Self-esteem and hopelessness as predictors of emotional difficulties: A cross-sectional study among adolescents in Kosovo

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Abstract

The growing prevalence of emotional difficulties among adolescents represents an important public health issue for several countries, especially those with relatively young population such as Kosovo. The main research question of the present study is whether self-esteem and hopelessness are significant predictors of emotional difficulties among adolescents in Kosovo. The purpose of the study was to investigate the level of emotional difficulties among adolescents in Kosovo and determine whether self-esteem and hopelessness serve as significant predictors of these difficulties. Participants were 1162 adolescents aged between 11 and 20 years old (M=16.37; SD=1.58); in terms of gender composition, there were girls 593 (51%), boys 535 (46%). The measures used included the Albanian versions of The Strengths and Difficulties Questionnaire (Goodman,1997), Rosenberg Self-Esteem Scale (Rosenberg,1965) and the Hopelessness scale for children (Kazdin et al, 1986). Results indicated that 16.3% of participants reported abnormal levels of emotional difficulties, 52.7% reported low self-esteem and 19.6% reported high hopelessness levels. Emotional difficulties were significantly predicted by hopelessness (β=.272, p<.00), self-esteem (β=.112, p<.00), gender (β=.258, p<.00), and residence (β=.128, p<.00). Together these variables explained 17% of the variance in emotional difficulties. The study found relatively high levels of emotional difficulties especially in mid-adolescence. Findings suggested that self-esteem and hopelessness might partially explain emotional difficulties. Despite the low statistical power of findings it is important to investigate these relationships in future research, especially when considering that more than half the sample reported low self-esteem and almost 1/5 reported high hopelessness.

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1. Introduction

Emotional regulation represents an important developmental milestone in adolescence (Kim, Riser, & Deater-Deckard, 2011). Indeed this developmental stage is characterized by frequent and extreme emotional shifts between positive and negative emotions; also research suggests that in fact adolescents tend to experience more negative emotions and are more emotionally responsive to life events (Adams & Berzonsky, 2003). Depressive symptoms also tend to be frequent especially among women and associations have been found with low self-esteem and hopelessness (Rosenblum & Lewis, 2003). Kostiuk and Fouts (2002) suggest that poor emotional regulation negatively affects all dimensions of quality of life.

1.1 The prevalence of emotional difficulties in adolescence

Epidemiological research findings worldwide suggest 9-12% of adolescents experience strong emotional symptoms which negatively affect every day functioning (Egger & Angold, 2006; Costello, Egger, & Angold, 2005). A rise in the prevalence of emotional problems has been reported across several countries (Kelleher et al, 2000; Rimpelä et al 2006; Sweeting & West 1998). This aspect represents an important public health issue since it affects almost ¼ of youth population (Sawyer et al., 2000; Egger and Angold, 2006). Additionally relationships have been found between emotional dysregulation in adolescence and depression, anxiety or substance abuse (Hilt, Hanson, & Pollak, 2011). Most important emotional problems experienced during adolescence might continue later in life too (Bosquet and Egeland, 2006; Kessler et al., 2005). Borderline emotional problems during early adolescence increase the probability of developing psychiatric disorders later in life (Jaffee et al., 2002; Fergusson, Horwood, & Boden, 2006; Clark, Rodgers, Caldwell, Power, & Stansfeld, 2007). Despite high prevalence rates there is great practical difficulty in identifying emotional problems in children and adolescents (Costello & Angold, 2006) also due to the blurred fine lines between normality and disorder (Rutter, 2003).

1.2 Factors explaining emotional problems

A vast amount of research has examined the pathways, mechanisms, risk factors, and protective factors in the development of emotional problems (Gutman & Sameroff, 2004). Emotional development is influenced by complex interactions of multiple personal and contextual factors (Skuse, Bruce, Dowdney, & Mrazek, 2011). Personal factors include genetic makeup (Rutter,2006); temperament (De Pauw & Mervielde , 2010); cognitive skills (Hodapp & Dykens ,2009); self-esteem (Harter, 2006); social cognition (Sharp , Fonagy & Goodyer, 2008) and moral development (Kochanska & Aksan , 2006).

