reducing vulnerability to negative emotions. Conversely, low self-efficacy is often associated with heightened anxiety, diminished coping skills, and a greater likelihood of experiencing helplessness, which can have long-term implications for mental health and academic success.

Research highlights that self-efficacy impacts adolescents' psychological states by influencing their cognitive appraisals and coping mechanisms. Adolescents with high self-efficacy perceive stressors as manageable and are more likely to engage in proactive problem-solving. In contrast, those with low self-efficacy tend to view challenges as insurmountable, leading to avoidance behaviours and emotional distress. Studies have shown that self-efficacy not only mediates the relationship between stress and psychological outcomes but also serves as a predictor of academic achievement, life satisfaction, and resilience.

Parental and peer influences play a significant role in shaping adolescents' self-efficacy beliefs. Supportive parenting, characterized by encouragement and affirmation, fosters a sense of competence and resilience in adolescents. Conversely, negative parental behaviours, such as criticism or conflict, are linked to lower self-efficacy and increased anxiety. Similarly, positive peer interactions reinforce adolescents' belief in their abilities, while adverse peer experiences can erode confidence and contribute to feelings of helplessness.

Educational environments also contribute to the development of self-efficacy. Teachers who provide constructive feedback and create supportive learning atmospheres enhance students' confidence in their abilities. This is particularly relevant in academic contexts, where self-efficacy directly influences motivation, persistence, and performance. Adolescents with high self-efficacy are more likely to set challenging goals and persist in the face of setbacks, whereas those with low self-efficacy may disengage or underperform due to self-doubt.

Despite the robust evidence supporting the protective role of self-efficacy, there remains a need for further exploration of its mechanisms and implications. For instance, the interplay between self-efficacy, anxiety, and helplessness in diverse cultural and socio-economic contexts warrants deeper investigation. Moreover, interventions aimed at enhancing self-efficacy, such as skill-building programs and mentorship initiatives, could offer practical strategies for mitigating anxiety and fostering resilience among adolescents.

In conclusion, self-efficacy represents a pivotal factor in understanding the emotional and behavioural dynamics of adolescents. By examining the effects of high and low self-efficacy on anxiety and helplessness, this study aims to illuminate the pathways through which adolescents can be supported in their journey toward psychological well-being and academic success. Addressing the disparities in self-efficacy levels can pave the way for targeted interventions that empower adolescents to thrive in an increasingly complex world.

Self-efficacy is a psychological concept introduced by Albert Bandura as part of his Social Cognitive Theory (SCT). It is defined as an individual's belief in their capacity to organize and execute actions required to achieve specific goals. Unlike general confidence, self-efficacy is task-specific and varies depending on the context. Bandura emphasized that self-efficacy is a core driver of human motivation and action, shaping how people perceive challenges and respond to them.

Self-efficacy influences various life domains, including education, health, relationships, and workplace productivity. For instance, individuals with high self-efficacy are more likely to set challenging goals, persist in the face of setbacks, and view failures as opportunities for learning. Conversely, low self-efficacy is linked to avoidance behaviours, anxiety, and a diminished ability to cope with stress.

The concept of self-efficacy is built on several foundational principles:

1. **Sources of Self-Efficacy**

   Bandura identified four main sources that shape an individual's self-efficacy beliefs:

   - **Mastery Experiences**: Successes boost self-efficacy, while repeated failures lower it. Successfully overcoming challenges is the most robust way to enhance self-efficacy.
   - **Vicarious Experiences**: Observing others (role models) successfully complete tasks can strengthen self-efficacy, particularly if the observer perceives themselves as similar to the role model.

- **Social Persuasion**: Positive reinforcement and encouragement from others (e.g., teachers, peers, and mentors) can enhance self-efficacy, though it is less potent than personal experiences.
- **Emotional and Physiological States**: Emotional responses like stress, anxiety, or fatigue can negatively affect self-efficacy, whereas a positive mood and energy boost it.

