

## **THE STUDY OF SADNESS AND UNEASE, AS WELL AS ITS EFFECTS ON HUMAN HEALTH**

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### **1. Introduction**

The study of depression and anxiety, as well as its impact on human health, has long been a focus of research and has always been a major topic of psychological investigation. Depression and anxiety are two of the most prevalent mental problems among teenagers today (Costello, Egger, & Angold, 2005; Williamson, Forbes, Dahl, & Ryan, 2005). "Depressive conditions may be conceived of as forming a spectrum of severity ranging from transient dysphoria, which is universally experienced, to elevated levels of depressive symptoms that do not meet the diagnostic criteria for disorder, to long-term dysthymia and episodes of major depressive disorder," according to the authors (Cicchetti, Rogosch, & Toth, 1997). Depression manifests itself in a wide range of emotional, psychological, behavioral, and cognitive manifestations. "Clinical depression is diagnosed by the presence, duration, and severity of a set of symptoms such as depressed mood that lasts at least two weeks, changes in weight, changes in sleep and activity patterns, loss of energy, feelings of worthlessness, and recurrent thoughts of suicide or death," according to the National Institute of Mental Health (Conger and Galambos, 1997). Individuals suffering from depression are more likely to feel anxiety, while those suffering from anxiety are more likely to suffer from depression. During adolescence, the incidence of sadness and anxiety rises dramatically (Costello et al., 2005; Hankin & Abramson, 2001). Furthermore, these diseases often arise concurrently or at the same time in teenagers (Angold, Costello, & Erkanli, 1999). The attachment theory of depression has provided theoretical insights into the mechanisms that lead to depression susceptibility (e.g., Ingram, Miranda, & Segal, 1998), as well as a link between attachment insecurity and child anxiety (Bowlby, 1973; Stayton and Ainsworth, 1973).

In order to get a better understanding of how depression develops in young children, researchers have used both cognitive and interpersonal techniques. Separately, these methods have contributed much to our knowledge of depression. Interpersonal theories (e.g., Interactional Theory of Depression; Coyne, 1976) emphasize the role interpersonal processes (e.g., relationships with family and peers) play in depression, whereas cognitive theories (e.g., Cognitive Theory of Depression by Beck; Beck, 1987) have provided substantiation for the effect of negative cognitions in the development of depression. Using an integrated cognitive interpersonal approach allows researchers to look at the interplay between the two techniques as a contributing element. Bowlby's attachment theory is one such integrative theory that may be utilized as a cognitive interpersonal framework for studying depression development. The attachment dynamics that develop between a newborn and his or her caregiver may be used to better understand the role of others' cognitions and expectations in interpersonal situations (Lee & Hankin, 2009).

Thus, the goal of the present study is to extend the existing literature regarding the role of attachment style and emotion regulation in depression and anxiety on a sample of Indian adolescents. Moreover, the present study is a novel attempt including all these variables together in one study (attachment style, emotion regulation, depression, and anxiety). The present study seeks to understand the role attachment style and emotion regulation play in depression and anxiety. By understanding how attachment style and emotion regulation affect depression and anxiety, we can develop more effective treatment and prevention programs. Besides, findings from the present study are deemed to have possible implications for the effective training approaches, maximizing the effectiveness for the treatments.

## **2. Objectives**

1. To assess whether attachment style, emotion regulation, and anxiety can differentiate between low and high depression groups when taken together.
2. To assess whether attachment style, emotion regulation, and depression can differentiate between low and high anxiety groups when taken together.

3. To study the relationship among attachment style, emotion regulation, depression, and anxiety.
4. To find out the predictors of depression and anxiety.

### 3. Review Of Literature

Brumariu, Obsuth, and Lyons–Ruth (2013) investigated the quality of attachment and peer relationships among adolescents with and without anxiety disorders in a sample of 109 low– to moderate–income families. Psychopathology was assessed with the SCID–I. Attachment disorganization and dysfunction in peer relationships were measured using semi–structured interviews and behavioural observations. Adolescents with anxiety disorders and comorbid conditions showed higher levels of attachment disorganization across three measurement approaches, as well as higher levels of dysfunction in peer relationships than those with no Axis I diagnosis. Adolescents without anxiety disorders but with other Axis I disorders differed only in the quality of school relationships from those with no diagnoses. The pattern of results suggested that pathological anxiety, in the context of other comorbidities, may be a marker for more pervasive levels of social impairment.

Picardi and others (2013) tested the association between anxiety disorders, attachment insecurity and dysfunctional parenting while controlling for factors usually not controlled for in previous studies, such as gender, age, and being ill. A sample of 32 non–psychotic inpatients with SCID–I diagnosis of an anxiety disorder, either alone or in comorbidity, was compared with two age– and sex–matched control groups consisting of 32 non–clinical participants and 32 in–patients with drug–resistant epilepsy. Study measures included the Experience in Close Relationships questionnaire (ECR) and the Parental Bonding Instrument (PBI). Patients with anxiety disorders scored significantly higher on attachment–related anxiety and avoidance than patients with drug–resistant epilepsy and non–clinical participants. The findings were independent of comorbidity for mood disorders. ECR scores did not differ among diagnostic subgroups (generalized anxiety disorder, panic disorder, other anxiety disorders). Patients with anxiety disorders scored significantly lower on PBI mother’s care and borderline significantly lower on PBI father's care than patients with drug–resistant epilepsy.

