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## Alienation and Well-Being in Adolescents. Social Isolation Is a Risk?



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### ABSTRACT

The present work aims to analyze the influence of alienation in wellbeing and risk behaviors among adolescents. The sample used was a group of adolescents that participated in the Portuguese survey of the European study Health Behavior in School-aged Children (HBSC). The Portuguese survey included students from grades 6, 8 and 10 within the public education system, with an average age of 13.8 years ( $SD=1.68$ ). The total sample of the HBSC study carried out in 2014 was of 6026. For this study, only adolescents from the 8<sup>th</sup> and 10<sup>th</sup> grades were included in the sample, comprising 3869 students. The results indicate an association between alienation and risk. Adolescents with increased social isolation and normlessness have more involvement in risk behaviors. On the other hand, the association between the alienation, wellbeing and quality of life was negative. Thus apparently, the less social isolation and normlessness problems have adolescents the higher your well-being. These results are consistent with other studies about alienation which emphasizes that have good interpersonal relationships keeps young people with higher indices of wellbeing and quality of life and less involvement in risk behaviors.

## INTRODUCTION

Alienation usually refers to the description of a social state in which conditions of normlessness or the breakdown of social rules is identifiable. It is essentially a sociological concept developed by several classical and contemporary theorists and it refers to "*a condition in social relationships constituted by a low degree of integration or common values and a high degree of distance or isolation between individuals, or between an individual and a group of people in a community or work environment.*" (Arora, 2014). This concept has existed (implicitly or explicitly) since Marx's and Weber's (Arora, 2014) classical sociological works in the 19th and early 20th centuries. One of its earliest definitions identifies alienation as an estrangement from the self. Since then the concept has evolved greatly, and it is currently applied to many discipline specific uses. It can refer both to a personal psychological state (subjective) and to a type of social relationship (objective). Consequently, alienation may be defined from various points of view, either describing a disconnection in a desired or expected relationship, the distrust being felt by the individual towards other people and society; or the feelings of powerlessness, senselessness, normlessness, isolation, and self-alienation being stirred in the individual due to social, institutional, or interpersonal problems. Although the studies related with alienation have resized the concept in different forms, a concept of alienation with four dimensions, namely as powerlessness, normlessness, isolation, and meaninglessness, are more likely to be applicable for the educational organizations. Powerlessness describes the conditions under which the individual lacks any control over, not only his/ her own product but also over the outputs of the instruments he/she has used in this process. Normlessness refers to the disapproval of the behaviors that are required from the individual to perform in order to achieve one's objectives. Normlessness, in terms of school performance, implies the students' rejection of the decisions and rules laid down by the school directors and the teachers. Isolation describes either the lack of every bond of friendship or the participation at the lowest level in an organizational environment (Seeman). Isolation may be experienced due to the individual's departure from the society or due to the individual's exclusion from his/her community. Meaninglessness describes the individual's failure in understanding his/her own activities, representing a failure in building a bridge between the present and the future (Caglar, 2013). Tomé, Matos, Camacho, Simões, Gomes And Caldas de Almeida (2015), in a study which aimed to construct and validate a tool to evaluate alienation in Portuguese adolescents in the four above-mentioned dimensions, found that their version of alienation assessment demonstrated differences among adolescents

in terms of gender, grade and socioeconomic status(SES)(Tomé, Matos, Camacho, Simões, & Caldas, 2015).

An alienated person does not have any sense of belongingness, love, remains isolated and estranged .This condition emerges due to lack of the capacity to fit in the social structure, unfulfilled expectations and poor mental health (Anju, 2015).

The phenomena of alienation are slow and systematic at the affective level. It is important to identify and solve the individual's problem of alienation because it may lead to other serious problems such as substance abuse, alcoholism and other severe emotional disorders, and suicide(Arora, 2014).

David and Nita (2014) consider that designing small intervention programs like a socialization week or tutoring activities reduces alienation and helps freshmen continue attending school. Intervention programs with suitable activities will introduce students to the habits of university life and allow them to familiarize themselves with the environment and with the obligations and the rights that they have to be aware of. Their sense of control is likely to increase and with it, the sense of being alone and lacking understanding of life matters decreases (David & Nitã, 2014).