Contextual factors include attachment (Kerns, 2008), parental styles (Parke & Buriel, 2008), parent-child cohesiveness (Stein, Rachmandani & Murray, 2008), family functioning (Masten, Shaffer, Clarke-Stewart et al., 2006), school environment (Sellstrom & Bremberg , 2006), relationships with peers (Rubin , Bukowski & Parker, 2006) and the broad socio-cultural context (Jenkins, 2008).

1.3 Self-esteem and emotional difficulties

Self-esteem is a broadly investigated topic in social science research in general, and clinical or adolescent psychology research in particular (Thomas, Poorthuis, & Nelemans, 2011; Mruck, 2006). Studies have identified self-esteem as an important determinant of emotional well-being (Baumeister, Campbell, Krueger, & Vohs, 2003; Peterson & Steen, 2002). Self-esteem might serve as a protective factor, as a moderator, mediator or simply a result of emotional well-being or difficulties (Lacković-Grgin, 2000; Lee & Hankin, 2009; Tambelli, Laghi, Odorisio, & Notari, 2012; Laghi, Pallini, D'Alessio, & Baiocco, 2011; Myers, 2013).

An increasing number of longitudinal studies suggests that low self-esteem predicts depression later in life (Orth, Robins, & Meier, 2009; Orth, Robins, Trzesniewski, et al., 2009; Kamkar, et al., 2012; MacPhee & Andrews, 2006; Millings et al, 2012; Sowislo & Orth, 2012). Also low self-esteem has been associated with anxiety symptoms and somatic complaints while high self-esteem has been considered as an important buffer against anxiety (Millings et al., 2012; Morley & Moran, 2011; O’Brien, Bartoletti, & Leitzel, 2006). Cross-sectional research studies have reported correlations of medium of high statistical power between self-esteem and anxiety (Lee & Hankin, 2009).
On the other hand there is also research associating high self-esteem with egoism, narcissism or violence (Baumeister, 2003; Dawes, 1994; Leary, 1999; Seligman, 1994, 2002; Myers, 2013). In this context self-esteem has been also considered as a risk marker (Boden, 2011).

1.4 Hopelessness and emotional difficulties

The construct of hopelessness has been defined in terms of negative expectations for the self and the future (e.g., failure) or the lack of positive expectations about the future (Beck, Weissman, Lester, & Trexler, 1974; Kazdin, Rodgers, & Colbus, 1986; Keeley, Wright, & Condit, 2009). Although research suggests that hopelessness during adolescence has an important impact in later development, few studies have focused on this construct (Levesque, 2011; Nurmi, 1991).

The Hopelessness Theory of Depression (Abramson, Metalsky, & Alloy, 1989) provides a theoretical framework for explaining depression through the hopelessness construct. Also research studies with adolescents have reported that hopelessness is related to depressive symptoms and also serves as a mediator for the future (Abela, Gagnon, & Auerbach, 2007; Levesque, 2011). Hopelessness has been also related to suicidal attempts, alcoholism, sociopathy and physical illness (Beck, Weissman, Lester, & Trexler, 1974).

1.5 Self-esteem, hopelessness and emotional difficulties

Research shows that self-esteem is actually strongly related to hopelessness and depression (Harter, 1999). Low self-esteem, negative expectations about the future and loneliness have been all involved in the explanation of depression, suicidal behaviour, substance abuse, sociopaths, delinquent behaviours etc. (Ruchkin, Eisemann & Hägglöf, 1999). Research suggests that hopelessness and self-esteem are significantly correlated to each other but also taken together both serve as moderators of suicidal behaviour (Viñas, Canals, Eugenia Gras, Ros, & Domènech-Llaberia, 2002). Also other studies have found that hopelessness and self-esteem serve as risk factors for suicidal behaviour (Skuse, Bruce, Downdey, & Mrazek, 2011; Rutter, et al., 2008).

