A Comparative Study On Depression, Loneliness And Adjustment In An Only Adolescents And Adolescents With Siblings.

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Abstract: The purpose of the present study is about comparative study on Depression, loneliness and adjustment between only adolescents and adolescents with Siblings. This study groups is consisted with 60 (30 only adolescents, 30 adolescents with Siblings) of adolescents students in total and the mean age (13-15 years) who were studying at high school of Halisahar Ramprasad Vidyapith high school .The data collected tools used were HAM-D scale, UCLA- loneliness scale, BA1 – adjustment scale of questionnaires and Socio-economic status scale. The all four scales level were assessed among an only adolescents and adolescents with Siblings students. Using the purposive sampling method the data analysis was performed using Mean, SD, t-test and correlation variance analysis. The mean ± SD of depression 9.86± 3.7, loneliness 17.74 ± 3.949, adjustment 27.26 ± 8.9 in only adolescents students respectively, depression 6.9 ± 2.13 loneliness 13.86 ± 3.53 adjustment 22.26 ± 6.24in adolescents with Siblings students which is showing that only adolescents have more Negative emotional state of depression, loneliness and adjustment issues than adolescents with Siblings even though percentage wise loneliness and adjustment levels were more commonly seen in equal States. The t-test showed that there is significant difference in between only adolescents and an adolescent with Siblings in all levels of depression, loneliness , adjustments at (p <0.05)leve and the person correlation coefficient showed that there is significant positive relationship depression with loneliness as well as depression with adjustment in only adolescents students respectively in the same way depression with loneliness of adolescents with Siblings students at (p <0.05) level. There is no significant relationship between depression with adjustment in only adolescents students as well as loneliness with adjustment in adolescents with Siblings students at (p >0.05) level.

INTRODUCTION:-
Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood. Adolescence is usually associated with the teenage (11 to 19 years), but its physical, psychological, or cultural expression may begin earlier and end late. For example, puberty now typically begins during preadolescence, particularly in females. Physical changes in males and cognitive development can extend into the early twenties. Thus, age provides only a rough marker of adolescence and scholars have found it difficult to agree upon a precise definition of Adolescence. Parents find this to be a stormy period because it appears as if there is nothing that parents say or do is right for the adolescents. 

Early Adolescence (11-14 years): During this stage, children often start to grow more quickly. They also begin notice other body changes, including hair growth, development in particular body parts. They usually start a year or two earlier in girls than boys and it can be normal for some changes to start as early as age 8 for females and age 9 for males. Many girls may start their period at around age of 12, on average 2-3 years after the onset of breast development.

Middle Adolescents (14-17 years):- Physical changes from puberty continue during middle adolescent. Middle Adolescents have more 

Arguments With Their Parent’s As They struggle for more Independence. The Brain continues to change And Mature in this stage, But there are still many differences In how a normal middle adolescents thinks compared to an adult.

Late Adolescents(17-19 years):- This is the Stage of Stability in Emotions, interest in identity and Adolescents have developed fully physical characteristics similar to adults, and have formed a distinct identity and have well-formed options and ideas. Late Adolescents generally have completed physical development and grown to their full adult height.

PROBLEMS FACED BY ADOLESCENTS:-

Adolescence is a tricky period, without a proper Guidance the adolescents might find themselves in a difficult positions.

- **Academic Pressure:-** Parents, teachers and the students themselves must understands that not everyone is meant to excel at academics. Some people do and some don’t the pressure drives the students to an extreme point.

- **Independence And Freedom:-** High school and college are the times when students are looking to spread their wings and fly. Many Students feel like most of their problems will end if they get independent and if they don’t have someone to report at the end of the day.

- **The Problem of "No one understands Me":** The teenagers do feel like the parents do not understands what the students are trying to do or say. This leads to misunderstandings between the adolescents and the parents.

- **Identity:-** This the stage when adolescents look for their personal identity and if they fail on it then its lead to identity crisis on them.
• **Social Anxiety And Awkwardness:** Many adolescents might feel have social anxiety and awkwardness in groups and situations where they have to speak out or mingle. This might project in stage fright, fear of speaking in groups, being too conscious about oneself and having a low self-esteem. The peer pressure might be also the most faced problem right after the academic pressure. In schools and colleges many students are forced to indulge in activities and be part of events because of their peer pressure.

• **CHALLENGES FACED BY ADOLESCENTS:**
  Geldard and Geldard (2006) explain that adolescence is a time in a young persons in a life. Where they move from dependency on their parents to independence, autonomy and maturity in this phase they had to tackle many challenges.

• **Biological Challenges:** Adolescents beings with the first well-defined maturation event called puberty. Included in the biological challenges are the changes the occur due to the release of the sex hormones that effect emotion. Mood changes can increase which can have an impact on relationships both at home with parents and siblings and socially or at school.

• **Cognitive Challenges:** Piaget (1972), in his theory of cognitive development believed that adolescents is time when young people developed cognitively from "Concrete Operations" to "Formal Operations". So, they are able to deal with ideas, concepts and abstracts theories. However, it takes time for confidence to build up with using this newly accurate skills, and they may make mistakes in judgment.

• **Psychological Challenges:** The psychological challenges that the adolescents must cope with are moving from childhood to adulthood. A new person is Emerging, where rules will change, may be more responsibilities will be placed on him/her so that a certain standard of behavior is now required to be maintained.

  As adolescents continue their journey of self-discovery, they continually have to adjust to new experiences as well as the other changes happening to them biologically and socially. This can be both stressful and anxiety and alsolob the feeling of loneliness. It therefore, is not surprising that adolescents can have a decreased tolerance of changes; hence it becomes increasingly more difficult for them to modulate their behaviors which are sometimes displayed by inappropriate mood swings and angry outbursts.

  This results in lots of confusion, interaction problems, lack of interest in studies, risky behaviors like suicide attempts, smoking, negative emotions, and the development of depression. Adolescents tend to feel lonely during adolescence (Le Roux & Others, 2003), and their relationship with adolescents coping have been researched extensively (Rew, 2005).