Ifeagwazi, Chukwuorji, and Zacchaeus (2014) found that interpersonal alienation, political alienation and socio-economic alienation were positively associated with psychological distress while resilience was negatively related to psychological distress. Psychological distress was also predicted by alienation and resilience. The findings of Tomé and collaborators (2016) were similar in so far as adolescents with higher levels of social alienation scored higher in health risks behaviors than adolescents with low levels of social alienation. There was a positive association between social isolation and risk behaviors to adolescents' health, such as engaging in a bullying behavior.

The social dimension of psychological wellbeing, as particularly rooted in social processes, is concerned with the appraisal of one's circumstance and functioning in the society. The need to belong is one of the strongest human needs and thwarting the need to belong and find meaning can have devastating consequences for wellbeing. Alienated persons may perceive meaninglessness if they do not find fulfilments in social encounters or when there is a lack of

group ties and social roles that reflect such ties. Extant and recent literature, as described earlier, reported the association of alienation and psychological wellbeing. Interpersonal alienation is analogous to social isolation, loneliness and interpersonal trust (Ifeagwazi, Chukwuorji, & Zacchaeus, 2014). Interpersonal relationships have great importance during adolescence, especially for psychological well-being. The sensation of well-being during adolescence can depend on the integration and acceptance of the peer group (Corsano, Majorano, & Champretavy, 2006). Adolescents' mental health may be affected by difficulties in maintaining social relationships with peers, through the absence of a sense of belonging, rejection by peers, or a break in social relations.

Alienation among adolescents is predictive of deviant behavior, such as drug use, truancy, crime and suicide and of health-related outcomes, such as symptom load, drunkenness, alcohol use, less exercising and eating unhealthy food on a daily basis (Rayce, 2012).

The positive attitudinal change helps an adolescent to adapt himself accordingly and form his unique identity. But the problem arises when he refuses to surrender, under such circumstance she often feels alienated, isolated, lonely or out of this world. Thus, the ultimate challenge for him now is to find his place in society. It has often been observed that an alienated individual lacks the necessary competencies to function effectively in various spheres of life including home, school, community, workplace and society at large. Alienation is an experience which has become more and more a fact of life in these days of modernization. Probably adolescents feel this much more than the older people or children (Kaur, 2015).

This study aims to analyze the influence of alienation in wellbeing and risk behaviors among adolescents.

## **Method**

### **Procedures**

This survey is part of the Health Behaviour in School-aged Children (HBSC) study (Currie *et al.*, 2004; Currie *et al.*, 2012). Matos *et al.* 2006; Matos *et al.* 2012).

A questionnaire with open-ended and closed-ended questions was administered in the classroom with the assistance of the informatics teacher, using an online procedure, and took

an average of 50 minutes (a regular class length) to fill in. Researchers were available to answer the students' questions. This study followed all ethic recommendations regarding research on humans and got the approval of the ethical committee.

## **Participants**

The Portuguese HBSC survey included 6026 students (47.7% were boys), from the 6<sup>th</sup> (49.1% boys), 8<sup>th</sup> (48.9% boys) and 10<sup>th</sup> (43.7%) grade level, with a mean age of 13.8 years ( $SD = 1.68$ ). They were randomly selected from 36 national vertical clusters of schools, in a total of 473 classes, in a national sample geographically stratified by Education Regional Divisions in Portugal. The overall procedure, has been described elsewhere (Currie, *et al* 2004; Matos *et al.*, 2012); in brief, this study has the approval of a scientific committee, an ethical national committee and the national commission for data protection and followed strictly all the guidelines for protection of human rights; adolescents' participation in the survey and completion of the questionnaires was voluntary and anonymous. The sample is nationally representative of the respective grade levels. The response rate was 79%.

For this study only adolescents from 8th and 10th grades were considered, comprising a total of 3869 students.

## *Measures and variables*

The data collection was conducted through the HBSC 2014 Questionnaire (Currie *et al*, 2004). This questionnaire provides information about demographic data, well-being indicators (quality of life-related with health, happiness and satisfaction with life) and about the relationship with peers and family, among other variables (Currie, Samdal, Boyce & Smith, 2001; Matos *et al*, 2006).

