

## **Depression among adolescent girls attending secondary school (A Comparative Study between Female Adolescent Residing in Campus and Commuter Students)**

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### **Abstract**

The current study aimed to identify the differences in the degree of depression among adolescent girls residing within the secondary campus and commuter students. The comparative descriptive approach was used, where the "Beck" depression scale was applied to (100) adolescents who were randomly selected. The results found that there were statistically significant differences between adolescent girls residing within the secondary campus and others residing outside the secondary campus inasmuch as the degree of depression is concerned.

**Keywords:** depression, adolescent girls, secondary school, depression.

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### **1. Problematic:**

Individuals encounter in their lives many stressful situations that include undesired experiences, and events that may cause many sources of stress and risk and threat factors in all areas of their lives. This would make difficultly encountered situations in life play a role in the emergence of psychopathological symptoms (psychopathology) in general and symptoms of depression in particular (Hussein Fayed, 2005, p. 195).

Depression, being among the most important disorders that an individual can be exposed to as a result of colliding with a reality that they could not accept and adapt to and adapt to the new situation that they have reached, is a manifestation that can be attributed to the individual's psyche that would occur at any stage of their lives. (Hussein Fayed, 2001, p. 84). Depression is a subjective emotional experience whose symptoms are manifested as sadness, pessimism, frustration, distress, loss of interest, a sense of failure, extreme carelessness, loss of a sense of satisfaction, the desire to harm oneself, hesitation to make any decision, unwilling to perform and accomplish tasks, exhaustion without much effort, loss of appetite, feelings of guilt, self-contempt and delayed response to surrounding stimuli, inability or unwillingness to make any effort (Nabil Ragheb, 2003, p. 223). Manuel Straker defines it as an emotional disorder that often occurs and recurs and is characterized by low of self-esteem, a loss of hope for the future, as well as feelings of sadness, guilt and self-blame (Nabil Ragheb, 2003, p. 223).

As for "Elizabeth Zetzel, she defined it as a degree or underlying state of the ego characterized by a loss of self-esteem, expressing the ego's response to internal and external events. (Nabil Ragheb, 2003, p. 224-223).

Depression, unlike what many believe, is not an American or Western phenomenon. It rather affects all societies and spreads in them in varying degrees, and it is increasing within those societies from generation to generation. Moreover, it should be noted that depression affects not

only the elderly, but depression it sounds that depression is expanding its timeline backwards and it affects the young as well. We began to notice in the last years widespread expressions of the existence of the so-called “pediatric depression” (Hussein Fayed, 2005, p. 266).

Adolescents are the most sensitive and most vulnerable to depression as they are exposed to a set of changes and transformations, for they prioritise emotions and whims at the expense of reason. Adolescents find themselves in a psychological or mental state of inability to achieve their goals, or in front of changes that they cannot adapt to, especially if his/her personality is characterised by excessive sensitivity. They feel a kind of pressure that result in a state of depression, especially because this state makes them look for a way out of their painful psychological state regardless of the manner and/or the consequence. Rates of depression in adolescents, especially in males, have increased more than other psychological disorder in recent decades. Rates of depression range between 1.8-8.9% in most studies that determine that adolescents with depression represent 5% in these previous percentages. Although females tend to remain more depressive than males, recent research suggests depression has increased amongst early adolescence. (Hussein Fayed, 2005, p. 98).

We do not need to establish evidence of the importance of adolescence, but it is enough to show this importance by considering adolescence at the individual and social level. If we look at the importance of adolescence at the individual level, we will find that it represents a critical stage in the life of the individual. The case is so because it is the age at which his future is largely determined. It is also the period in which he/she goes through many difficulties or suffers from conflicts and anxiety. Significantly more important, the adolescent can deviate if he does not find someone to take with his hand and help him overcome these obstacles. If we consider adolescence from the point of view of society, you will find that it is the period in which the individual prepares himself to begin contributing to society; therefore, the social point of view obliges us to exert maximum effort to preserve this human energy and work to develop and invest in it (Violet Fouad Ibrahim and Abdel Rahman Sayed Suleiman, 1998, pp. 8-9).

Nevertheless, adolescents often find it difficult to adapt to the environment in which they live, especially school environment where the adolescent finds himself far from home, i.e., resides in secondary school campus. It is difficult because, unfortunately, there are some campuses that do not provide the appropriate atmosphere for the comfort of the adolescent's psyche, and this is what often leads them not to adapt to life in the campus.