• **DEPRESSION IN ADOLESCENCE:**
  Depression is defined as a cluster of specific symptoms with associated impairment. The clinical and diagnostic features of the disorder are broadly similar in adolescents. The two main classification systems (international classification of disease-10[ICD-10] and the American diagnostic and the statistical manual of mental disorders Define depression similarly, although its makes exception for children and adolescents, whereby irritable rather than depressed mood allowed as a core diagnostic symptom. Nevertheless, depression in adolescents is more often missed than it in adults, possibly because of the prominence of irritability, mood reactivity, and fluctuating symptoms in adolescents. Depression can also be missed if the primary presenting problems are unexplained physical symptoms, eating disorders, anxiety, refusal to attend school, failure in academic performance, substance misuse, or any kind of the behavioral problems, and major depressive disorder (Strakowski S, Nelson E 2015). In some respects depression in adolescent as children and teenagers, only children may be actually happier without siblings. One large study found that having younger siblings reduce life satisfaction in adolescents. Another study found that adolescents with siblings were twice as likely to suffer from depression, at the same time only children grew up lonely without siblings and they get pressure from parents as they one an only child to perform well in all areas. They will never experience of having sisters and brothers, so, sometimes they getting depressed in life. While in some others research suggests that having sibling may help adolescents to develop sympathy, emotion, love also that in some areas siblings give a mental health boost in ways that parents don't.

• **LONELINESS IN ADOLESCENCE:**
  Loneliness in children and adolescents has relatively recently begun to attract the attention of researchers (Asher & Others 2003;). Loneliness is a common, universal human experience. When lonely, people experience subjective distress, because they perceive themselves as being alone, isolated, cut off, and they evaluate their interpersonal and/or social relationships as qualitatively and/or quantitatively deficient. Also, when lonely, people long for contact and are motivated to maintain, restore or renew their relationships (Parkhurst & Hopmeyer, 1999; Peplau & Perlman, 1982).

  Three dimensions of loneliness in children and young adolescents perception of loneliness have been identified (Hymel & Others, 1999).

  • **The emotional Dimension:** Loneliness as a painful emotion, associated with sadness and boredom.
  • **The cognitive Dimension:** Loneliness as the results of perceived deficits in interpersonal relationships, lack of companionships, inclusions, emotional supports, affection etc.
  • **The interpersonal context Dimension:** so, here loneliness as a results of physical separation (loss, dislocation, temporary absence), and psychological distancing (conflict, rejection, broken loyalties, exclusion, being ignored). Loneliness during childhood and adolescence there is a low-to-moderate ability to be alone and a rather negative attitude toward (Gossens, 2006) loneliness. Loneliness in are often faced only adolescent than siblings. The only child faced problems sometimes without siblings. Now a days increasingly today, families getting nuclear and mothers are also stepping out of the house to work so, that is why the only children often spending time with themselves only and have no companion at home to share something or to tell something. So, they find themselves so lonely at that moment. Sometimes being only more prone to mood swings behavior that often makes them aggressive, selfish and introverted in some adolescents. This behavior called "only child syndrome".
• **ADJUSTMENT IN ADOLESCENCE:**

Adjustment may be defined as process, involving both mental and behavioral responses, by which an individual strives to cope with inner needs, tensions, frustrations and conflicts and to bring harmony between these inner demands and those imposed upon him/her by the world in which he/she lives. In this sense a well adjusted person is one whose responses are mature, efficient, satisfying and healthy. In contrast, a maladjusted person is characteristically inefficient, never manages to complete tasks which a well adjusted person can manage in half the time. It means the response of an adjusted person is wholesome that is suited to his relations with others and his responsibilities.

**ADJUSTMENT CAN BE SEEN IN DIFFERENT AREAS OF LIFE:**

- **Home** adjustment refers to healthy relationship with family members.
- **Health** adjustment refers to physical and mental well being. One is said to be adjusted to one's physical development when his physical ability is in conformity with those of others of the same age.
- **Social** adjustment refers to individual's characteristics such as extroversion, introversion, submissiveness, shyness etc. In some studies, only children are often in some cases being anti-social because they are introverted. But one or two siblings seemed to boost social skills the most.
- **Emotional** adjustment refers to nervousness, depression and other factors of emotional aspects of life. well, only child often deals with emotional adjustment problems because they don’t have any siblings. Sometimes they are moody, sometimes introverted, sometimes antisocial sometimes lack of parents love. There also other factors are affect the adjustment mechanism in adolescents including family type, peer groups, school environment, diet and good guidance.

Among them a family plays the most important role in the adjustment and adaptation process of person at every stage of life. A family is the most primary and immediate environment in which a child is exposed. So, apart from this it is very necessary to have a very good social, emotional and educational environment to achieve the optimum state of adjustment. Adolescence are the young person those who have undergone puberty but have not reached full maturity. This is a time of lots of changes, Which can cause a lot of adjustment problems in adolescents. According to developmental science theory, adolescents adjustment is associated with multiple factors — social, behavioral and academic, family types — which jointly function while influencing each other (Cairns & Others, 2006). It is the basic unit of the society. Adolescents can learn the strategy of dealing various situations in life from their family. In present days many types of family have come in existence such as joint family, nuclear family, divorced and single parent. The environment of a family affects an adolescent's life at a large extent. This adjustment process also includes the aspect of gender. In various studies it has been found that both boys and girls have better adjustment levels in different areas. Mostly, adolescents depend on their families, their communities, schools, heath service and their workplace to learn a wide range of important skills, which can help them to cope with the outer pressure; they face and make the transition from adolescence to adulthood successfully. Parents, members of community, service providers and social institutions have the responsibility to promote adolescents' development & adjustment so that nation can have healthy adults to shoulder the responsibilities not only of the family but also of the nation.

**REVIEW OF LITERATURE:**

Review of literature gives an impression that researchers have taken interest in divergent problems related to adolescents.


Keeping in mind the objectives of presents study only those articles would be included were which have dealt with variables used in the present study.

• **DEPRESSION IN ADOLESCENTS:**

In concurrence with the article by yang and others (1995), child development,only child and children with siblings in the people's Republic China; in the order of levels of fear, Anxiety, and Depression. China implemented its one-child-per-family policy in order to control burgeoning population. Subsequently, concerned has been raised about the policy and its potentially negative effects on children, according to this study 202 adolescents born before the policy went effect, and children who were born after the policy went into effect. Measures of Fear, anxiety, and Depression were obtained, based on concerns raised by the one child than only children regardless of when they were born. F or depression, this effects was qualified by a siblings status 13 to 15 age of interaction. children with siblings born after the policy went into effect, or during its Implementation, reported higher levels of Depression than did only children; however, only children and children with siblings born before the policy went into effect did not differ significantly from one another. Socio-cultural factors associated with these findings are explored.