2. Problem Statement

Kosovo is the youngest country in Europe as 47.6% of the population is composed of youth up to 24 years old (International Data Base, Population Pyramid Kosovo, 2010). However Kosovo is also the poorest country in Europe, with unemployment rates among the youth going up to 70% (European Commission, October 2009). The war aftermath (1998-1999), accompanied with the respective political and social transformations have exposed Kosovo youth towards multiple risk factors (UNICEF IN KOSOVO, Adolescence). This specific context poses enormous developmental challenges to adolescents exposing them constantly to different types of stressors.

Despite the great importance of conducting research among adolescents in Kosovo, few studies exist. Shahini et al, (2014) reported that emotional and behavioural problems of children and adolescents aged between 6 and 18 years old is comparable to values reported in five other European countries (Polonia, Lithuania, Romania, Serbia and Croatia). As regards emotional difficulties findings indicated higher values among women aged between 12 and 18 living in urban rather than rural areas.

A cross-cultural study among adolescents from Kosovo, Albania, and Albanian emigrants in Italy found no significant differences in self-esteem reports (Sujoldžić & De Lucia, 2007). Moreover adolescents from Kosovo reported greater life satisfaction, and lower levels of depression as compared to the other groups. A study among Serbs living in northern Kosovo reported that 31.5 % of the sample had depression symptoms and 55.4% anxiety symptoms. Additionally self-esteem values show average levels while there are high scores on hope. Finally self-esteem and hope correlate positively with each other and negatively with depression and anxiety (Krstić, Randelović & Babić-Antić; 2013). Significant negative correlations between self-esteem and anxiety have also been found in another study with Serbian residents in Kosovo (Randelović, Milošević & Minić, 2010). Also self-esteem has been correlated with eating disorders in a sample of Albanian adolescents (Kadriu, Kelpi & Kalyva; 2013)

The European School Survey Project on Alcohol and Other Drugs (ESPAD,2011) reported a mean value for self-esteem of 28.8 (SD=6.7), which is higher than other European countries. Also further research has
found significant differences in hopelessness and self-esteem between clinical and community samples of adolescents; the same study found significant correlations between self-esteem and hopelessness (Fanaj, Fanaj, Poniku, Gashi, Vehbiu, & Morina, 2012).

3. Research Questions

What is the level of self-esteem, hopelessness and emotional difficulties reported by adolescents in Kosovo? Are there any differences in terms of gender, age or residence in self-esteem, hopelessness, and emotional difficulties?

To what extend does a predictive model including age, gender, residence, self-esteem and hopelessness explain emotional difficulties among adolescents in Kosovo?

4. Purpose of the Study

The study aimed to assess the role of self-esteem and hopelessness as predictors of emotional difficulties among adolescents in Kosovo.

5. Research Methods

5.1 Sample and procedure

The sample included 1162 adolescents aged between 11 and 20 years old (M=16.37, SD=1.58) from four regions of Kosovo, Prizren (N=662), Pristine (N=249), Mitrovica (N=117); and Malisheva (N=134). Schools and classrooms were randomly selected and the questionnaires were distributed to pupils in their classrooms after getting relevant permissions. In terms of gender composition there were 535 boys (46 %) and 593 (51 %) girls; 34 (2.9 %) adolescents did not report their gender. Also 683 adolescents (58.8 %) were from urban areas, 424 (36.5%) from rural areas and 55 (4.7%) of them did not report this information. In terms of age adolescents were classified as 1. Early adolescents, 11-14 years old (N=125, 10.8%) 2. Middle adolescents, 15 -18 years old (N=912, 78.5%) and 3. Late adolescents/young adults, 19-20 years old (N=111, 9.6 %). Fourteen participants (1.2 %) did not report their age.

5.2 Measuring instruments

Measuring instruments used in the present study included the Hopelessness Scale for Children (Kazdin, Rodgers, & Colbus, 1986), Rosenberg Self-Esteem Scale (Rosenberg, 1967) and Strengths and Difficulties Questionnaire (Goodman, 1997).