The present study uses alienated scales validated in the previous study of Tomé and collaborators (2015; 2016). However, the questions used in 2014 only allowed us to analyze two of validated subscales, Social Isolation and Normlessness. In addition to the subscales were used in this study another variable. Well-being Indicator was measured through combination the happiness variable and communication with the mother and father variable. Was found an internal consistency index of .62. Risk Indicator was measured through combination the “drunkenness” variable, “use of tobacco” variable, fights variable,

“sadness/depression “variable and “so sad that almost could not stand” variable. Was found an internal consistency index of .57. The variables used in Risk and Wellbeing Indicators were transformed through Z scores. Quality of life was measured by the Kidscreen scale, with an internal consistency index of a .82(see table 1).

**Table 1 - Correlations**

	Well-being Indicator	Kid-screen	Risk Indicator	Social Isolation	Normlessness
Wellbeing Indicator	-	.508**	-.357**	-.287**	-.060**
Kid-screen	-	-	-.479**	-.256**	-.148**
Risk Indicator	-	-	-	.023	.273**
Social Isolation	-	-	-	-	.006

\*\*p<.01; \* p<.05

**Statistical analysis**

Data was analyzed through the statistics program SPSS 22. Descriptive analysis followed by bivariate analysis was carried out, and finally multiple linear regression models were achieved, associating the well-being and the risk to the dimensions of alienation.

**RESULT**

Correlation analysis were conducted between the variables Wellbeing Indicator and Kid-screen (.508), Risk Indicator (-.357), Social Isolation (-.287) and Normlessness (-.060); Kid-screen and Risk Indicator (-.479), Social Isolation (-.256) and Normlessness (-.148); Risk Indicator and Social Isolation (.023) and Normlessness (.273); and finally between Social Isolation and Normlessness (.006).

The strongest correlations were between Wellbeing Indicator and Kid-screen (.508) and a negative correlation between Kid-screen and Risk Indicator (-.479) (see table 2).

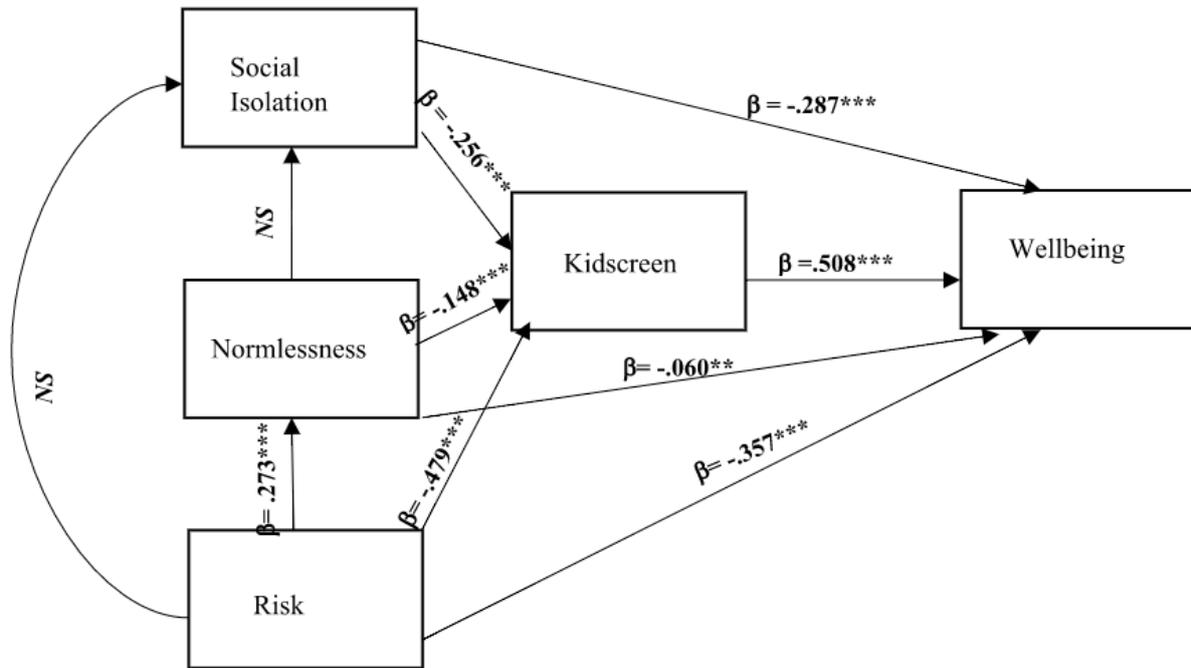
**Table 2- Multiple Linear Regression – Kid-screen**