Chi & Others (2020), studied the Prevalence and socio-Demographic correlates of depression in early adolescents in china as well as differences between only adolescent and siblings groups. They included a total numbers of 2059 seventh-grade students where invited to complete a questionnaire, which included questions concerning socio-demographic factors, family functions, and the center for Epidemiological Studies Depression Scale(CES-D). The result revealed the followings things, (1) 34.7% of the participating adolescents students display the symptoms of depression according to Radloff's criteria. Differences are significant across the four dimensions (i.e., positive affect, negative affect, interpersonal difficulties), as well as across total scores between only adolescent and adolescent with siblings.(2) Academic achievement, having siblings or not, migration and family function can significantly predict depressive symptoms.(3) Two significant interactions were found, where were between siblings and gender as well as siblings and family function. Girls from non-only adolescents group and the only adolescent group with poor family function
were more likely to have depression or depressive symptoms. These findings suggest that a greater focus should be placed on girls from non-only child families, academic under-performers, migrants, and adolescents from poor family environments, and especially only adolescent, to prevent or reduce the propensity for depressive symptoms.

Mahnaz & Others (2019) this study is about that the anxiety and depression have an important role in academic achievement on adolescents, students living in North of Iran. In this study 666 secondary school students (13-19 years) were involved in North Iran. In this study consisted, two instruments for data collection. The Beck Anxiety Inventory And The Beck Depression Inventory. where the results indicate that girls with 21.8% were more anxious than boys with 11.6%, while boys with 29.5% are more depressed than girls with 17.8%, so, they concluded that there is a urgent need to pay more attention to the anxiety and depression of adolescents in Iran.

- **LONELINESS IN ADOLESCENTS:**
  
  Selda& Other(2015), Studied the the relation between sibling Relationships, life satisfaction, and the loneliness level of adolescents with the order of birth and sibling dyads in Turkey. This study group was consisted 382 adolescents (209 female, 173 male) students from High school of Turkey. The data collection tools were used life span sibling relationship scale, And UCLA Loneliness scale III. The multivariate analysis of variance (MANOVA) was used for analysis of data. The result from the research demonstrated that birth order, and sibling dyads led to significant differences in life satisfaction, level of loneliness, and sibling relationships. In line with the results obtained from the research, it could be recommended that sibling relationships in the Turkish culture should be examined in terms of various age groups and different variables, and their psychosocial consequences should be subject to research.

Gursoy & Others(2003), Studied that whether the variables of gender, socioeconomic status, family and friend relationship affect the loneliness levels of adolescents. This study has been conducted with 300 adolescents studying at schools with different socioeconomic backgrounds in the center of ANKARA. The “General information from” prepared by the researcher in order to obtained information about the adolescents and their families, and the “UCLA Loneliness scale” Developed by the Russel, peplau, & Ferguson(1978) and tested for validity and reliability by Demir(1989) was used in the study. The data obtained has been assessed with "T-test and" “variance Analysis”. The result has showed that socioeconomic status, family, and friend relationships cause a significant difference in the loneliness levels off(p<.01 whereas gender does not (p>.05).

- **ADJUSTMENT IN ADOLESCENTS:**
  
  Zeng & Others,(2014), Studied about comparing adolescents only children with who have siblings on academic related outcomes and psychosocial adjustment. The study uses the survey data Collected from approximately 10,000 adolescents from some schools of northern california and Wisconsin where all the student from 9th through 12th grades. so the research is about singletons will fare better than those who have siblings in academic related outcomes, and also psychosocial adjustment. so, the findings of this study indicated that there is no significance difference between singletons and firstborns who have any number of younger siblings for Academic Related outcomes but for educational expectation and getting better grades singletons spend more time on homework than later born from four-child-families. For, psychosocial adjustment, singletons manage about the same as both firstborns and later-born with any sibling size in psychological distress, susceptibility to negative peer pressure and problem behaviors.

Whiteman & Others (2016), studied adolescent adjustment and sibling relationships with Longitudinal associations in Two-parent African American families. According to this study charted the course of sibling positivity and negativity from age 10-18 in African American sibling dyads and tested whether changes in relationship qualities were linked to changes in adolescents’ internalizing and externalizing behaviors. Participants were consecutively-born siblings (at time 1, older siblings averaged 14.03(SD=1.80) years of age, 48% female; younger siblings averaged 10.39(SD=1.07) years of age, 52% female) and two parents from 189 African American families. Data were collected via annual home interview for three years. A series of multilevel models revealed that sibling positivity and sibling negativity declined across adolescence, with no significant differences by sibling dyad gender constellation. Controlling for age related changes as well as time varying parent-adolescent relationship qualities, changes in sibling negativity but no positivity, were positively related to changes in adolescents' depressive symptoms and risky behaviors. Like parent – adolescent relationship, sibling relationship displayed some distancing across adolescence. Nevertheless, sibling negativity remained a uniquely important relational experience for adjustment of African American adolescents.

Oliva & Others(2002), made a study on "parents and peers influences one emotion adjustment during adolescence" investigated the influence of relationships with parents and peers on emotional adjustment in a sample 221 boys and 292 girls. The study revealed that peer attachment and parental support and affection promote emotional adjustment of boys and girls, specially during middle adolescence and for older adolescents, peer relationships seem to be more important than parental support.

Preeti Louis and Others (2012), studied on " Adolescents Adjustment in high school student: a brief report in mid- adolescence transitioning" with an objective to identify adjustment difficulties of high school students within a city. The universe consisted of 500 students among which 101 boys and 103 girl's students with in the age group of 14 – 18 years were randomly selected for data collection. A self prepared inventory was used and the finding revealed that there is revealed that were problems noted across emotional, social and educational domains in both boys and girls.