Based on that, we will try in this research to identify the differences in the degree of depression between adolescent girls residing in the secondary school campuses and commuter female adolescent by asking the following question:

- Is there a difference in the degree of depression between female adolescent living in the secondary school campus and commuter female adolescent?

## **II. Research hypothesis:**

There are differences in the degree of depression among female adolescent living in the secondary school campus and commuter female adolescents.

## **III. Objective of the research:**

Through our study, we aim to find out the differences in the degree of depression among female adolescent living in the secondary school campus and commuter female adolescents.

#### IV. Importance of Research:

The study of depression among female adolescent attending secondary school helps to improve public awareness about this topic and contribute to providing the necessary psychological and social support and appropriate treatment. It also brings to light the necessity of developing awareness programmes to help adolescents reduce their psychological burdens and enhance their mental health to be able to face difficulties and achieve academic success.

#### . Define concepts:

#### 1. Depression:

##### 1.1. Etymology:

The word "depression" comes from the Latin term "depressio," which is derived from the verb "deprimere." "Deprimere" is a combination of the prefix "de-" (meaning "down" or "away") and the verb "primere" (meaning "to press"). Thus, "depressio" can be understood as a pressing down or pressing away.

In its early usage, the term "depression" was primarily associated with the physical act of pressing or pushing something down. Over time, its meaning expanded to encompass psychological and emotional states characterized by low mood, sadness, and a decrease in energy or activity levels. Today, "depression" primarily refers to a mental health condition characterized by persistent feelings of sadness, loss of interest, and other symptoms that significantly impact daily functioning.

##### 2.1. Technical Definition:

Depression is a state of continuous severe sadness resulting from painful circumstances, and as a result of negative cognitive beliefs. The person who is depressed has a negative view of himself, the world and the future, and these negative perception results in depression. Therefore, the individual feels lost as a result of many expectations and big goals that are unrealistic. Depressed individuals blame themselves ceaselessly due to their awareness realisation of their shortcomings, which give him a negative perception of themselves. Depressed people tend to compare themselves with others which i causes a low level of self-esteem. It makes the self-evaluation process negative (Abdel Moneim El Hefny, 1991, p. 204).

Harrod Warren defines it as an acute emotional state of low and unpleasant activity. Negative emotions in normal states are signs of disorder, but in the pathological state it refers to a feeling of hopelessness and low self-esteem. By the same token, Ingram defines it as a mood or affective disorder, characterized by deviations that outweigh other moods (Hussein Fayed, 2001, p. 60).

Rocklein also defines it as a mood characterized by a sense of worthlessness, depression, sadness, pessimism and lack of activity. Depressive disorders differ in frequency, duration and severity. (Hussein Fayed 2001, p. 97). Manuel Marked defines depression as follows: "Depression is an emotional disorder that often occurs and recurs and is characterized by a loss of self-esteem and loss of hope for the future, as well as feelings of sadness, guilt and self-blame." (2001, pp. 387).

##### 3.1. Procedural Definition:

It is the score obtained by female adolescent through the Beck Depression Scale.

#### 2. Adolescence:

##### 1.2. Linguistic Definition:

Adolescence is derived from the Latin verb 'adoleseere', which means gradual growth inasmuch as physical, mental and emotional maturity are concerned as well as the completion of its

functions in male and female. The word adolescence is derived from the Latin verb 'adolescence' which means a stage of an individual's life between childhood and adulthood.

. (NORBERT Sillamy, 1989).

The word "adolescent" comes from the Latin term "adolescens," which is the present participle of the verb "adolescere." "Adolescere" is derived from the combination of the prefix "ad-" (meaning "to" or "towards") and the verb "olescere" (meaning "to grow"). Therefore, "adolescens" can be understood as "one who is growing" or "one who is in the process of growing."

In its original Latin usage, "adolescent" referred to a young person who was in the stage of growing and developing into adulthood. This concept of transitional growth and development is retained in the modern usage of the term "adolescent," which typically refers to individuals who are no longer children but have not yet reached full adulthood. Adolescence is generally considered to be the period of life between childhood and adulthood, encompassing the teenage years.