2. **Dimensions of Self-Efficacy**

   Self-efficacy beliefs can be assessed across three dimensions:
   - **Level**: The complexity of tasks an individual feels capable of handling.
   - **Strength**: The confidence with which an individual believes in their ability.
   - **Generality**: The extent to which self-efficacy beliefs apply across different domains.
3. **Impact of Self-Efficacy**
   - **Cognition**: High self-efficacy promotes optimistic thinking, creative problem-solving, and focus.
   - **Motivation**: Individuals with strong self-efficacy set higher goals and demonstrate resilience when encountering obstacles.
   - **Emotional Regulation**: People with strong self-efficacy are better equipped to manage stress, anxiety, and emotional distress.
4. **Role in Human Development**

   Self-efficacy evolves through different stages of life. For example:
   - **Children and Adolescents**: Strong parental and educational support helps develop confidence in abilities.
   - **Adults**: Experiences in professional and personal life further refine self-efficacy.
   - **Elderly**: Maintaining self-efficacy can enhance life satisfaction and coping with aging challenges.
5. **Applications of Self-Efficacy**

   Self-efficacy has been applied in various areas:
   - **Education**: Encouraging students to believe in their abilities enhances academic performance.
   - **Health**: Programs that foster self-efficacy (e.g., for quitting smoking or managing chronic illnesses) improve outcomes.

- **Workplace**: High self-efficacy employees show better performance, adaptability, and leadership skills.

B) ANXIETY AND THEIR TYPES

Anxiety is a natural response to stress or a perceived threat, characterized by feelings of worry, fear, or unease. It is a normal reaction that helps individuals prepare for challenging situations. However, when anxiety becomes excessive, persistent, and interferes with daily functioning, it may develop into an anxiety disorder, a common mental health condition.

Anxiety affects both the mind and body, manifesting as physical symptoms (e.g., increased heart rate, sweating, trembling) and psychological symptoms (e.g., excessive worry, restlessness). According to the American Psychological Association, anxiety disorders are among the most prevalent mental health conditions worldwide, often starting during adolescence or early adulthood.

Types of Anxiety

1. **Generalized Anxiety Disorder (GAD)**
   - **Description**: Characterized by chronic and excessive worry about everyday issues, such as health, work, or finances, even when there is no specific reason for concern.
   - **Symptoms**: Restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbances.
2. **Panic Disorder**
   - **Description**: Repeated and unexpected panic attacks involving intense fear and physical symptoms that mimic a heart attack.
   - **Symptoms**: Chest pain, shortness of breath, dizziness, nausea, and a feeling of losing control.
3. **Social Anxiety Disorder (Social Phobia)**
   - **Description**: Fear of social situations where one might be judged, embarrassed, or humiliated.
   - **Symptoms**: Avoidance of social gatherings, fear of speaking in public, and severe self-consciousness.
4. **Specific Phobias**
   - **Description**: Intense fear of a specific object or situation, such as heights, animals, or flying.

- **Symptoms**: Avoidance of the phobic stimulus, sweating, rapid heartbeat, and extreme distress when exposed.

5. **Obsessive-Compulsive Disorder (OCD)** (formerly classified under anxiety disorders)
   - **Description**: Persistent, intrusive thoughts (obsessions) that lead to repetitive behaviors (compulsions) aimed at reducing anxiety.
   - **Symptoms**: Washing hands repeatedly, checking locks excessively, or hoarding items.
6. **Post-Traumatic Stress Disorder (PTSD)** (formerly classified under anxiety disorders)
   - **Description**: Develops after experiencing or witnessing a traumatic event.
   - **Symptoms**: Flashbacks, nightmares, emotional numbness, and hyperarousal.
7. **Separation Anxiety Disorder**
   - **Description**: Excessive fear of being separated from loved ones, typically diagnosed in children but also present in adults.
   - **Symptoms**: Fear of harm befalling loved ones, reluctance to be alone, and physical symptoms like stomachaches when separated.
8. **Agoraphobia**
   - **Description**: Fear of situations where escape might be difficult, such as crowded places or public transportation.
   - **Symptoms**: Avoidance of certain environments, panic-like symptoms, and dependency on others for support.

C) HELPLESSNESS AS A PSYCHOLOGICAL PROCESS

Helplessness is a psychological state in which an individual perceives themselves as unable to control or influence outcomes, often leading to passivity, resignation, or a lack of motivation. This concept is foundational in psychology and was extensively studied by Martin Seligman, who introduced the theory of **learned helplessness** in the 1960s. Learned helplessness occurs when an individual, after repeated exposure to uncontrollable and adverse situations, internalizes a sense of powerlessness that persists even when opportunities to change the outcome arise.

Helplessness is not merely a transient feeling but a complex psychological process influenced by cognitive, emotional, and behavioural factors. It involves distorted perceptions of control and efficacy, where individuals attribute their inability to external forces or

inherent deficiencies. This state often results in negative outcomes, such as reduced problem-solving ability, diminished motivation, and increased susceptibility to mental health conditions like depression and anxiety.