**SIGNIFICANCE/ RATIONAL OF THE STUDY:**

In The era of modernization and technical advancement; mostly people are seen to be technically growing and advancing but psychologically they are seen to be suffering and deteriorating. This is true for all socioeconomic status, gender cultural. Adolescents is a bridge between childhood and adulthood; where adolescents are expected to prepare themselves to take up the responsibilities of adult life which would include care for their own physical and mental health, responsibilities of their parents, developing a family, care for children and also fulfilling the commitments of their occupational life. If adolescents are not helped to take their responsibilities no family or notion would flourish. Today mostly adolescents are seen to be under too much of stress in the rat race to the materialistic goal which breaks their focus and the
result is poor mental health. So, it is the responsibility of parents, teachers and professionals to take interest in their health and well being.

Depression is a state of low mood and aversion to activity. Depression in adolescents is similar to adult major depressive disorder. Various programs would be developed to prevent adolescent's depression by focusing them on changing the overly negative and unrealistic thoughts and they would be helped to foster more positive ways of thinking which would improve not only their mental health and well being but it would also have a positive effect on their academic success. More learning about depression, visiting a doctor, practicing meditation, doing exercise, avoiding alcohol with balance diet, enough sleep etc. would also discussed with them to give better hold on their negativity.

Loneliness is that negative and common feeling during adolescence. It is an aversive experience and an enduring condition of emotional distress that arises when a person feels estranged from, misunderstood, or rejected by others and or lacks of appropriate social partners for desired activities, particularly activities that provide a sense of social integration and opportunities for emotional intimacy. Lonely adolescent would be helped by the school counselor in improving social skills, enhancing social support, increasing opportunity for school intervention, addressing maladaptive social cognition and enhancing self-esteem.

Adjustment process is very complex in adolescence as adolescence is a stage of “storm and stress”. All type of changes take place in this period of life and affect the adolescent at a very large extent. Getting along with self and others would be encouraged in then by improving their relationship at home with parents, siblings and also with teachers and peer group. They would be helped to accept their problems then positive coping strategies would be discussed with them for their better adjustment at home, social emotional and health adjustment. Health adjustment would also be focused as we all know the proverb health is wealth.

**METHODOLOGY PROBLEM:-**

A COMPARATIVE STUDY ON DEPRESSION, LONELINESS, AND ADJUSTMENT IN ONLY ADOLESCENTS AND ADOLESCENTS WITH SIBLINGS

**OBJECTIVES:-**

• To study the differences in depression on only adolescents and in adolescents with siblings.
• To study the difference in loneliness in only adolescents and in adolescents with siblings.
• To study the differences in Adjustment in only Adolescents and in adolescents with siblings.
• To study the relationship between depression and loneliness in only adolescents.
• To study the relationship between depression and loneliness in adolescents with siblings.
• To study the relationship between depression and adjustment in only adolescent.
• To study the relationship between depression and adjustment in adolescents with siblings.
• To study the relationship between loneliness and Adjustment in only adolescents.
• To study the relationship between loneliness and adjustment in adolescents with siblings.

**HYPOTHESES:-**

• There is no significant difference on Depression in only adolescents and in adolescents with siblings.
• There is no significant difference on Loneliness in only adolescents and in adolescents with siblings.
• There is no significant difference on Adjustment in only Adolescents and in adolescents with siblings.
• There is no significant relationship between Depression and Loneliness in only adolescents.
• There is no significant relationship between Depression and Loneliness in adolescents with siblings.
• There is no significant relationship between Depression and Adjustment in only adolescents.
• There is no significant relationship between Depression and Adjustment in adolescents with siblings.
• There is no significant relationship between Loneliness and Adjustment in only adolescents.
• There is no significant relationship between Loneliness and Adjustment in adolescents with siblings.

**OPERATIONAL DEFINITION:-**

**DEPRESSION:-**

Depression is a state of low mood and aversion to activity that can affect a person’s life thoughts, behaviors, feelings and sense of well being. People with a depressed mood can feel sad, loneliness, empty, anxious, worthless, Guilty, irritable, ashamed or restless etc. Subjects scoring higher than the normal range on the Hamilton depression rating scale(HAM-D) would be considered as suffering from Depression.

**LONELINESS:-**

Loneliness is a complex and usually unpleasant emotional response to isolation. Loneliness typically includes anxious feelings about a lack of connection or communication with other beings, both in present and extending into the future. As such, loneliness can be felt even when surrounded by other people and who feels lonely, is lonely. The causes of loneliness are varied and include social, mental, emotional, and physical factors. Loneliness is a subjective, unpleasant experience that can have life threatening consequences (peplum & Perlman, 1982). In this study subjects scoring higher than the cut of point on loneliness scale(UCLA) would be considered as suffering from Loneliness.

**ADJUSTMENT:-**

Adjustment refers to the behaviors process of balancing conflicting needs, or needs of challenged by obstacles in the environment. Humans and animals regularly adjust to their environment. ”Adjustment is the process by which a living organism maintains a balance between its needs and the circumstances that influence the satisfaction of these needs” (Shaffer, 1936). In this study high score would be indicate mal adjustment and low score on the Bell's Adjustment Inventory(BAI) would be indicate good adjustment in the adolescents.
**ADOLESCENCE:-**

“Adolescence is a dynamically evolving theoretical construct informed through physiologic, psychosocial, temporal and cultural lenses. This critical developmental period is conventionally understood as the years between the onset of puberty and the establishment of social independence” (Steinberg, 2014). The most commonly used chronologic definition of adolescence includes the ages of 11 to 19, but may incorporate a span of 9 to 16 years depending on source (APA, 2002). In this study both male and female children the age range of 13 to 15 years would be considered as adolescents.

**ONLY ADOLESCENTS CHILD:-**

Adolescent without sibling either biological or adopted are referred to as only adolescents. In this study the adolescent who have no sibling would be considered as only adolescent children.

**SIBLINGS:-**

A sibling child is one of two or more individuals having one or both parents is common. Sibling child is a brothers or sisters. A sibling can be any age. A male sibling is a brother, and a female sibling is a sister. Often the siblings grew up in the same environment, share the same parents, and share the common memories and the similar experiences.

In this study an adolescent with a brother or sister (1 or more) would be considered as adolescent with their siblings.

**RESEARCH DESIGN:-**

In this study sixty adolescents within the age group of 13 to 15 years would be included. They would be divided in two groups on the basis of only Adolescent children and Adolescents children with their siblings as 1. Only Adolescents (N = 30) 2. Adolescents with their siblings (N = 30). Both the groups would be assessed on their Depression, Loneliness, and Adjustment with the help of HAM-D, UCLA, BAI scale.