## 2.2. Technical Definition:

Adolescence is a stage characterized by biological changes in male and female, which is accompanied by certain social expectations. Inasmuch as age duration is concerned, it involves individuals whose age falls between 12 and 18 years. Adolescence is defined as a stage that the individual goes through, starting with puberty and ending with maturity. It is a period where physiological, psychological and social changes occur, and in which the individual goes through tense emotions and sensations. That is, it is the stage of transition from childhood to adulthood, experienced by each individual with all the important changes that occur in all respects (Abdul Rahman Al-Essawy, 1995, p. 35).

We also find in the dictionary of psychological terms the definition of adolescence coined by "English English" where adolescence is a stage that starts from sexual puberty until maturity, it is a transitional stage during which the young man turns into an adult man or an adult woman. (Ahmed Mohammed Al-Zoghbi, 2001, p. 319). Through this definition, we find that focus is placed on physical aspects and the changes and modifications it goes through as manifestations of its internal and external growth.

According to D. Rogers, adolescence has multiple definitions: "A period of physical growth, a social phenomenon, a period of time, and a period of profound psychological transformations (Mikhail Ibrahim Asaad, 1986, p. 225). Thus, the definition of "Rogers" remains a more comprehensive definition, for he mentioned all aspects of adolescence whether physically or psychologically, as shown by the previous definitions. The social aspect regards adolescence as a social phenomenon that has its components and effects within the community. D Rogers considered adolescence a stage of time that begins at a certain age and ends at a certain age.

From the previous and multiple definitions of adolescence, we conclude that they almost agree that adolescence is a stage characterized by changes that affect various aspects of an individual's life, as well as a lot of fluctuation and extreme changes in mood and emotions and the emergence of problems. The last may be caused by some organic illnesses or of educational neglect, cruelty or a miscalculated method of raising children.

## 3.2. Procedural Definition:

Adolescence is one of the stages of life that an individual goes through, which extends from 16 baskets to 21 years. It is divided to middle adolescence and a late adolescence, and it is

characterized by important changes that affect various aspects of life including personality of the adolescent. These affects are manifested and can be observed in his academic and psychological aspects.

**3. Secondary:** It is a stage of education that follows the stage of basic education enrolled by those who succeeded in the certificate of basic education for a period of three years.

**Procedural Definition:**

Secondary education is the stage in which a pupil spends three years between the ages of 16 and 21 in high school.

**4. Secondary School Campus:** It is a shrine located inside the secondary school that receives girls who are more than 15 km away from the secondary school. It has its own internal system, and its administration is affiliated with the secondary school.

**VI. Previous Studies:**

1. By researching and excavating studies that are closely related to the subject of our research, the researcher "Kamel Ahmed Suhair" (1998) mentioned some studies, including the following:

Fredman (1937) presented a study of depression, failure and guilt and concluded that loneliness with depression expresses loss. After the loss, there are attempts to pull one's self together, and if the individual cannot overcome the loss, a chronic depression is accompanied by a state of failure and a sense of guilt. (Kamel Ahmed Suhair, 1998, p. 18). This study proved the existence of the correlation between a sense of loss and depression, as the inability to overcome the loss leads him to depression, a sense of failure and guilt.

3. There are many studies and psychological research that detect the differences between males and females inasmuch as depression is concerned. These studies have reached different results. The study carried out by "Gallagher" (1983) showed that women are more likely to feel depressed than men, and the study carried out by "Sarah King" (1983) indicated that there were no gender differences in depression. The studies Na Gilberg (Nagelber, Devult, D. Ambrot (1983) Bryson-Pilan arrived at same conclusion. Knight (1984) found significant criteria of age and gender on a sample of 1091 examined on the Beek scale of depression. The results showed that females are more prone to depression than males. Tsino and Funabiki (Chino and Funabiki) carried out a study concluded with the same result in 1984. (Rashad Ali Abdul Aziz Musa, n.d, p. 159).

Previous studies show that there are researchers who have found that there are gender differences in the likelihood of depression. Women are more affected than men. There are those, paradoxically, who have found that there are no differences between the sexes.

4. In a study conducted by "Abdel-Gawad Arafa" (1976), he compared the manifestations of depression in Egypt with some European and Asian countries. He found a difference in the degree of guilt, anxiety, delusion physical sickness which he attributed to cultural differences. (Kamel Ahmed Suhair, 1998, p. 17).