	<b>Variable included</b>	$\beta$	$t$	$p$	$R^2_a$	$F(model\ fit)$
Kid-screen	Risk Indicator	-.331	-15.408	.000		
	Wellbeing Indicator	.322	14.899	.000	.361	243.287***
	Normlessness	-.074	-3.657	.000		
	Social isolation	-.157	-7.769	.000		
	<b>Variable included</b>	$\beta$	$t$	$p$	$R^2_a$	$F(model\ fit)$
Kid-screen	Gender	-.115	-5.724	.000		
	Grade	-.069	-3.501	.000		
	Risk Indicator	-.305	-14.087	.000	.376	173.136***
	Wellbeing Indicator	.294	13.542	.000		
	Normlessness	-.109	-5.300	.000		
	Social isolation	-.177	-8.688	.000		

*Path Analysis – Wellbeing*

Path analysis model was conducted in order to verify the associations of the variables analyzed with the well-being and the risk.

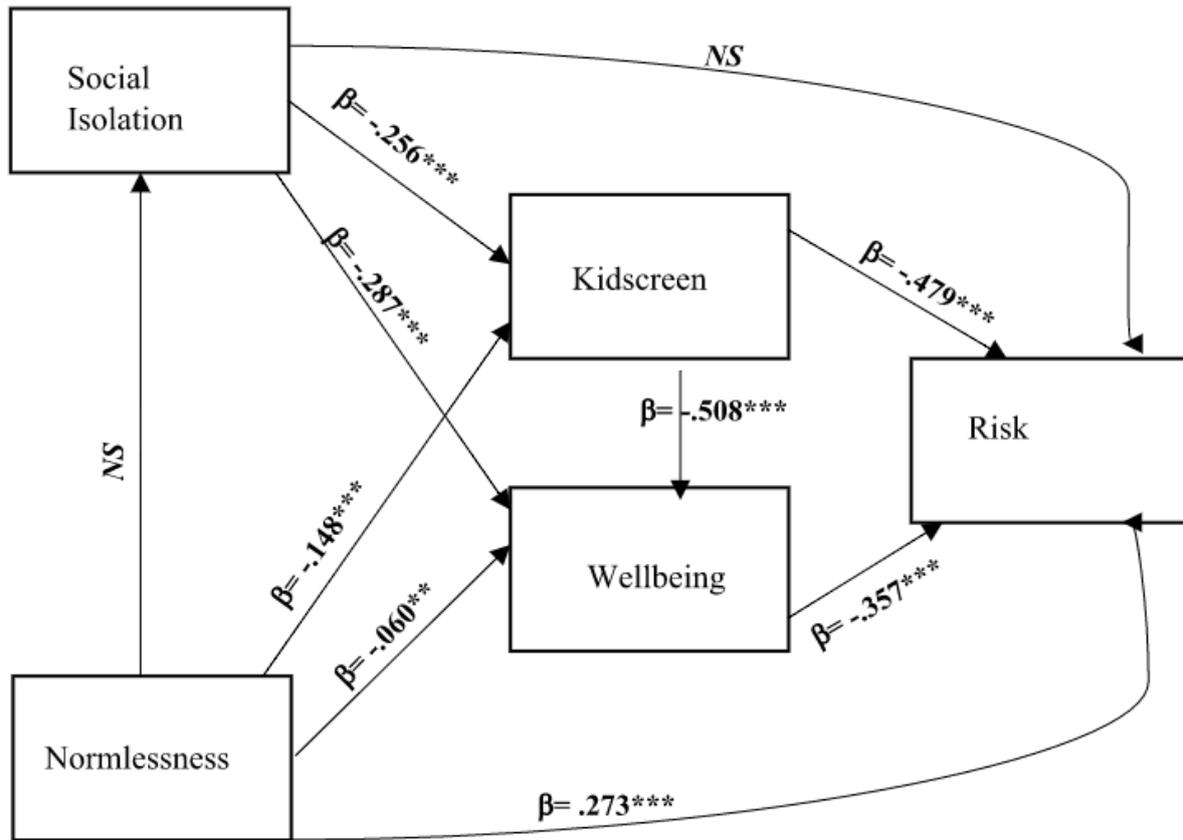
The standardized coefficients in figure 1 showed that Wellbeing was significantly associated with Kid-screen in a positive way (.508) and with Risk, Social Isolation and Normlessness in a negative way (-.357; -.287 and -.060). On the other hand, Kid-screen was associated with Risk, Social Isolation and Normlessness in a negative way (-.479; -.256 and -.148).