Hasanvand, Merati, Khaledian, and Hasani (2015) investigated the relationship between attachment styles with depression among high school students. The research society included all male and female students in different majors from Aleshtar medical Science University during the academic year of 2010–2011. The sample volume involved 296 subjects which was selected using simple random Sampling method. The measurement tools were adult Attachment scale and Beck–depression test, the research method was correlative that is in the context of practical research. Findings showed that there is a significant negative relationship between secure attachment styles with depression in students. And also there is a significant positive relationship between insecure attachment (avoidance) styles and insecure (Anxious– ambivalence) with depression in students.

#### **4. RESEARCH METHODOLOGY**

The goal of this research was to see how attachment style and emotion control have a role in depression and anxiety. Various psychological measures were used to gather data in order to meet the study's principal aims.

The following sections make up the current chapter:

- Example of a test description
- Test administration and scoring
- Data analysis SAMPLE

The current research included a total of 512 adolescents (256 females and 246 boys) ranging in age from 13 to 18 years old, with a mean age of 15.5 years. The sample was selected from Haryana's Gurugram, Kurukshetra, and Hissar educational institutions. Cluster random sampling was used to gather the sample. Three districts were chosen based on their geographic location. From north, south, and west Haryana, one district was chosen for each. Eleven schools were chosen from the total number of schools in the districts (4 each from Gurugram and Hissar, and three from Kurukshetra). In the final sample, 50 pupils were chosen from each school, totaling 550. A considerable number of procedures were rejected for various reasons, including dropout, non-completion of tests, following a defined pattern of response, and skipping a complete test. As a result, the final sample for

examination is 502. The Central Board of Secondary Education was linked with all of the educational institutions (C.B.S.E.). The Principals of the individual institutions were contacted in advance to inform them of the study's objective and goals, as well as to gain their agreement for data collection. After the individuals granted their agreement to participate in the research, data was gathered. Participants came from various walks of life and made up the sample. Despite the fact that the current research is on mental health problems including depression and anxiety, the sample used is nonclinical. Participants were generally questioned whether or not they had a mental disorder.

## 5. Result and Findings

The results of this research add to the existing body of knowledge by demonstrating that attachment types, emotion regulation techniques, and emotion regulation issues all play a role in depression and anxiety. The current research adds to the existing body of knowledge in a variety of ways. For starters, this research is a first-of-its-kind effort to examine all of the relevant factors simultaneously in a group of teenagers. Second, the current study's sample was drawn from both urban and suburban schools throughout the state, and it was socioeconomically varied, emphasizing the importance of generalizing the results. Third, discriminant analysis was used to determine if a collection of factors is useful in predicting membership in a category, which had not been done in earlier studies. Fourth, the research focused on school-aged adolescents and generally healthy persons, a demographic that is often overlooked yet represents a significant susceptible group. Finally, the current study used multiple measures of emotion regulation, depression, and anxiety, covering a wide range of emotion regulation strategies and emotion dysregulation, as well as a wide range of depressive and anxiety symptoms, resulting in a more diverse assessment that encompassed more aspects of the phenomena under investigation.

Although, the present study is not completely devoid of limitations, these limitations can provide direction to future researches in the field. First, the study used self-report measures only, which may or may not reflect the actual situational responses of the sample. Additional assessment methods like other-report measures or observation methods could possibly help in more

accurate and objective comprehension of the phenomena. Second, the study was carried out on a non-clinical sample, thus findings may not be generalized to clinical sample. Third, from the title of the research it might seem that the sample comprised individuals with full-blown depression and anxiety symptoms, while the sample for the study came from general population with no psychiatric illness. Fourth, since the data were collected at a single period of time, effect of examination on the emotional difficulties of adolescents and the reporting of emotion regulation difficulties could have been missed. Assessment during or near examination could throw more light on the phenomena under study. Finally, the sample comprised adolescents, and thus may not accurately represent an adult population. Inclusion of a clinical sample or a comparative study might throw more light on the construct. But overall, the findings of the present study clearly demonstrated the role of attachment style and emotion regulation in depression and anxiety among adolescents and make significant contribution to the existing attachment and emotion regulation literature.

## CONCLUSION

For a long time, the study of depression and anxiety has been a component of psychological research. The two most frequent psychological illnesses have been identified as depression and anxiety. Depressed disorders may be thought of as a continuum of severity, ranging from transitory dysphoria, which is universally experienced, through increased levels of depressive symptoms that do not fulfill diagnostic criteria for illness, to long-term dysthymia and bouts of major depressive disorder. Depression manifests itself in a wide range of emotional, psychological, behavioral, and cognitive manifestations. Anxiety, on the other hand, is a diffuse, unpleasant, and uncomfortable sense of apprehension that is accompanied by one or more bodily sensations that reoccur in a similar pattern in a person. During adolescence, the incidence of sadness and anxiety rises dramatically. Furthermore, these diseases often arise concurrently or at the same time in teenagers.

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