Key Features of Psychological Helplessness

1. **Cognitive Components**

   Helplessness involves beliefs about lack of control, often shaped by past experiences. People in this state develop maladaptive thought patterns, such as attributing failures to internal, stable, and global factors (e.g., "I failed because I'm incapable"), which reinforce the sense of powerlessness.

2. **Emotional Impact**

   Helplessness is associated with feelings of despair, frustration, and emotional exhaustion. Over time, it can contribute to more severe psychological issues, including chronic stress and depressive symptoms.

3. **Behavioural Outcomes**

   Individuals experiencing helplessness often disengage from challenges or fail to take initiative. This "giving up" behavior perpetuates the cycle of helplessness, as they lose opportunities to regain a sense of control.

Causes and Influences on Helplessness

1. **External Stressors**: Adverse experiences, such as traumatic events, persistent failure, or systemic barriers, can initiate feelings of helplessness.
2. **Learned Responses**: When repeated efforts to change outcomes fail, individuals may stop attempting to exert control, leading to learned helplessness.
3. **Developmental Factors**: Early life experiences, including parenting styles and childhood trauma, influence how people perceive their ability to affect outcomes.

Broader Implications

Psychological helplessness has significant implications for mental health, education, and social systems. In clinical psychology, it is central to understanding depression, as the condition often involves feelings of worthlessness and an inability to overcome challenges. In educational settings, helplessness can manifest as "academic learned helplessness," where students disengage from learning due to repeated failures or lack of support.

Conversely, interventions such as cognitive-behavioral therapy (CBT) aim to counteract helplessness by reshaping beliefs about control and encouraging proactive behaviors. Techniques like goal setting, problem-solving, and mindfulness help individuals regain confidence in their ability to influence outcomes.

OBJECTIVES

1) To analyze the significant difference in the level of anxiety between adolescents with high and low self-efficacy.
2) To examine the significant difference in the level of helplessness between adolescents with high and low self-efficacy.

HYPOTHESIS

1) Adolescents with low self-efficacy are likely to experience a higher level of anxiety compared to those with high self-efficacy.
2) Adolescents with low self-efficacy are predicted to show a higher level of helplessness compared to their high self-efficacy counterparts.

RESEARCH PROCEDURE

- **VARIABLES OF THE STUDY:**

A. Independent Variables

1. Level of Self-Efficacy:
   1) High Self-Efficacy Adolescents
   2) Low Self-Efficacy Adolescents

B. Dependent Variable:

1) Level of Anxiety
2) Level of helplessness

SAMPLE SELECTION PROCEDURE:

❖ **Sample:** The research included 100 young participants, chosen from both high and low self-efficacy groups.

❖ **Selection Process:** From this sample, 50 individuals were picked from the high self-efficacy group, split evenly with 25 males and 25 females. Likewise, 50 adolescents were

selected from the low self-efficacy group, with the same gender distribution of 25 males and 25 females.

- **Geographical Area:** The participants were drawn from Sangali district in Maharashtra.
- **Sampling Method:** The study utilized purposive sampling for participant selection.
- **Variables:** The study examined self-efficacy as the independent variable, while anxiety and helplessness were considered dependent variables.
- **Age Range:** The age group of the participants ranged from 14 to 20 years.

STUDY MATERIALS:

1) Self-Efficacy Scale

Developed by **Dr. Arun Kumar Singh and Dr. Shruti Narain**, the scale includes **20 items** distributed across four domains: **self-confidence, efficacy expectation, positive attitude, and outcome expectation**. Positive items are rated on a **Likert scale** with scores of 5, 4, 3, 2, or 1 for responses ranging from **strongly agree** to **strongly disagree**. Negative items are scored in reverse order. The scale exhibits a **test-retest reliability of 0.82**, **split-half reliability of 0.74**, and **validity of 0.92**. Standardized for individuals aged **12 years and above**, this inventory is available in **Hindi**.

2) Anxiety, Depression, and Stress Scale

Developed by **Megha Singh, Manoj Pandey, Sandhya, and Amitabh**, this tool includes **63 items**: **25 for anxiety**, **19 for depression**, and **19 for stress**. The original version was in **English** and later translated to **Hindi** through a **back-translation method** involving experts, ensuring conceptual consistency. The finalized version includes **48 items**: **19 for anxiety**, **15 for depression**, and **14 for stress**. It is standardized for individuals aged **14 years and above** and is also available in **Hindi**.