5. In another comparative study, Izman (1984) on a sample of depressed patients and a sample of non-patients, a measure of social relations was used (to measure the presence of trusted people and feelings of loneliness or contacts with family members, friends and acquaintances). The study showed that patients with depression were lonelier and that they suffered from feelings of loneliness more than members of the control group. He also found out that there was an inverse relationship

between feelings of loneliness and the number of contacts with family members. (Kamel Ahmed Suhair, 1998, p. 18).

Through all previous studies, it is concluded that depression is related to the loss of subject and the inability to overcome it leads to failure and frustration. Depression is more prevalent in women compared to men, and individuals with depression feel lonelier compared to other individuals without depression.

#### **IV. symptoms of Depression:**

##### **1. Desperate sad mood:**

Sadness for a healthy person results in an experience of satisfied feelings, including crying that causes a kind of relaxation or comfort. Depressed people, nevertheless, do not feel such a sensation, and even that many depressed people are unable to cry, they suffer from absolute internal emptiness. The German psychiatrist "Kurt Schneider" (K.Chnayder) called this condition a "feeling of loss of feelings".

##### **2. Loss of habitual interest:**

It includes a loss of interest in professional, family and personal spheres. (Samer Jamil Radwan, 2002, p. 272).

##### **3. Self-accusations:**

Self-accusations can extend so far that the person concerned believes that he has made nothing but mistakes in their lives. Such feelings dominate their thinking and only think of all the mistakes they made in the past year, for instance.

##### **4. Motivation disorders:**

For many depressed patients, paralysis in decision-making is one of the worst complaints, and this can mean that the person concerned does not perform his daily duties except with difficulty. They are unable to do anything without self-motivation. Despite the fact that may be highly motivated, specifically patients who suffer from feelings of guilt and self-accusations, instability flares up within them. (Samer Jamil Radwan, 2002, p. 273).

##### **5. Internal instability:**

This internal instability torments patients particularly severely, and patients can say: People think I'm quiet but I'm simmering from within.

##### **6. Loss of appetite and weight:**

Patients with depression usually suffer from poor appetite, which leads to weight loss.

##### **7. Sleep disturbance:**

Drowsiness and falling asleep are the main problem in the majority of patients. Their mood is low to its lowest degree, and the majority of patients report they feel better in the evening.

##### **8. Physical aches:**

Many depressed patients suffer from physical pain without a physical disease or injury. They complaint from headache, feeling severe pressure on the heart, constipation, menstrual disorders and functional sexual disorders.

##### **9. Self-destructive thoughts:**

Life for almost all depressed patients seems useless to the point where they think about self-destruction and suicide. (Samer Jamil Radwan, 2002, p. 274).



**VIII . Protecting Adolescents from Depression:**

- Strengthen the child's concept of the self through communication with others. Also, diversifying skills can enhance a child's self-confidence and strengthen their positive self-concept, a sense of ability to face problems and self-satisfaction is enough to prevent depression. (Ahmed Mohammed Al-Zoghbi, 2002, p. 91).
- Reducing family conflicts, and the need for family harmony and make the child feel safe (Hanan Abdel Hamid Al-Anani, 1998, p. 160).
- Allow the child to express his emotions.
- The need for parents to stay away from sadness and depression.
- The need for a number of psychologists, whether in schools or clinics, to work on addressing the problems of anxiety and depression. (Hanan Abdel Hamid Al-Anani, 1998, p. 161).

**VI. Crisis in Adolescence:**

P. Male describes crisis adolescence as the difficulties and troubles encountered by the child manifested in puberty and physical changes. Adolescence corresponds to the use of the crisis for the severity of the complexity of its disorders. It is characterized by different conflicts, as growth in this phase is difficult at different levels. (François Richard.1998).