**SAMPLE:-**

- Adolescents
  - N=60
  - Age =13 to 15 years.

- Only Adolescents
  - N = 30

- Adolescents with siblings
  - N = 30

**PURPOSIVE SAMPLING**

In this study purposive sampling would be used. Purposive sampling also known as judgmental, selective or subjective sampling, is a form of non-probability sampling in which researchers rely on their own judgment when choosing members of the population to participate in their study. However, researcher can use various techniques during purposive sampling, depending on the goal of their studies.

**INCLUSION CRITERIA:-**

1). Adolescents within the age group of 13 to 15 years would only be included in this study.
2). All the adolescents residing with their parents would be part of this study.
3). Division of Only Adolescents and Adolescents with their siblings would be strictly followed on the basis of demographic information provided by the adolescent before the data is collected.
4). Adolescents who have no known any physical and mental problem only be part of this study.
5). Adolescents only from the school of Halisahar Ramprasad vidhyapith would be only part of this study.
6). Adolescents from joint as well as nuclear family would be part of this study. 
7). All adolescents would be only from middle socioeconomic status. 
8) Both boys and girls would be part of this study.

**EXCLUSION CRITERIA:-**
1). Adolescents above 15 years and bellow 13 years would not be part of this study.
2). Adolescents with known any physical and mental problem or disabilities would not be included in this study.
3). Adolescents who has Failed in the last examination would not be included in this study.
4). Adolescents adopted would also not be part of this study.

**TESTS AND TOOLS:-**
1). The Hamilton Rating Scale for Depression (HAM-D) By Max Hamilton 1960. 
3). Bell’s Adjustment Inventory By R. K. Ojha (1968).
4). Socio Economic Status Scale (SES) would be included.

**THE HAMILTON DEPRESSION RATING SCALE (HAM-D):-**
The Hamilton depression scale (HAM-D) is a multiple item questionnaire and discovered by Max Hamilton (1960). The HRSD has been criticized for use in practical clinical practice because it places more emphasis on isomnopia than on feelings of hopelessness, self-destructive thoughts, suicidal cognitions and actions. Hamilton maintained that his scale should not be used as a diagnostic instrument. It has proven useful for many years as a way of determining a patient's level of depression before, during, and after treatment. The HAM-D was designed to be administered by a trained professional clinician experienced using semi-structured interview. The HAM-D also known as the HRSD or HDRS.

**SCORING:-**
The patient is rated by a clinician on the HAM-D lists of 21 items, only the first 17 items are scored. The clinician will provide additional clinical information. It takes about 20 minutes to complete the interview and score the results. In this version, eight items are scored on a 5-point scale. Rating from 0= not present to 4= severe. Nine items are scored from 0-2. Sum the total of the first 17 items to arrive the total score.

<table>
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<th>MODERATE</th>
<th>SEVERE</th>
<th>VERYSEVERE</th>
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<td>8 – 13</td>
<td>14 – 18</td>
<td>19 – 22</td>
<td>&gt;=23</td>
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**LONELINESS SCALE (UCLA):-**
This scale is developed by Russell D, Ferguson M.I., (1978) and tested for validity and reliability by Demir (1978) was used to identify their loneliness levels. UCLA loneliness scale is a 20 item scale about emotions and thoughts in social relationships, designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. Participants rate each as O(often – ‘I often feel this way’), S(sometimes – ‘I sometimes feel this way’), R(Rarely- ‘I rarely feel this way), N(Never- ‘I never feel this way’).

**SCORING:-**

<table>
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<tr>
<th>ITEMS</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
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<td>1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21</td>
<td>3</td>
<td>2</td>
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**CUT-OFF-RANGE:-**
There is a very few questions. The subject's have to answer all the questions. There are no right and wrong answers. A total score is computed by adding up the response to each question. The average loneliness score on the measure is 20. A score of 25 or higher reflects a high level of loneliness. A score of 30 or higher reflects a very high level of loneliness.

**BELL’S ADJUSTMENT INVENTORY:-**
Bell’s adjustment inventory is developed by the Dr. R. K. Ojha in 1934. The Bell’s adjustment inventory is a questionnaire approach to measuring personality. This inventory includes four parts viz. Home, health, social and emotional adjustment. The inventory is totally negative inventory. Each part has 35 questions, which are answered in “yes” and “No”. For each “yes” responses 1 score is to be given and are not concerned to the “No” responses. When an individual answer in yes it indicates that the individual has no difficulty in that particular area.

One purpose of this questionnaire was to differentiate between well-adjusted individuals and maladjusted individuals.

**RELIABILITY:-**
The adjustment inventory possesses high reliability. The reliability coefficient were determined by test- retest, odd-even and split half methods. For split half, the co-relation between odd even items was calculated and co-related by spearman Brown formula. Similarly, in case of test-retest method, the inventory was again administered on a sample of 200 students after a period of 2 months.

**VALIDITY:-**
The adjustment inventory was validated against K. Kumar’s Adjustment inventory. The two inventories scores yielded positive correlations. This study was conducted on a sample of 400 cases of four educational groups.

**SCORING:-**

- Overall adjustment problems:
  - Less adjustment problems: 0 – 23
  - Moderate adjustment problems: 24 – 44
More adjustment problems. 44 and above.