- Hopelessness scale for children (Kazdin, Rodgers, & Colbus, 1986) measures negative expectations of the future in relation to oneself and the world. Although the scale has been originally applied for children aged 6-13 years old it has been reported in older samples too (e.g., Hewitt, Newton, Flett, & Callander, 1997; Bolland, 2003; Pinto, Whisman, & Conwell, 1998; Myers, McCauley, Calderon, Mitchell, Burke, & Schloredt, 1991). Items are noted as right or wrong and the scores might be 0 or 1. Scores equal to or above 7 are considered as high hopelessness, scores 5-6 as medium hopelessness, and scores of 4 or less as low hopelessness (Schroeder & Gordon, 2002). The internal consistency of the scale was acceptable (alpha = .706).

- Rosenberg self-esteem scale (Rosenberg, 1965) includes 10 items which measure self-respect and self-acceptance. It is a Likert type scale with options from (1) strongly agree to (4) Strongly Disagree. Several items are reversed scored according to the authors’ instructions. The scale is suitable to be used for school-age children and adolescents (Chiu, 1988; Gurney, 1986). The internal consistency of the scale in the present study was high (alpha = .815).

- The Strengths and Difficulties Questionnaire SDQ (Goodman, 1997) is composed by 25 items and 5 subscales measuring emotionality, hyperactivity, behavioural problems, problems with peers and prosocial behaviour. A
general measure of difficulties is calculated by considering four subscales (except for pro-social behaviour). The response options include 0- not true 1- somewhat true 2 certainly true. Scores are categorized in normal, borderline and abnormal levels. The SDQ scale was used as a whole but for the purpose of the present study only the emotionality subscale was analysed. The questionnaire had an acceptable internal consistency (alpha = .703) and the subscale of emotional difficulties also showed an acceptable value for the inter-item correlation (.291) (see Briggs & Cheek, 1986).

Questionnaires were translated into Albanian by using the translation back translation method to ensure correct translation.

5.3 Study design

The study was a cross-sectional correlational study, with age, gender, place of residence (urban, rural), hopelessness and self-esteem as independent predictor variables and emotional difficulties as the dependent variable.

6. Findings

6.1 Descriptive analyses

The following table shows the classification of participants in terms of each variable investigated in the study.

Table 1. Frequencies and percentages of participants by gender, residence, age group, self-esteem, hopelessness and emotional difficulties

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>535</td>
<td>46</td>
</tr>
<tr>
<td>Female</td>
<td>593</td>
<td>51</td>
</tr>
<tr>
<td>Unclassified</td>
<td>34</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>683</td>
<td>58.8</td>
</tr>
<tr>
<td>Rural</td>
<td>424</td>
<td>36.5</td>
</tr>
<tr>
<td>Unclassified</td>
<td>55</td>
<td>4.7</td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early adolescence</td>
<td>125</td>
<td>10.8</td>
</tr>
<tr>
<td>Mid adolescence</td>
<td>912</td>
<td>78.5</td>
</tr>
<tr>
<td>Late adolescence</td>
<td>111</td>
<td>9.6</td>
</tr>
<tr>
<td>Unclassified</td>
<td>14</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Self-esteem</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>612</td>
<td>52.7</td>
</tr>
<tr>
<td>Normal</td>
<td>463</td>
<td>39.8</td>
</tr>
<tr>
<td>Unclassified</td>
<td>87</td>
<td>7.5</td>
</tr>
<tr>
<td><strong>Hopelessness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>653</td>
<td>56.2</td>
</tr>
<tr>
<td>Moderate</td>
<td>158</td>
<td>13.6</td>
</tr>
<tr>
<td>High</td>
<td>228</td>
<td>19.6</td>
</tr>
<tr>
<td>Unclassified</td>
<td>123</td>
<td>10.6</td>
</tr>
<tr>
<td><strong>Emotional difficulties</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>819</td>
<td>70.5</td>
</tr>
<tr>
<td>Borderline</td>
<td>92</td>
<td>7.9</td>
</tr>
<tr>
<td>Abnormal</td>
<td>189</td>
<td>16.3</td>
</tr>
</tbody>
</table>
The mean value for Rosenberg self-esteem scale was 25.13 (SD=5.09). In terms of classification by self-esteem level, 612 (52.7%) adolescents reported low self-esteem, 463 (39.8%) normal self-esteem and 87 adolescents (7.5%) were dismissed because they did not answer correctly.

