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**IS THIS JUST SADNESS OR DEPRESSION SYMPTOMS?  
THE EMOTIONAL CONDITION OF JUNIOR HIGH  
SCHOOL STUDENTS**

**Introduction**

Mental illness is a source of disease burden across the globe. It is now understood as largely developmental, and its genesis, at least partially, linked to adverse childhood experiences. Mental health and wellbeing are shaped by complex factors, including genetics, family and peer relationships, psychological and physiological functioning, lifestyle, occupation/education, physical environment, socio-economic status, cultural factors, and the historical and political context. The interplay between these factors (positive and negative) can be complex, but it has long been established that the accumulation of risks and adversities in childhood and adolescence increases the risk of poor mental health and mental illness (Swaen, van Amelsvoort, Bültmann, Slangen, Kant 2004). In this article, the authors attempt to explain the prevalence of depression among junior high school students from the Lubuskie and Wielkopolskie Voivodships, and to characterize their emotional status. The authors focus on the extent to which mood swings and the mosaic of teenage emotions comply with the norm of adolescence, and ask to what extent they may already be symptoms of major problems leading to depressive behavior (conditioned by psycho-biological and social processes).

**Adolescence as a difficult life stage**

Adolescence is one of the most difficult stages in the individual's life. Many changes occur simultaneously in various areas of human functioning.

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It is characterized by intensive physical changes, which ultimately lead to the achievement of sexual maturity. In literature, these changes are called puberty (Trempała 2017, p. 259). In the early phase of adolescence, these changes have a rapid character and leaps in them are reflected in the definition of pubertal stroke. It is particularly important at this time that young people attempt to identify their gender identity. Miluska points out that gender identity is “the fundamental, existential feeling of one’s masculinity or femininity and the acceptance of one’s sex on the psychological level” (Miluska 1996, p. 24). In that period, young people may suffer from the crisis related to self-identification, which, without support from specialists and important to the individual groups (family, friends, peers) may lead to depressive behavior. Biological changes (especially hormonal changes), are closely linked to the emotional state of teenagers. Trempała notices that “hormonal variability can be responsible for emotional instability and negative emotions, especially in early adolescence”. (Trempała 2017, p. 266). Researchers claim that negative emotions in this turbulent period in life are more intense. Decline in self-esteem, low popularity among peers, school failures and family conflicts are significant (Joiner 2000). During adolescence, negative emotions are more intense, and the most common ones are: depression, sadness, anxiety, shame, guilt, dislike and/or hostility towards others and towards oneself. It seems important that the intensity of negative emotions is correlated with gender. Boys articulate negative emotions in relation to their own actions, but girls point to sadness, guilt, feelings of shame in relation to others. Among teenagers, emotional ambivalence is also frequent in this phase of life. They frequently experience opposite feelings towards the same objects simultaneously. Women mention that their emotions “can shift in a short time from sadness, anxiety, powerlessness, or anger to enthusiasm, optimism, or self-confidence” (Wolman 1998, cf. Trempała 2017, p. 267).

### **Depression and depression masks**

The main goal of this paper is linked directly to health and disease issues – also as a field of social research. The starting point is Talcott Parsons’ (1964, cited in Domaradzki 2013) sociological definition of health and illness. According to this definition, health is a sine qua non condition of an efficient and effective participation of individuals in social life and their ability to perform valued tasks. Simultaneously, health disorders are treated as “harmful dysfunctions”. Health condition influences the ability to fulfill the social roles assigned to the individual. Lack of health significantly limits the functioning of individuals in society. In this perspective, mental health

is important (both from an individual and a social perspective). According to the WHO, depression ranks as the fourth major health problem in the world. About 10% of the global population suffer from it, regardless of age, sex or other social determinants. Despite numerous attempts to identify the essence of depression, it is still a multidimensional disease. The public discussion about depression is based on the argument that social views on depression are overestimated. Many people believe that the situation of ill persons deteriorates if they have relations with other people who share similar characteristics (adolescence and peer relations). It is intensified by the social conviction about the epidemic of depression. Also, the increase in the number of diagnosed cases of depression results from a specific way of defining the disorder (since the symptoms of the disease are common symptoms, they are not considered by society to be the context and circumstances for their existence). There is also an issue of social constructing of sadness and changes caused by stress (understanding normality and pathology) (Cohen, Kamarck, Mermelstein 1983).