**Figure 1 – Path analysis between Risk Indicator, Social Isolation, Normlessness, Kid-screen and Wellbeing Indicator.**

*Path Analysis – Risk*

On the other hand, the standardized coefficients in figure 2 showed that risk was significantly associated with Kid-screen and Wellbeing in a negative way (-.479 and -.357) and with Normlessness in a positive way (.273).



**Figure 2 – Path analysis between Kid screen, Wellbeing Indicator, Normlessness, Social Isolation and Risk Indicator.**

*Multiple Linear Regressions*

To understand the predictive effect of the variables analyzed in the protective and risk factors, two multiple linear regression models were made for each one. The first contains possible predictive variables. The second model included gender and grade.

**Perception of Quality of Life – Kid-screen**

The regression equation for the first model of the Quality of Life scale (Kid-screen) explained 36% of the variance ( $R^2=.361$ ). In this model, the explanation the Perception of Quality of Life was obtained through the Risk Indicator (less risk, better perception), Wellbeing Indicator (high wellbeing, 3.2 higher probability of better perception of quality of life), Normlessness (less normless, .7 higher probability of better perception of quality of life) and Social Isolation (less social isolation, 1.5 higher probability of better perception of quality of life).

Similar results are found in the model that includes gender and grade. The equation explains 38% of the variance ( $R^2=.376$ ) and the Perception of Quality of Life scale was explained by the variables Risk Indicator, Wellbeing Indicator, Normlessness and Social Isolation, which show a similar trend to the previous model. Gender (boys have a 1.1 higher probability to better perception of quality of life) and Grade (8<sup>th</sup> grade adolescents have a 0.6 higher probability to better perception of quality of life). However, in this model, with gender and grade addition, the  $\beta$  values for the Wellbeing Indicator and Risk Indicator increase, while the values of Normlessness and Social Isolation decrease (see table 3).

**Table 3- Multiple Linear Regression – Risk Indicator**

	<b>Variable included</b>	$\beta$	$t$	$p$	$R^2_a$	$F(model\ fit)$
Risk Indicator	Kid-screen	-.368	-15.408	.000	.289	175.071***
	Wellbeing Indicator	-.192	-8.061	.000		
	Normlessness	.199	9.585	.000		
	Social isolation	-.140	-6.492	.000		
	<b>Variable included</b>	$\beta$	$t$	$p$	$R^2_a$	$F(model\ fit)$
Risk Indicator	Gender	.082	3.806	.000	.300	123.401***
	Grade	.085	4.071	.000		
	Kid-screen	-.342	-14.087	.000		
	Wellbeing Indicator	-.171	-7.168	.000		
	Normlessness	.226	10.607	.000		
	Social isolation	-.115	-5.244	.000		

**Well-being Indicator**

For Wellbeing Indicator, the variance explained 29% ( $R^2=.290$ ) of the general model, through the variables Perception of quality of life (high perception of quality of life, 3.5 higher probability of wellbeing), Risk Indicator (high risk, 1.9 lesser probability of wellbeing), Normlessness (high normlessness, 0.5 higher probability of wellbeing) and Social Isolation (high social isolation, 1.9 lesser probability of wellbeing). In the model from which gender and grade were added, the variance was explained by 30% through the variables Quality of Life, Risk Indicator and Social Isolation, with the same tendency as the previous model. Gender (boys have a 0.9 higher probability to wellbeing) and Grade (8<sup>th</sup> grade adolescents have a 0.8 higher probability to wellbeing). Also in this model was found, with gender and grade addition, some changes, including the Normlessness scale was not a predictor of wellbeing. (See table 4).