The mean value for hopelessness was 3.98 (SD=2.94). In terms of classification by level of hopelessness, 653 adolescents (56.2%) reported low hopelessness, 158 (13.6%) moderate hopelessness and 228 adolescents (19.6%) high hopelessness. Finally, 123 adolescents (10.6%) were excluded because of incorrect responses.

The mean value for emotional difficulties was 3.78 (SD=2.49). In terms of classification by level of emotional difficulties 819 adolescents (70.5%) were within the normal range, 92 (7.9%) reported borderline levels, and 189 adolescents (16.3%) had abnormal levels of emotional problems. Finally, 62 adolescents (5.3%) were excluded from the analysis because they did not answer the questions correctly.

6.2 Comparative analysis for self-esteem, hopelessness, and emotional difficulties

6.2.1 Self-esteem

Mann-Whitney Test found no significant gender differences in self-esteem. However there were significant differences in self-esteem based on residence (Mdurban=14; N=632; Md_rural=15; N=390) as adolescents from rural areas had significantly higher self-esteem as compared to adolescents from urban areas (Z=-3.081, p < .002, r = .09).

Kruskal-Wallis test also found significant differences in self-esteem by age group (early mid- and late adolescence (X² (2,n=1103)=12.111, p=.002). Early adolescents had the highest scores (Md=16), followed by mid- (Md=14), and late adolescents (Md=15).

6.2.2 Hopelessness

Mann-Whitney test revealed no significant differences in hopelessness between boys and girls. Nonetheless there were significant differences in hopelessness by residence, as adolescents from rural areas reported higher hopelessness levels as compared to adolescents from urban areas (Z=-2.236, p < .02, r = .07). Finally, Kruskal-Wallis analysis revealed no statistically significant differences in hopelessness based on age groups (early, mid- or late adolescence).

6.2.3 Emotional difficulties

Mann-Whitney test revealed significant gender differences in emotional difficulties (Md_girls=4, N=562; Md_boys=3, N=508; Z=-8.128, p < .00, r = .24). Additionally there were statistically significant differences in emotional difficulties between adolescents from urban areas (Md=3; N=642) and adolescents from rural areas (Md=4; N=409), Z=-4.331, p < .00, r = .13. Kruskal-Wallis analysis revealed significant differences by age group in levels of emotional difficulties, X² (2,n=1087)=6.973, p=.031. Mid- and late adolescents had the highest scores as compared to early adolescents.

| Mann-Whitney tests for differences in emotional difficulties by gender and residence |
|---------------------------------|-----|------|-----|-----|
|                                | Md  | N    | p   | r   |
| Female / Male                  | 4   / 3 | 562 / 508 | .000 | .24 |
| Urban / Rural                  | 3   / 4 | 642 / 409 | .00 | .13 |

<table>
<thead>
<tr>
<th>Emotional difficulties</th>
<th>Age groups</th>
<th>N</th>
<th>Md</th>
<th>x²</th>
<th>p</th>
</tr>
</thead>
</table>

Table 2. Mann-Whitney tests for differences in emotional difficulties by gender and residence

Table 3. Kruskal Wallis test for differences in emotional difficulties by age group.
Correlational analyses indicated significant correlations between emotional difficulties and gender ($r=.25$, $p<.000$), place of residence ($r=.15$, $p<.000$) self-esteem ($r=.14$, $p<.000$) and hopelessness ($r=.29$, $p<.000$). Girls (rather than boys) and adolescents from rural (rather than urban areas) had the highest levels of emotional difficulties. On the other hand, higher self-esteem and hopelessness correlated with greater emotional difficulties.