The most important crisis faced by the adolescent at this stage is the identity crisis. Erikson introduced his theory of emotional growth in 1950, where the adolescent, he believes, is heading to one of the poles of the crisis; they are either heading to the positive side where he identifies and knows himself, or heading to the negative side and suffers from lack of clarity of his identity (Ahmed Mohammed Al-Zoghbi, 2002, pp. 471-473). Among the symptoms of this crisis we find:

**1. Depression:**

In this period, the adolescent lives a conflict related to his physical growth. He develops a contradictory understanding of his changes. They paradoxically combine tendencies between hatred and falls narcissism and a sense of wonder that makes the adolescent live in a state of sadness and depression. (François Richard, 1998)

**2. Action-oriented 'thoughts':**

It is the result of the difficulties and conflicts that he/she faces and cannot express them in words and brings them out in the form of direct action to relieve pain and the degree of tension and anxiety.

**VIII. Adolescent Developmental Needs:****1. Need for status:**

A teenager's need for status is his most important need. They want to be important people, to have a place in their group and to be known as people of value. (Fakher Akil, 1984, p. 115).

**2. The need for security:**

This includes the need for physical security, physical health, the need to survive, avoid danger, and heal when sick. (Hamid Abd al-Salam Zahran, 1981, p.301).

**3. Need for friends:**

All the circumstances surrounding the adolescent confirm his needs to belong to another group where he can satisfy his social needs, as he can do things and make decisions within the his group

so that the individual finds pleasure in working with his group. (Ahmed Abdel Khaleq, 1982, p. 95)).

#### 4. The need for love and acceptance:

The need for love, companionship and social acceptance, the need to belong to the group, the need for a sense of justice in treatment and social success. (Hamid Abd al-Salam Zahran, 1981, p. 302).

#### 5. The need for independence:

Teenagers have a need to get rid of the constraints of parents in order to become responsible for themselves. (Fakher Haqq, 1984, pp. 119-120).

### I. Survey Study:

Survey study is considered the first step in research, and the purpose of conducting this study is to ensure the presence of a research sample in the field, as well as to determine the applicability of research methods in the field and attempt to gather as much information as possible about the subject of the current study. Therefore, at the beginning of our research, we conducted a field survey to identify the sample and approach it with the aim of comparing resident female adolescent girls in the secondary campus and commuter female adolescents, and to ensure their comprehension of the content of that test by distributing some tests to the sample.

### II. Research Site:

Our research was conducted at Agri Mohand Said High School in Azfoun, Tizi Ouzou. The following table shows the distribution of other secondary school students, Agri MohND Said : **Table No. (01):** Represents the distribution of students of Agri Mohand Said High School by sex, academic level and system.

System Class	Internal		Half-attendants		Foreign		Total
	males	females	males	females	males	females	
First year secondary school	0	30	38	51	15	18	152
Second year secondary	0	40	22	42	8	15	127
Third Year Secondary School	0	20	35	42	12	12	121
Total	90		230		80		400

### III. Research Timeline:

Our studies lasted about 22 days at Agri Mohand High School in Azefoun, starting from January 4, 2009 until January 25, 2009.

### IV. Research Sample:

The study of any population or social phenomenon depends mainly on samples taken from this community. Without a sample we cannot study any social or educational problem because the



sample is a source of information that we want to know or the reasons you are trying to recognise. (Ahmad Muhammad al-Tayeb, 1999, p. 227).

## 5. Sampling Method:

In this research, we relied on the random sampling method, as it was:

## 2. Sample size Determination and Description:

The Beck scale was distributed to a sample of 100 m of adolescents.

### 1.2 Sampling Procedure:

By age:

**Table No. (02):** Represents the distribution of sample members according to the

Age System	16	17	18	19	20	21	Mug
Internal	08	16	09	09	04	04	50
Foreign	04	07	14	07	13	05	50
Total	12	23	23	16	17	9	100

### 2.2 By Academic Level:

**Table No. (03):** Represents the distribution of the sample members by academic level.

Study Level	Duplicate	Ratio
First year secondary	27	27%
Second year secondary	51	51%
Third year secondary school	22	22%
Total	100	100%

## V. Research Methodology:

We have relied on the comparative descriptive approach in research, which is defined as one of the forms of analysis and systematic scientific interpretation to describe a specific phenomenon or problem and portray it quantitatively by collecting codified data on the phenomenon or problem, classifying, analyzing and subjecting it to careful study. (Sami Mohammed Milhem, 2002, p. 352).