**Table 4- Multiple Linear Regression – Wellbeing Indicator**

	<b>Variable included</b>	$\beta$	$t$	$p$	$R^2_a$	$F(model\ fit)$
Well-being Indicator	Kid-screen	.357	14.899	<b>.000</b>	.290	176.215***
	Risk Indicator	-.191	-8.061	<b>.000</b>		
	Normlessness	.058	2.710	<b>.007</b>		
	Social isolation	-.197	-9.267	<b>.000</b>		
	<b>Variable included</b>	$\beta$	$t$	$p$	$R^2_a$	$F(model\ fit)$
Well-being Indicator	Gender	-.093	-4.319	<b>.000</b>	.302	124.601***
	Grade	-.079	-3.764	<b>.000</b>		
	Kid-screen	.329	13.542	<b>.000</b>		
	Risk Indicator	-.171	-7.168	<b>.000</b>		
	Normlessness	.024	1.078	.281		
	Social isolation	-.216	-10.097	<b>.000</b>		

**Risk Indicator**

For Risk Indicator, the variance explained 29% ( $R^2=.289$ ) of the general model, through the variables Perception of quality of life (less perception of quality of life, 3.6 higher probability of risk), Wellbeing Indicator (less wellbeing, 1.9higher probability of risk), Normlessness (high normlessness, 1.9 higher probability of risk) and Social Isolation (less social isolation, 1.4 higher probability of risk). In the model from which gender and grade were added, the variance was explained by 30% through the variables Quality of Life, Wellbeing Indicator, Normlessness and Social Isolation, with the same tendency as the previous model. Gender (boys have a 0.8 higher probability to risk) and Grade (10<sup>th</sup> grade adolescents have a 0.8 higher probability to risk). Also in this model was found, with gender and grade addition, some changes in the equation values. (See table 5).

**Table 5- Multiple Linear Regression – Risk Indicator**

	<b>Variable included</b>	$\beta$	$t$	$p$	$R^2_a$	$F(model\ fit)$
Risk Indicator	Kid screen	-.368	-15.408	.000	.289	175.071***
	Wellbeing Indicator	-.192	-8.061	.000		
	Normlessness	.199	9.585	.000		
	Social isolation	-.140	-6.492	.000		
	<b>Variable included</b>	$\beta$	$t$	$p$	$R^2_a$	$F(model\ fit)$
Risk Indicator	Gender	-.082	3.806	.000	.300	123.401***
	Grade	.085	4.071	.000		
	Kid screen	-.342	-14.087	.000		
	Wellbeing Indicator	-.171	-7.168	.000		
	Normlessness	.226	10.607	.000		
	Social isolation	-.115	-5.244	.000		

## DISCUSSION

This study aim has analyzed the influence of alienation in wellbeing and risk among adolescents.

Social alienation refers to separation, exclusion or isolation. It is associated with people with greater social difficulties or who are not involved in community activities. Sometimes it is described as the shutdown of others or of society in general, isolation, withdrawal and may affect young people's perception of health(Safipour, Tessma, Higginbottom, & Emami, 2010).

The results found in this study indicate an association between alienation and risk. It appears that adolescents with increased social isolation and normlessness have more involvement in risk behaviors. Safipour and collaborators (2010) mentioned regarding health alienation is associated with risks, once is related with anxiety, deviant behaviors, less involvement in school activities, fewer social skills, lower self-esteem and others. Also, Tomé and collaborators (2016) found the same trend of association between alienation and risk. They noted that the feeling of dissatisfaction with life seemed to have a lot of influence to feelings of powerlessness, while the association between normlessness and the poorest relationship with family was equally high. Be satisfied with life and have a good relationship with family were important assets in adolescent mental health. It looks really that the alienation may be predictive of deviant behavior, such as drug use, truancy, crime and suicide and of health-related outcomes, such as symptom load, drunkenness, alcohol use, less exercising and eating unhealthy food on a daily, as mentioned Rayce in her study (Rayce, 2012).

On the other hand, the association between the alienation, wellbeing and quality of life was negative. Thus apparently; the less social isolation and normlessness problems have adolescents the higher your wellbeing.

Social relationships are thought to affect health via multiple pathways, including direct impacts on negative and positive affect; changes in perceptions and responses to stressors; impacts on stress-sensitive biological systems; and changes in health behaviors. The mental health of adolescents may be affected by difficulties in maintaining social relationships with peers, through the absence of sense of belonging, rejection by peers, or a break in social relations.

The results found in the various studies about alienation described throughout this paper indicate precisely this trend. Have good interpersonal relationships keeps young people with higher indices of wellbeing and quality of life and less involvement in risk behaviors.

Alienation emerges in this work as a risk factor for the wellbeing of adolescents. To avoid this risk is necessary to work social skills of adolescents promoting healthier relationships, their wellbeing, mental health and therefore reduce the feelings of social alienation.

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