Analyzing the mental health of children and adolescents, the authors formulate the question whether symptoms of mood changes result from the usual sadness associated with experiencing success and failure, or are already symptoms of depression? As many studies show, “the epidemiological assessment of depression among young people is difficult due to lack of clear diagnostic criteria”. (Trempała 2017, p. 267). The concept of depression masks is often used by professionals to describe depression symptoms among adolescents. The masks, among others, are: somatic masks, school phobias, aversion to activity, or provocative behavior.

For the reasons discussed in this article, depressive masks may be particularly interesting. The first type, i.e., the somatic mask, is characterized by appetite and sleep disorders, headaches or abdominal pain. The mask of school phobia manifests itself through aversion to learning, concentration problems, failure to do one’s duties. The third type of mask, aversion to activity, is reflected primarily in self-isolation from the indifference of the environment to them, escape into the world of fantasy, low self-esteem. The last mentioned type of mask, i.e., aversion to activity, manifests itself through provocative behavior, aggression, risky behavior, and running away (Trempała 2017, pp. 267-269). According to the literature, the masks of depression (or the so-called masked depression) are difficult to diagnose unambiguously. There are numerous ailments that usually are not associated with any form of depression, so it is difficult to relate them with the classic form of the disease. These symptoms may obscure or even mask the actual state of the individual’s psyche. In the case of adolescents, due to the

fact that biological and psychological symptoms impede the qualification of the above symptoms as the onset of illness, making the diagnosis may be even more difficult. The ability of teenagers to handle emotions and difficult situations has a more significant influence on their daily functioning than mental abilities or intelligence quotient. For this reason, the article concentrates on the mechanisms of dealing with stress and emotions among teenagers.

Recalling theoretical considerations, the authors formulate the following questions:

- What are the symptoms of depression among the studied junior high school students and how intense are they?
- What are the conditions for the occurrence of depression syndromes?
- How do young people deal with failures, and what kinds of depression masks are “worn” by junior high school students?

### **Methodological assumptions**

Based on the assumption that the majority of mental health disorders are the result of adolescent development, the study concentrates on the population of junior high school students. The decision to choose people aged 14-15 was also dictated by the specificity of lower secondary education and the moment of the measuring – the students are not in the transition period that would be related to the change of school. In addition, they do not have much trouble completing the survey. The empirical part of the article consists of the research conducted among Polish junior high school students in March 2017. The study was conducted using the auditorium survey, it involved all students from the selected schools (N=491).

Junior high schools were introduced into the Polish system under the educational reform of 1999. Education at these schools lasted three years, and it started after the 6th year of primary school (Dziennik Ustaw nr 12, Ustawa z 8 stycznia 1999). The educational reform of 2017 abolishes this stage of education, lengthening primary education from six to eight years (Dziennik Ustaw z dnia 11 stycznia 2017, Uchwała z 14 grudnia 2016, Prawo oświatowe). Starting with September 1, 2017, junior high schools do not accept students, which means that by 2019 junior high schools will have finished teaching. It can therefore be assumed that the researched junior high school students are contemporarily in a unique educational situation. In the school year 2017/2018, the last year of the second graders attending

junior high schools in Poland were available – the equivalent of the studied population.

The sample was purposive: the authors selected a number of schools in the Lubuskie and Wielkopolskie Voivodships. A purposive sample made it possible to capture the differentiation resulting from the location of schools (another province and a large city/county town/village), which may be an important variable for the analysis conducted.

The survey was conducted in March 2017 with the consent of the school board of the selected schools. Auditing was conducted following all the procedures, ensuring the anonymity of the respondents. The study involved 491 junior high school students.