**Home:-**

<table>
<thead>
<tr>
<th>Less adjustment problems</th>
<th>0 – 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate adjustment problems</td>
<td>5 – 10</td>
</tr>
<tr>
<td>More adjustment problems</td>
<td>11 and above</td>
</tr>
</tbody>
</table>

**Health:-**

<table>
<thead>
<tr>
<th>Less adjustment problems</th>
<th>0-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate adjustment problems</td>
<td>6-9</td>
</tr>
<tr>
<td>More adjustment problems</td>
<td>10 and above</td>
</tr>
</tbody>
</table>

**Social:-**

<table>
<thead>
<tr>
<th>Aggressive</th>
<th>0-9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>10-21</td>
</tr>
<tr>
<td>Retiring</td>
<td>21 and above</td>
</tr>
</tbody>
</table>

**Emotional:-**

<table>
<thead>
<tr>
<th>Less adjustment problems</th>
<th>0 – 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate adjustment problems</td>
<td>6 – 11</td>
</tr>
<tr>
<td>More adjustment problems</td>
<td>12 and above</td>
</tr>
</tbody>
</table>

**SOCIOECONOMIC STATUS (SES) SCALE:-**

Socioeconomic status is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position in relation to others. When analyzing a family's SES, the household income, earners' education, and occupation are examined, as well as combined income, whereas for an individual's SES only their own attributes are assessed. However, SES is more commonly used to depict an economic difference in the society as a whole. Socioeconomic status is typically broken into three levels (high, middle, low) to described the three places a family or an individual may fall into. When placing a family or individual into one of these categories, any or all of three variables (income, education, and occupation) can be assessed. *In this study the income variable and middle class family would be used.*

Some experts define the middle class by income; others define it by life style. Still others say it's a state of mind. According to Wikipedia, the middle class is a class of people in the middle of social hierarchy. In weberian socio-economic terms, the middle class is the board group of people in contemporary society who fall socioeconomically between the working class and the upper class. The common measure of what constitutes middle class vary significantly among cultures. One of the narrowest definitions limits it to those in the middle fifth of the Nation's income ladder. A wider characterization includes everyone but the poorest 20% and the wealthiest 20% range of income (per month):

<table>
<thead>
<tr>
<th>Socioeconomic class</th>
<th>Monthly family income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper class/rich class</td>
<td>70000/ - +</td>
</tr>
<tr>
<td>Upper middle class</td>
<td>45000/- to 70000/-</td>
</tr>
<tr>
<td>Middle class</td>
<td>10000/- to 45000/-</td>
</tr>
<tr>
<td>Lower class</td>
<td>6000/- to 10000/</td>
</tr>
<tr>
<td>Lower class</td>
<td>0 to 6000/-</td>
</tr>
</tbody>
</table>

**STATISTICAL ANALYSIS TECHNIQUES:-**

Mean, SD, t-test, correlation, would be used as statistical treatment of data.
PROCEDURE:-
At first a I wrote a permission letter to the principal of school for their permission to collect data on their students of class viii – ix. Then according convenience of the school date and time for data collection would be decided. This would be done on very first visit. On the second visit a rapport would be established with the students and they would be requested to fill up a demographic data sheet and all this three Questionnaire (HAM-D, UCLA, BAI) would be given together and in the same order to all the adolescents on the students. After they fill up the responses the sheets would be collected back. Then the data would be scored a statistically treated and finally interpreted to draw a conclusion. This procedure would be followed in data collection from only adolescents and adolescents with their siblings.

ETHICAL CONSIDERATION:-
• Rapport would be established with the adolescents (students) and they would be briefed about the objective of the study.
• Confidentiality would be maintained and it would be communicated that there is no compulsion to take part in the study. They would be told that they could leave the study anytime they please.
• The results would be shared with the school authorities as far as practicable, so that intervention strategies could be worked out.
• They would be assured of confidentiality of their information provided by them.
• Acceptance and non-judgmental attitude would be maintained.
• Autonomy of the parents would be respected.
• Cultural context and background of the participants would also be respected.

Summary Table

Table 1: Mean and SD value on Depression, Loneliness, & Adjustment on an Only Adolescents

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>9.86</td>
<td>3.7</td>
</tr>
<tr>
<td>Loneliness</td>
<td>17.74</td>
<td>3.949</td>
</tr>
<tr>
<td>Adjustment</td>
<td>27.26</td>
<td>8.79</td>
</tr>
</tbody>
</table>

Table 2: Mean and SD value on Depression, Loneliness, & Adjustment on Adolescents with Siblings

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>6.9</td>
<td>2.13</td>
</tr>
<tr>
<td>Loneliness</td>
<td>13.86</td>
<td>3.53</td>
</tr>
<tr>
<td>Adjustment</td>
<td>22.26</td>
<td>6.24</td>
</tr>
</tbody>
</table>

T-test Value

Table 4

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>T-Value</th>
<th>P – Value</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression only Adolescents vs Adolescents with Siblings</td>
<td>3.2696</td>
<td>0.001814239</td>
<td>Statistically significant at &lt;0.05</td>
</tr>
<tr>
<td>Loneliness only Adolescents vs Adolescents with Siblings</td>
<td>3.43</td>
<td>0.001118</td>
<td>Statistically significant at &lt;0.05</td>
</tr>
<tr>
<td>Adjustment only Adolescents vs Adolescents with Siblings</td>
<td>2.342</td>
<td>0.022747</td>
<td>Statistically significant at &lt;0.05</td>
</tr>
</tbody>
</table>

Correlation Value

Table 3

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Correlation</th>
<th>P – Value</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression vs Loneliness</td>
<td>0.947368519</td>
<td>0.351740567</td>
<td>Statistically significant at 0.05 level.</td>
</tr>
<tr>
<td>Hypothesis</td>
<td>Correlation Value</td>
<td>P Value</td>
<td>Significance</td>
</tr>
<tr>
<td>------------</td>
<td>------------------</td>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>Depression vs Loneliness (Only Adolescents)</td>
<td>0.940052867</td>
<td>0.35525675</td>
<td>Statistically significant at 0.05 level.</td>
</tr>
<tr>
<td>Depression vs Adjustment (Only Adolescents)</td>
<td>0.992755562</td>
<td>0.329331385</td>
<td>Statistically significant at 0.05 level.</td>
</tr>
<tr>
<td>Depression vs Adjustment (Adolescents with Siblings)</td>
<td>0.816579724</td>
<td>0.421107518</td>
<td>Statistically not significant at 0.05 level.</td>
</tr>
<tr>
<td>Loneliness vs Adjustment (Only Adolescents)</td>
<td>0.993054628</td>
<td>0.326205023</td>
<td>Statistically significant at 0.05 level.</td>
</tr>
<tr>
<td>Loneliness vs Adjustment (Adolescents with Siblings)</td>
<td>0.881024322</td>
<td>0.424320296</td>
<td>Statistically not significant at 0.05 level.</td>
</tr>
</tbody>
</table>

**RESULT**

*Table – 1* Shows Mean and SD values on Depression, Loneliness and Adjustment of only Adolescents. Mean of Depression is 9.86, Standard Deviation is 3.69. Mean of Loneliness is 17.74, Standard Deviation is 3.94. Mean of Adjustment is 27.26, Standard Deviation is 8.79.