**Table 4.** Means, standard deviations and inter correlations between emotional difficulties and gender, residence, age, self-esteem and hopelessness.

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
<th>Gender</th>
<th>Resid.</th>
<th>Age</th>
<th>Self-es.</th>
<th>Hopeless.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emot. Diffic.</td>
<td>3.76</td>
<td>2.49</td>
<td>.250**</td>
<td>.147**</td>
<td>.030</td>
<td>.140**</td>
<td>.285**</td>
</tr>
<tr>
<td>Gender</td>
<td>1.50</td>
<td>.50</td>
<td>-.036</td>
<td>.010</td>
<td>-.003</td>
<td>-.016</td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td>1.39</td>
<td>.48</td>
<td>-.126**</td>
<td>.032</td>
<td>.079**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>16.27</td>
<td>1.6</td>
<td>-.190**</td>
<td>.094**</td>
<td>.105**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-esteem</td>
<td>14.97</td>
<td>5.02</td>
<td></td>
<td></td>
<td></td>
<td>.112</td>
<td></td>
</tr>
<tr>
<td>Hopelessness</td>
<td>3.93</td>
<td>2.95</td>
<td></td>
<td></td>
<td></td>
<td>.272</td>
<td></td>
</tr>
</tbody>
</table>

Note: **$p<.01$

Multiple regression analysis was conducted with gender, age, residence, hopelessness and self-esteem as independent variables (predictors) and emotional difficulties as the dependent variable. A significant model resulted explaining 17.7% of the variance in emotional difficulties ($R^2=.177$, $F(5,873)= 37.565$, $p<.000$). The only variables contributing significantly to the model are gender ($\beta=.258$, $p<.000$), residence ($\beta=.128$, $p<.000$), self-esteem ($\beta=.112$, $p<.000$) and hopelessness ($\beta=.272$, $p<.000$) (see Table 4, 5)

**Table 5.** Summary of the multiple regression analysis on emotional difficulties

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SEB</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>1.34</td>
<td>.132</td>
<td>.258*</td>
</tr>
<tr>
<td>Residence</td>
<td>.166</td>
<td>.139</td>
<td>.128*</td>
</tr>
<tr>
<td>Age</td>
<td>.049</td>
<td>.042</td>
<td>.043</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>.026</td>
<td>.014</td>
<td>.112*</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>.071</td>
<td>.025</td>
<td>.272*</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.702</td>
<td>.738</td>
<td></td>
</tr>
</tbody>
</table>

Note: *$p<.01$, $R^2=.177$, $F(5,873)= 37.565$, $p<.000$

7. Conclusion

The aim of the present study was to assess self-esteem and hopelessness as predictors of emotional difficulties in a sample of adolescents from Kosovo. Results indicated that emotional difficulties were significantly predicted by gender, residence, self-esteem and hopelessness.

As regards findings on self-esteem, results indicated that the mean value is lower than means reported from other studies, including studies conducted in Kosovo (e.g., Fanaj et al., 2012; Kadriu, 2013). In almost all studies the mean value for self-esteem was above 30, as compared to 25 in our study (Schmitt & Allik, 2005; Rangjelloviq, 2013). Nonetheless there are exceptions, such as the study by Joshi & Srivastava (2009) where the value of self-esteem is around 20. It might be suggested that sample composition and characteristics (e.g., age) might explain these differences.

As regards findings on hopelessness, mean values found in the present study are comparable to other studies (e.g., Abela et al., 2002; Abela et al., 2009; Sanislow, 2003, Molock, 2006; Kashani, 1989; Grinberg, 1996). Nonetheless this mean is higher than the figure reported in a similar study of 2012 conducted in Kosovo (Fanaj et
al., 2012). This difference might be a tendency towards increasing hopelessness, due to increasing socioeconomic difficulties and decreasing quality of life in country.