Taking into consideration the goals of this study, it was the assessment of students' mental health that was priority here. For the purposes of this study, it was diagnosed subjectively, i.e., the students themselves spoke about various dimensions of their daily lives and emotions.

### **Do junior high school students suffer from depression?**

Mood and mood disorders are treated in the European Union as primary indicators of mental health problems. In the study, 8.2% of students rated their well-being in the last month as bad or very bad, while 64.2% rated it as good and very good.

Depression is characterized by symptoms such as mood degradation, decreased energy, lower (or negligible) level of activity, and giving up hobbies. Depression is diagnosed on the basis of many complex symptoms of different nature, but the number of symptoms may also vary. Depressive disorders are generalized more frequently among adolescents than among children who have not yet entered their adolescence. Over the past few years, the incidence of childhood and adolescent depression has increased, and the age at which they suffer from the first depressive episode has decreased. As many as 20% of people at 18 have gone through at least one depressive episode. Polish studies, in which depression is defined as syndrome symptoms, indicate that during childhood the symptoms of depression are more common in boys, and during puberty in girls (Kołodziejek 2008).

The authors were interested in the extent to which teenagers declare depressive disorders (in the process of self-assessment by junior high school students) and in the level of intensity of these disorders. The analyzes included the following indicators (8 symptoms of depression): lack of energy, lack of joy, inability to feel sad, problems with concentration, tearfulness, loneliness, sleep problems, feeling of the loss of control over important matters.

The authors used a slightly modified ISC-D scale. First, an aggregation operation was performed (declarations for the eight depressive symptoms were reduced to three categories: high, medium, and low-level ones) and the intensity of their occurrence determined.

Therefore, the average and high intensity of these symptoms (occurrence of at least 5 of them) is declared by 8.4% of the studied middle school students. Students most frequently mentioned sleep and concentration problems, as well as decreased energy. Always, the symptoms were at least twice more frequently reported by girls, which confirms the tendencies recorded in studies in other populations.

Table 1

Level of depressive symptoms declared by junior high school students

		No.	%
Levels of depressive syndroms	Low Level	436	91.6
	Medium Level	29	6.1
	High Level	11	2.3
	Total	476	100.0

Source: own work.

### ***How do junior high school students deal with stress and problems in everyday life?***

Adolescence is the period when the researched junior high school students experience a high intensity of problems in everyday life. One of the factors that can affect the physical condition of junior high school students is their relationship with the social environment and their ability to deal with problems. The causes of stress and strong nervousness should be dealt with in the areas of life in which youth function most often. The life of junior high school students centers mainly around the family, school, and leisure, whether on individual or peer group level. Hence, the study included three types of problems: with peers, school, and home problems. 62% of the involved junior high school students say that they can handle problems. Such a result should not be surprising, given the fact that usually young people neither complain nor seek help. They believe that there is nothing that can be done, or they do not know where to find help or support. Teens, more frequently than other age groups, are also afraid of being misunderstood and being considered ridiculous.

Table 2

Level of dealing with problems declared by the studied junior high school students

	No.	%
<b>Level of dealing with problems</b>	<b>Low Level</b>	60 12.3
	<b>Medium Level</b>	130 26.6
	<b>High Level</b>	299 61.1
	<b>Total</b>	489 100.0

*Source:* own work.

Coping with stress is an important ability that reduces the level of nervousness. Biological reactions to stress, such as aggression or withdrawal (characteristic for teens) are neither good nor socially acceptable solutions (Cohen, Kamarck, Mermelstein 1983). Therefore, one of the aims of the study is to diagnose the mechanisms of coping with stress, i.e. to determine how the involved junior high school students handle stress.

Since it is one of the determinants of the sense of security, resistance to stress will be an important determinant of social activity in the future. Resistance to stress will be an important determinant of social activity in the future as it is one of the determinants of the sense of security. Most of the junior high school students deal with stress through various activities in peer and friend groups: they meet with friends to avoid a problem, to talk, or to pursue their shared hobbies.