3) Helplessness Scale

Designed by **G. P. Mathur and R. K. Bhatnagar (2012)**, this scale features **22 items** across eight domains: **susceptibility, coping difficulties, inadequacy, and failure to control negative events, anxious concern, cognitive-motivational disturbance, problem avoidance, and low self-esteem**. The tool is standardized for individuals aged **14 years and older** and is also accessible in **Hindi**.

STATISTICAL ANALYSIS AND RESULTS

In this part, the investigator has explained level of anxiety and helplessness between adolescents of low and high self-efficacy. In the present study, the investigator has analyzed the data in following manner.

Table 1: Difference in level of anxiety between high and low self-efficacy adolescents.

Variable	Level of Anxiety	N	Mean	SD	df	t	*p*
Anxiety	High Self-efficacy Adolescents	50	9.707	5.374	108	0.7432	NS 0.05
	Low Self-efficacy Adolescents	50	10.433	5.337			

Significant Level at 0.05=1.984, 0.01=2.617

Adolescents with low self-efficacy reported a slightly higher mean anxiety score (10.433) compared to those with high self-efficacy (9.707). The standard deviation for both groups is nearly identical, suggesting a similar spread of anxiety scores within the groups. The calculated t-value is 0.7432, which is much lower than the critical t-values required for significance at both the 0.05 (1.984) and 0.01 (2.617) levels. This indicates that the difference in mean anxiety levels between high and low self-efficacy adolescents is not statistically significant at these levels. The p-value is labeled as "NS" (Not Significant), further confirming that the observed difference in anxiety levels could be due to random variation rather than a genuine effect of self-efficacy. The analysis does not reveal a significant difference in anxiety levels between adolescents with high and low self-efficacy. While low self-efficacy adolescent's exhibit slightly higher anxiety on average, the difference is statistically insignificant, suggesting that self-efficacy may not have a strong standalone effect on anxiety levels in this sample.

. **Table 2: Difference in level of Helplessness between high and low self-efficacy adolescents.**

Variable	Level of Helplessness	N	Mean	SD	df	t	p
Helplessness	High Self-efficacy Adolescents	60	65.3100	21.6367	118	0.3836	NS 0.05
	Low Self-efficacy Adolescents	60	66.7593	19.7069			

Significant Level at 0.05=1.984, 0.01=2.617

The mean score for helplessness among high self-efficacy adolescents is 65.3100.The mean score for helplessness among low self-efficacy adolescents is 66.7593. This suggests that low self-efficacy adolescents report slightly higher levels of helplessness compared to high self-efficacy adolescents. The standard deviation (SD) for the high self-efficacy group is 21.6367, and for the low self-efficacy group, it is 19.7069.Both groups show a relatively high level of variability in their helplessness scores, indicating that there is a wide spread of scores within each group. The calculated t-value is 0.3836, which is much lower than the critical t-value at 0.05 significance level (1.984) and 0.01 significance level (2.617).This indicates that the difference in helplessness between the two groups is not statistically significant. The p-value is labeled as "NS" (Not Significant), which further confirms that the observed difference in helplessness levels between high and low self-efficacy adolescents is due to random chance, rather than a true effect. The study finds that there is no significant difference in the level of helplessness between adolescents with high and low self-efficacy. While low self-efficacy adolescents report slightly higher helplessness scores on average, this difference is not statistically significant, suggesting that self-efficacy may not have a strong influence on helplessness in this particular sample.

CONCLUSION

1) **No Significant Difference in Anxiety Levels**:

The study found no significant difference in the level of anxiety between adolescents with high and low self-efficacy. Both groups exhibited similar anxiety levels, with low self-efficacy adolescents displaying anxiety levels comparable to those with high self-efficacy. This suggests that **self-efficacy** may not have a strong impact on anxiety in this particular sample.

2) **No Significant Difference in Helplessness Levels**:

Similarly, no significant difference was observed in the level of helplessness between high and low self-efficacy adolescents. The helplessness levels were nearly identical across both groups, with low self-efficacy adolescents reporting helplessness similar to that of high self-efficacy adolescents. This indicates that **self-efficacy** does not appear to significantly influence helplessness in this sample.

LIMITATIONS AND SUGGESTIONS:

1. In the present study only, psychological tests are used to collect the data. In the

future study other data collection techniques such as interview, experimental method, observation etc. should be employed.

2. Data collected for the current research is limited regarding the location and number of participants. In the future reference, large number of data should be collected.

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