Mean values reported for emotional difficulties are higher than all reported values across several studies. Findings not only from Europe, but also Australia and Asia are lower than those found in the present research (Stevanović et al., 2014; Meltzer, Gatward, & Goodman, 2000; Klasen et al., 2000). Also, ESPAD (2011) has reported that Kosovo adolescents (16 year olds) have lower rates of depression (indicator of emotional difficulties) as compared to other European countries. More direct studies, which directly assessed hopelessness (e.g. Fanaj et al., 2012) have also reported lower values for this variable. Similarly to discrepancies in findings for self-esteem and hopelessness, these values on emotional difficulties might be explicable in terms of growing emotional difficulties due to increasing personal and interpersonal conflicts coming from specific family and cultural factors e.g. Patriarchal life, globalisation inputs (internet, TV, social networks etc.).

Findings on emotional difficulties also indicate greater difficulties among females and adolescents from rural areas. Gender differences are in line with research in the area suggesting greater emotional difficulties among female rather than male adolescents (Wade & Tavris, 2012; Adams & Berzonsky, 2003; Klasen et al., 2000). These findings are also in line with research from Kosovo (Shahini, 2014). These findings have been explained in terms of the differences in socialization processes, coping mechanisms, gender roles etc. On the other hand, residence also seems to be an important variable accounting for emotional difficulties; indeed results indicated that adolescents from rural areas reported greater emotional difficulties than those from urban areas. A possible explanation of these findings might be in terms of the multiple stressors characterising life, stressors from which a urban life provides partial protection (resourceful). Nonetheless this claim should be addressed in further research.

In terms of differences by age group results indicated greater difficulties faced by mid-adolescence, a finding which is in line with other research from Kosovo (e.g., Shahini et al (2014). Nonetheless, once controlling for gender, residence, hopelessness, and self-esteem age seems to lose its predictive value; indeed this variable is not a significant predictor in the regression model. As regards self-esteem and hopelessness both correlate positively with emotional difficulties. The positive correlation between self-esteem and emotional difficulties is not in line with existing research, which considers low self-esteem as an important risk factor for the development of emotional difficulties (e.g., Carr, 1999). On the other hand findings cannot either be explained in terms of the maladaptive impact of high self-esteem (Baumeister, 2006; Dawes, 1994; Leary, 1999; Seligman, 2002; Gerard & Buehler, 2004) since the values reported in the present sample fall within the low to normal range. Nonetheless these findings might be explicable in terms of the present socio-cultural context in Kosovo, which is constantly pulling adolescents in two different directions: individualistic western values on the one hand and traditional collectivistic values on the other. Emotional difficulties might actually represent an outcome of the continuous conflicts adolescents might provoke in an effort to express their individuality, and assert their autonomy (especially those with higher self-esteem than others). Findings on hopelessness are in line with existing research suggesting that this is an important construct in understanding emotional difficulties (Abela, Gagnon, & Auerbach, 2007; Levesque, 2011). Hence higher hopelessness, including negative thoughts about the self and the world, is predictive of emotional difficulties among adolescents, even when controlling for variables such as self-esteem. In other words, individuals reporting the same self-esteem levels will differ in emotional difficulties if they differ in hopelessness levels.

The present study reported a slightly higher level of emotional difficulties as compared to other studies; even so results should be carefully considered especially in the context of the several methodological shortcomings (e.g., sample representativeness). Gender, residence, self-esteem and hopelessness significantly predict emotional difficulties. Hence, the most likely to report emotional difficulties were adolescent girls, living in rural (rather than urban areas), with higher (rather than lower) self-esteem, and higher hopelessness. Self-esteem correlated positively (rather than negatively) to emotional difficulties, which was quite an unexpected finding which requires further research especially into the particular socio-cultural context in Kosovo. Finally, although age was not a significant predictor in the context of the other variables, a finding worth mentioning has to do with the age-group most vulnerable to emotional difficulties. Findings suggested that the age group 15-18 years old is actually most vulnerable to experience emotional difficulties, a result which might have important implications especially in terms of interventions designed to promote psychological well-being among adolescents.
References