The characteristics of problem-coping behaviours among the junior high school students helped the authors determine what kind of depression masks those students use and how the masks can be linked to particular levels of problem handling. The results of the analyses indicate that somatic masks are most often used by those junior high school students who declare that they can cope well with problems. At the same time, it was discovered that those masks consist in eating sweets or overeating. However, masking school phobias occurs and is most frequent in the situations when the respondents declare that they are not able to handle everyday problems. In such cases, the students run away from reality into the virtual world (the mask of aversion to activity). In light of their own declarations, junior high scholars wear rebellious masks.

Table 3

Ways and levels of problem handling among the junior high students

Type of mask	Way of handling the problem	Level of handling the problem			
			Low level	Medium level	High level
Somatic mask	<b>I reach for sweets</b>	No.	12	23	80
		%	20.30%	17.70%	27.00%
	<b>I overeat</b>	No.	8	17	51
		%	13.60%	13.10%	17.20%
	<b>I reduce food</b>	No.	3	12	26
		%	5.10%	9.20%	8.80%
	<b>I take medication to calm down</b>	No.	4	7	8
		%	6.80%	5.40%	2.70%
Aversion to activity	<b>I spend more time using computer</b>	No.	20	41	74
		%	33.90%	31.50%	25.00%
Provocative mask	<b>I reach for alcohol, drugs, or cigarettes</b>	No.	2	5	23
		%	3.40%	3.80%	7.80%
Mask of school phobias	<b>I do sports</b>	No.	29	45	99
		%	49.20%	34.60%	33.40%
	<b>I pursue my hobby</b>	No.	30	57	123
		%	50.80%	43.80%	41.60%

*Source:* own work.

Although sadness is associated with depression, its symptoms may be mild or severe. It is important to be aware that a person may be masking these syndromes and using mechanisms of denial.

### What are the conditions for depression among junior high school students?

The relationship between the occurrence of depression syndromes and the characteristics of the junior high school students is a complex phenomenon. Hence, there is a need for such a data analysis that will enable the authors to quantify the relationships between various factors. In order to determine the relationship between the intensity of the declared level of depressive symptoms measured on the ordinal scale and the socio-emotional and personality traits of the studied youth, a linear regression model was developed. Multiple regression analysis allowed the authors to establish whether the

individual predictors (linear characteristics) introduced into the linear model are statistically significant, and to answer the question about the extent to which the linear regression model explains the observed variance of the dependent variable (R-squared, adjusted).

In order to avoid a multiplication of the influence of the variables describing similar characteristics, the analysis includes only those variables that are to the biggest degree linked to the level of depressive symptoms declared by the students.

The analysis allows concluding that the symptoms of depression are most strongly influenced by pessimistic emotions, wellbeing evaluation, and sex. It may be stated that more likely to suffer from depression are persons with low self-esteem, no joy in life, girls, and those with worse-than-expected self-assessed depression.

Table 4

Regression model of depressive disorders among the studied junior high school students

Model R <sup>2</sup> =0,211		non-standardized coefficients		standardized coefficients
		B	Standard error	Beta
The level of depression symptoms	(Constant)	1,715	,143	
	Level of coping with the problems	-,071	,023	-,134**
	Optimist	-,095	,037	-,124*
	Rational planner	,036	,038	,044
	Anxious envy	-,126	,061	-,089*
	Pesimist	,204	,040	,240**
	Sex	-,115	,033	-,153**
	Wellbeing evaluation	-,076	,019	-,187**

Method: Enter F (7,434)=17,837; p<0,001

Source: pwn study.

Adolescence is associated with significant qualitative changes (with biological maturation, responsible decision-making, perceived problems, losing carefree approach to life, having certain needs not fulfilled, or the refusal to follow certain rules). It generates difficult situations. The severity of many processes may, in favorable circumstances, lead to the dominance of negative emotions, which can lead to adaptation problems, school difficulties,

risky behaviors, and even self-destructive behaviors. It may also be a step towards depression.