*Table – 2* Shows Mean and SD values on Depression, Loneliness and Adjustment of Adolescents with Siblings. Mean of Depression is 6.9, Standard Deviation is 2.13. Mean of Loneliness is 13.86, Standard Deviation is 3.53. Mean of Adjustment is 22.26, Standard Deviation is 6.24.

**T-test result:-**

*Table – 3* Shows hypothesis which says” There is no significant difference on Depression in an Only adolescents and Adolescents with Siblings”. The t value is 3.2696 and P value is 0.001814 Which is <0.05 level of significant.

*Table – 4* Shows Hypothesis which says” There is no significant difference on Loneliness in an Only adolescents and Adolescents with Siblings”. The t value is 3.43 and P value is 0.00118 Which is <0.05 level of significant.

*Table – 5* shows hypothesis which says” There is no significant difference on Adjustment in an Only adolescents and adolescents with Siblings” The t value is 2.342 and P value is 0.022747 Which is <0.05 level of significant.

**Correlation results:-**

*Table – 6* Shows hypothesis which says “There is no significant relationship between depression and Loneliness in only adolescents”. The correlation value is 0.947368589 and P value is 0.351740567. So the Result is significant at .05 level.

*Table – 7* shows hypothesis which says “There is no significant relationship between depression and Loneliness in adolescents with Siblings”. The correlation value is 0.0940052867 and P value is 0.035525675. So the Result is significant at .05 level.

*Table – 8* shows hypothesis which says” There is no significant relationship between depression and Adjustment in an Only adolescents. The correlation value is 0.0992755562 and P value is 0.329331385. So the Result is significant at .05 level.

*Table – 9* shows hypothesis which says” There is no significant relationship between depression and Adjustment in an adolescents with Siblings. The correlation value is 0.8165 and P value is 0.421107. So the Result is not significant at 0.05 level.

*Table – 10* shows hypothesis which says” There is no significant relationship between Loneliness and Adjustment in an only adolescents. The correlation value is 0.993054628 P value is 0.326205023. So the Result is significant at .05 level.

*Table – 11* shows Hypothesis which says” There is no significant relationship between loneliness and Adjustment in an Only adolescents. The correlation value is 0.881024322 and P value is 0.424320296. So the Results is statistically not significant at .05 level.
ONLY ADOLESCENTS AND ADOLESCENT WITH SIBLINGS GRAPH ON DEPRESSION, LONELINESS AND ADJUSTMENT.

**Discussion**

The aim of the study is to find out the difference in Depression, Loneliness, Adjustment in an only adolescents and adolescents with Siblings as well as also find out the relationship in Depression, Loneliness, Adjustment in an only adolescents and adolescents with Siblings.

**Table-3** shows difference in Depression between only adolescents and adolescents with Siblings. Where the “t” value is 3.2696 and P value is 0.001814. The result shows it’s significance at 0.05 level which indicates that the null hypothesis is rejected. There is present a significant difference in depression between only adolescents and adolescents with siblings. This result is supported by many research by chi & Others (2019) where topic of the study was Depression, socio-demographic prevalence in early adolescents differences in only child and non only child. These results suggested that Depression only children have face more depression than siblings also a greater focus should be placed on girls from only children specially from poor family and environments to prevent to reduce for depressive symptoms.

**Table-4** shows difference in Loneliness between only adolescents and adolescents with Siblings. Where the “t” value is 3.43 and P value is 0.001118. The result shows it is significance at 0.05 level which indicates that the null hypothesis is rejected. There is present a significant difference in loneliness between only adolescents and adolescents with siblings. This result is supported by Selda& others (2016) where the topic was a study on sibling and only child relationship, life satisfaction and loneliness level of adolescents. The results from the research was that the gender, birth order and only child and sibling relationship led to the significant difference in life satisfaction and the level of loneliness.

**Table-5** shows difference in Adjustment between only adolescents and adolescents with Siblings. Where the “t” value is 2.342 and P value is 0.022747. The result shows its significance at 0.05 level which indicates that the null hypothesis is rejected. There is present a significant difference in adjustment between only adolescents and adolescents with siblings. This result is supported by Farkhondeh& others (2014) where the study about the comparison of adjustment among only child and multiple siblings at high
school student. The results showed that adjustment sibling child is better and higher than that of only child students also the level of emotional, social, and academic adjustment sibling child is better than that of only child students.

Table 6 shows correlation between Depression and Loneliness among only adolescents. Where the correlation value is 0.997368519 and P value is 0.351740567. The result shows it is significance at 0.05 level which indicates that the null hypothesis is rejected. There is present positive correlation between depression and loneliness among only adolescents. This results is supported by James (1997) study where the topic was about loneliness, depression and sibling relationship. The results was found positive correlation between loneliness and depression among siblings and non only child.

Table 7 shows correlation between Loneliness and Adjustment among only adolescents. Where the correlation value is 0.993054628 and P value is 0.326205023. The result shows it is significance at 0.05 level which indicates that the null hypothesis is rejected. There is present positive correlation between loneliness and Adjustment among only adolescents. This results is supported by Miri & others (2011) where the topic is about how to about only adolescents - parent relationship related to adjustment, loneliness levels. The results was found that there is a four groups. Adolescents in the harsh parenting groups reported that mid way positive level of loneliness and depression and adjustment and those who are from belongs to warm group showed lowest level of loneliness, interpersonal and depression problems.

Table 8 shows correlation between Depression and Adjustment among only adolescents. Where the correlation value is 0.992755562 and P value is 0.329331385. The result shows it is significance at 0.05 level which indicates that the null hypothesis is rejected. There is present positive correlation between depression and Adjustment among only adolescents. This results is support by Biplob(2020) where the topic is about Relationship between depression and adjustment of adolescents with the groups of sibling and single child. The result found that there was positive correlation with social adjustment and depression among Adolescents.