## VI. Data Collection Instrument:

The research method on which the quality of our study depends is the "Beck" scale of depression, which aims to measure the degrees of depression, and we will address this scale with a little clarification:

### 1. Introducing the Beck scale:

It is a scale developed by the American clinician "Aaron Beck" under the name (B. D.I) Beck (Beck Depression Inventory). It is a measure that provides the researcher and therapist with a quick and honest estimate of the client's level of depression. (Gharib Abdel Fattah Gharib, 1985, p. 06).

### 2. Scale components:

The scale in its current form consists of 13 sets of phrases. After a brief presentation of the original scale, the new version of the scale was developed by the scale's author, "Beck". The

modified version of the scale showed a correlation coefficient of 0.96 with the original scale. The phrases included in the scale in its current form are as follows: sadness, pessimism, feelings of failure, dissatisfaction, guilt, self-hatred, self-harm, social withdrawal, self-image distortion, work difficulty, fatigue, loss of appetite.

### 3. Administration Procedure:

The "Beck" scale is applied individually or collectively, and the questionnaire booklet contains detailed instructions that explain the response method. The answers are recorded on the same questionnaire booklet. When applied individually, it is sufficient to ask the examinee to read the instructions provided in the questionnaire booklet and then begin answering after ensuring their understanding. For collective administration, the questionnaire booklets can be distributed to the examinees, and they are asked to write their name, age, educational level, and the date of response. The examinees are requested to silently read the instructions themselves, while the examiner reads the instructions aloud to eliminate any ambiguity or variation. Generally, the time for the examinee is not specified for applying this scale, as long as it does not take too long, and the instruction is as follows:

In this questionnaire booklet, there is a set of phrases:

Please read each set separately, then encircle or mark (×) the phrases that describe your condition during the current week, including today. Make sure to read each phrase of each set before choosing any of them, and ensure that you have answered all the sets." (Ghareeb Abdel Fattah Ghareeb, 1985, pp. 5-6).

### 4 Scale Calibration:

The correction process is conducted by aggregating the scores obtained by examinees within the groups to arrive at the total score of the scale. If an examinee responds to multiple phrases within a group, the highest score is considered. The total score of the scale ranges from a minimum of 0 to a maximum of 39. These groups are then classified into cutoff scores to determine the degree of depression, without converting them into standard scores.

A high score on the scale indicates severe depression, while a low score indicates the absence of depression. Generally, scores ranging from 0 to 4 indicate the absence of depression, scores between 5 and 7 indicate moderate depression, scores of 8 to 15 indicate moderate depression, and scores ranging from 16 to 39 indicate severe depression. (Ghareeb Abdel Fattah Ghareeb, 1985, p. 16).

**Table No. (04):** Shows the interpretation of degrees of depression.

Grade	Interpretation
0-4	No depression.
5-7	Temperate
8-15	Medium
16-39	Severe

**VII. Statistical Analysis:****1. Percentages: T test****1. Presentation of results based on descriptive statistics:**

**Table No. (05):** Represents the frequency distribution and percentages of depression scores among female adolescent residing inside the secondary campus and commuter female adolescents.

Inside the secondary school campus			Outside the secondary district		
Level of depression	Duplicate	Percentages %	Level of depression	Duplicate	Percentages %
Severe	42	84	Severe	/	/
Medium	08	16	Medium	34	68
Temperate	/	/	Temperate	11	22
There isn't any	/	/	There isn't any	05	10
Total			Total	50	100

Through this table, it can be observed that 42 cases of residents within the secondary school campus belong to the severe level category, estimated at 84%. On the other hand, there are 8 cases belonging to the moderate level, accounting for 16%. There are no cases belonging to the mild level or indicating the absence of depression. In contrast, there are no cases of residents outside the secondary school who belong to category of severe level. However, there are 34 cases belonging to the moderate level, accounting for 68%. As for the mild level, there are 11 cases, representing 22%, while there are 5 cases indicating the absence of depression, estimated at 10%.

It can be concluded that the highest proportion among residents within the campus is concentrated in the severe level, while it is concentrated in the moderate level among residents outside the secondary school.

**II. Presentation of results based on inferential statistics:**

**Table No. (06):** Represents the results of the T test to indicate the differences between female adolescent residing within the secondary school campus and female adolescent girls residing outside the secondary school in the degree of depression.

Arithmetic indicator Sample	Sample	Average Arithmetic	Contrast	T Calculated	T Scheduled	Degree of freedom	level Significance $\alpha = 0,01$	Significance
Teenage Girls Category Residents within the secondary district	50	20,62	27,21	2,78	2,63	98	0,01	The result is a function
Teenage Girls	50	8,50	10,78					

Category Residents outside the secondary district								
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Through this table we conclude that:

The calculated T score of 2.78 is greater than the scheduled T score of 2.63, hence we say that the hypothesis that there are statistically significant differences between adolescent girls residing within the secondary school campus and those residing outside the secondary school in the degree of depression is acceptable and rejects the null hypothesis.

### III. Discussion of the results:

Based on the results obtained from the field study, specifically when measuring depression using the Beck Scale applied to a sample of 100 adolescent females in the secondary education, we have confirmed the hypothesis that there are differences in the level of depression between female adolescents living in the campus or commuters. Adolescence is considered one of the most challenging phases, as it involves several internal and external changes that significantly impact an individual's personality. Moreover, we cannot overlook the psychological incidents that individuals experience, leading to emotional reactions and affecting their mental well-being. During this period, adolescents also exhibit signs of depression, as behaviours of depressed individuals are characterized by anxiety, tension, fatigue, followed by withdrawal, introversion, and loneliness. They may also experience heightened emotions, aggression, self-doubt, and a lack of self-confidence.

This was confirmed by the researcher Izmann (1984) in his study which showed fundamental differences between depressed and non-depressed individuals inasmuch as loneliness is concerned.

The findings from Table 05 indicate that out of the 100 adolescent females, 42 cases of those residing in the campus experience severe depression, which is the most prevalent level of depression. This suggests that living in the campus has negative impacts on the psychological well-being of female adolescent students. These impacts lead to the emergence of depressive symptoms, including despair, sadness, low self-confidence, and frustration.

The depression experienced by female adolescents residing in the secondary school campus can be attributed to the fact that they are going through one of the most challenging stages of their lives far from the secure and loving family environment. They transition to a world governed by rules that they are compelled to follow and submit to, which leads them to feel loneliness, low self-confidence, and isolation. Additionally, they may experience suffering and pain, causing them to live apart from our world and create a separate world for themselves. All of these factors contribute to the intensity of their depression.

On the other hand, we find that adolescents residing outside the secondary school campus experience less depression compared to those residing within it. This can be attributed to the absence of those factors that contribute to the intensity of depression. Adolescents outside the secondary school campus have a certain level of freedom as they are away from the restrictive system governed by strict laws. Additionally, the influence of friendship, which is crucial in their lives, may play a significant role. Moreover, social support is more readily available for adolescents

residing outside the secondary school, as they receive more social and emotional support from family, friends, and the social environment. In contrast, this support may be limited for adolescents residing within the secondary neighborhood.

In general, there are factors that affect the degree of depression in adolescents, so psychosocial support must be provided to them regardless of their place of residence.

### **General conclusion:**

In this study, we embarked on an attempt to assess depression among female adolescents in secondary education by comparing the level of depression between those residing within and outside the secondary school campus. Relying on statistical data, we conducted a field study with a sample size of 100 adolescents in secondary education. We applied the "Beck" Depression Scale and employed a comparative descriptive methodology, along with the application of the t-test. The results revealed statistically significant differences in the degree of depression between female adolescents residing within the secondary school campus and those residing outside of it.

### **Conclusion:**

Adolescents are exposed to a range of disorders that occur as a result of their inability to cope with the changes accompanying the adolescent stage. However, for female adolescents in secondary education, the psychological disorders they experience are not solely due to the changes during adolescence. In addition to that, residing within the secondary school campus and being deprived of familial warmth and security contribute to their psychological disturbances. Like other groups, this category of adolescents is susceptible to psychological disorders that hinder their normal engagement with life. Therefore, our study aimed to identify differences in the level of depression between female adolescents residing within and outside the secondary school campus, employing fundamental research techniques. This included the application of the "Beck" Depression Scale. The results we obtained indicated statistically significant differences in the degree of depression between adolescents residing within and outside the secondary school campus.

### **Suggestions and Recommendations:**

- Encouraging researchers and specialists in the field of psychology and education to conduct more studies and research on the design of counseling treatment programs to alleviate the feeling of depression among adolescent girls.
- Providing various psychological and therapeutic counseling programmes for students in high school and identifying cases suffering from depression.

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