### **Conclusions**

Youth experience various types of emotional distress related to development and maturity. Children frequently experience anxiety about school and social relations, but persisting problems should be alarming and treated as signs that a child needs help. Emotional problems in adolescence and young adulthood can have a significantly negative impact on the development of safe and healthy relationships with peers, parents, teachers and romantic partners. Many mental-health conditions could negatively affect youths' ability to successfully form supportive and healthy relationships and to manage conflicts in a relationship, which is particularly worrying given that adolescence is a critical period for identity formation, taking on new roles and forming new relationships, especially with peers (Kołodziejek 2008). The incapability of forming and sustaining interpersonal relationships can have a lasting impact on youths' social and emotional functioning. Emotional problems increase the likelihood of poverty, severely limit employment opportunities, and negatively influence work performance (Kessler and Frank 1997).

The results of the conducted study allow concluding that the examined junior high school students in the difficult transition period show relatively many collateral symptoms. The declaration of being able to handle problems on their own can, however, affect the use of different depressive masks to suppress true emotions. Most of these masks involve running away from responsibilities and using substitute activities, often allowing the suppression of emotions.

The analysis of the prevalence of depressive syndrome lead to conclusions similar to those drawn in other, broader studies. Depression is more frequent in girls, and can be linked to low self-esteem and sadness. The diagnosed condition of the emotional state of junior high school students may result in school problems, dangerous and deviant behavior, and decisions that may affect their future life. The ultimate tragic consequence may also be running away from home or suicide. Therefore, it is important to carry out examinations and monitor young people's mental health so that preventive measures can be taken as efficiently as possible.

The authors, aware of the complexity of the topic, also wish to point out that while depression is a disease and it is diagnosed primarily by medical professionals, social researchers can also, with the help of available tools, capture certain moods and the first depressive symptoms of repeated

behavior. The results of the study should be considered as a voice in the discussion or a signal in the assessment of the mental condition of the studied age group, even though they do not exhaust the broad scope of research on teenagers and do not allow generalizations.

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### **IS THIS JUST SADNESS OR DEPRESSION SYMPTOMS? THE EMOTIONAL CONDITION OF JUNIOR HIGH SCHOOL STUDENTS**

**Keywords:** mental health, youth, depression, depression masks.

The aim of this article is to investigate the conditions for depression syndromes among junior high school pupils from the Lubuskie and Wielkopolskie Voievodships and to diagnose their emotional condition. The authors refer to T. Parsons' concept, according to which, health is as an optimal ability to fulfill social roles and expectations imposed by the environment. In this context, puberty and attending junior high school constitute a huge challenge and an experimental field for teenagers, which affects self-assessment of their mental health and emotional condition. Most mental health disorders result from the processes of growing up. The empirical basis for the undertaken considerations are the results of questionnaire surveys conducted in the spring of 2017.

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### **SMUTEK DOJRZEWANIA CZY OBJAWY DEPRESJI? KONDYCJA EMOCJONALNA GIMNAZJALISTÓW**

**Słowa kluczowe:** zdrowie psychiczne, młodzież, depresja, maski depresyjne.

W artykule zostanie podjęta próba wyjaśnienia uwarunkowań występowania syndromów depresji wśród lubuskich i wielkopolskich gimnazjalistów i charakterystyka ich kondycji emocjonalnej. Odwołujemy się do koncepcji T. Parsonsa, gdzie zdrowie jest traktowane w kategoriach optymalnych zdolności do realizowania ról społecznych i wypełniania oczekiwań narzucanych przez otoczenie. W tym kontekście okres dojrzewania i nauka w gimnazjum stanowią ogromne wyzwanie i pole doświadczalne dla nastolatków, co przekłada się na samoocenę ich stanu zdrowia psychicznego oraz kondycję emocjonalną. Większość zaburzeń w zakresie zdrowia psychicznego jest właśnie efektem procesów związanych z dorastaniem. Bazą empiryczną dla podejmowanych rozważań są wyniki badań ankietowych realizowanych wiosną 2017 roku.