Table 9 shows correlation between Depression and Loneliness among adolescents with siblings. Where the correlation value is 0.940052867 and P value is 0.3552675. The result shows that its significance at 0.05 level which indicates that the null hypothesis is rejected. There is present positive correlation between depression and loneliness among adolescents with siblings. This results is supported by Mathias & others (2010) where the topic is about loneliness, depression Symptoms, and suicide ideation in adolescence. The result was found that loneliness positively correlate with depressive symptoms with the factor of gender, multiple psychosocial variables, and social desirability.

Table 10 shows correlation between Loneliness and Adjustment among adolescents with siblings. Where the correlation value is 0.881024322 and P value is 0.424320926. The result shows its not significant at 0.05 level which indicates that the null hypothesis is accepted. There is present positive correlation between loneliness and Adjustment among adolescents with siblings. This results is supported by Revati(2017) where the topic was effect of loneliness on the psychological well-being, adjustment of adolescents. The findings of the research was a significant positive correlation between loneliness and adjustment as well as psychological well-being.

Table 11 shows correlation between Depression and Adjustment among adolescents with siblings. Where the correlation value is 0.816579724 and P value is 0.421107518. The result shows it is not significant at 0.05 level which indicates that the null hypothesis is accepted. There is present positive correlation between depression and Adjustment among only adolescents. This results is supported by Shown D (2016) where the topic was about sibling relationship and adolescents adjustment longitudinal association in two-parent African and American families. This study charted that the course of sibling positivity and negativity from the age group of 10 – 18 yrs. in African American sibling dyads and tested whether changes in relationship qualities were linked to changes in adolescents. The was collected via home interviews. The finding results was sibling positivity and sibling negativity declined across adolescence, with no significant difference by sibling dyad gender constellation. Controlling for age related changes in sibling negativity, but not positivity, werepositively related to change in adolescent depressive symptoms and risky behavior.

**Conclusion**

From the findings of the study it can be concluded that when only adolescents and adolescents with Siblings compared to see the difference in Depression, Adjustment and Loneliness we found that there is significant difference in all groups only adolescents as well as siblings groups too. The study shows that only adolescents have more Depression, more loneliness and More adjustment problems as compared to adolescents with Siblings in Halishahramprasad Vidyapith High school. When correlation with considered that there is a positive correlation in an only adolescents and adolescents with Siblings but there is no significant relationship Depression and adjustment in adolescents with Siblings and also loneliness and adjustment in adolescents with Siblings.

Last but not the least The research findings reveals that the necessity to provide proper counselling services and parents guidance in order to make effective interventions against the loneliness, depression and adjustment problems of only adolescents than adolescents with Siblings. Adolescents should be helped to identify their interests, strengths, weaknesses and personal circumstances, how deal with adjustment issues so that they can have good mental health.

**Implication of the study**

In The era of modernization and technical advancement; mostly people are seen to be technically growing and advancing but psychologically they are seen to be suffering and deteriorating. This is true for all socioeconomic status, gender cultural. Adolescents is a bridge between childhood and adulthood; where adolescents are expected to prepare themselves to take up the responsibilities of adult life which would include care for their own physical and mental health, responsibilities of their parents, developing a family, care for children and also fulfilling the commitments of their occupational life. If adolescents are not helped to take their responsibilities no family or notion would flourish. Today mostly adolescents are seen to be under too much of stress in the rat race to the materialistic goal which breaks their focus and the result is poor mental health. So, it is the responsibility of parents, teachers and professionals to take interest in their health and well being. Depression is a state of low mood and aversion to activity.
Depression in adolescents is similar to adult major depressive disorder. Disorders would be developed to prevent adolescent's depression by focusing them on changing the overly negative and unrealistic thoughts and they would be helped to foster more positive ways of thinking which would improve not only their mental health and well being but it would also have a positive effect on their academic success. More learning about depression, visiting a doctor, practicing meditation, doing exercise, avoiding alcohol with balance diet, enough sleep etc. would also discussed with them to give better hold on their negativity. Loneliness is that negative and common feeling during adolescence. It is an aversive experience and an enduring condition of emotional distress that arises when a person feels estranged from, misunderstood, or rejected by others and or lacks of appropriate social partners for desired activities, particularly activities that provide a sense of social integration and opportunities for emotional intimacy. Lonely adolescent would be helped by the school counselor in improving social skills, enhancing social support, increasing opportunity for school intervention, addressing maladaptive social cognition and enhancing self-esteem.

Adjustment process is very complex in adolescence as adolescence is a stage of “storm and stress”. All type of changes take place in this period of life and affect the adolescent at a very large extent. Getting along with self and others would be encouraged in then by improving their relationship at home with parents, siblings and also with teachers and peer group. They would be helped to accept their problems then positive coping strategies would be discussed with them for their better adjustment at home, social emotional and health adjustment. Health adjustment would also be focused as we all know the proverb health is wealth.

Limitations:-
1). Adolescents above 15years and bellow 13 years would not be part of this study.
2). Adolescents with known any physical and mental problem or disabilities would not be included in this study.
3). Adolescents who has Failed in the last examination would not be included in this study.
4). Adolescents adopted would also not be part of this study.
5). Size of the sample would not be over (N=60)

Delimitation:-
1). Adolescents within the age group of 13 to 15 years would only be included in this study.
2). All the adolescents residing with their parents would be part of this study.
3). Division of Only Adolescents and Adolescents with their siblings would be strictly follow on the basic of demographic information provided by the adolescent before the data is collected.
4). Adolescents who have no known any physical and mental problem only be part of this study.
5). Adolescents only from the school of Halisahar Ramprasad Vidyapith would be only part of this study.
6). Adolescents from joint as well as nuclear family would be part of this study.
7). All adolescents would be only from middle socioeconomic status.
8). Both boys and girls would be part of this study.

Suggestion for Further Research:-
There are few humble suggestions which could be followed in future research related to this variables –
While working on the topic of comparative study on Depression, loneliness and Adjustment in only adolescents and adolescents with Siblings but also we could be use important variables as like anxiety, stress, Self-esteem could be undertaken on further research.
• These constructs can also be studied in different cultures and backgrounds.
• Family structure of nuclear joint family or single parent family can also be studied for Further research on this topic.
• The same study can be done on different cultures of group.
• The size of the sample can use in larger size for Further research.
• The larger area that also can be used for Further research purposes.
• There can be also use different socio-economic status for Further research.

REFERENCES:-
19. louis and Emerson (2012) studied adolescence Transitioning, ESJ: