

Impact of Alienation on Portuguese Adolescents' Well-being

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Abstract

Objective: The present work aims to analyze the influence of alienation in different areas of adolescent health.

Methods: The sample used was a group of adolescents that participated in the Portuguese survey of the European study Health Behaviour 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 14 years (SD=1.85). The total sample of the HBSC study carried out in 2010 was of 5050. For this study, only adolescents from the 8th and 10th grades were included in the sample, comprising 3494 students.

Results: The results show some health risks in adolescents with higher levels of social alienation. There is a positive association between social isolation and risk behaviours to adolescents' health, such as bullying victims. The feeling of dissatisfaction with life seems to have a lot of influence to feelings of powerlessness, while the biggest association is between normlessness and relationship with family. Be satisfied with life and have a good relationship with family is important assets in adolescent mental health.

Conclusion: These findings highlight the importance of further explore the influence that social alienation may have on the health of adolescents.

Keywords: Adolescent health; Alienation; Wellbeing; Socio-economic status

Introduction

People have a fundamental need to belong. When this need is satisfied, it is associated to mental and physical well-being. Social relationships play a central role in our lives. From infancy onward, we depend on others to help us meet basic needs of sustenance, shelter and protection, to provide instrumental and emotional support, to serve as sources of companionship, comfort and pleasure, and as partners in childbearing and childrearing [1]. Social exclusion is so aversive that it causes broad cognitive and behavioral changes in the regulation of an individual's belonging status. The need to belong to others or to groups comes from the evolutionary history of human beings. Social exclusion or ostracism thwarts this need and therefore has broad negative consequences, reducing feelings of belonging, self-esteem, control and meaning [2].

The relation with parents may be a mitigating factor for social isolation. To provide basic material and physical needs, parents play a central role in regulating their children's affection, behavior and physiology. The presence of a sensitive caregiver can buffer physiological responses to stressful events [1]. Communicating family rules and parental styles have been inversely associated to substance, alcohol and tobacco consumption during adolescence. This influence is essential for adolescents' development up to adulthood. Communication between parents and adolescents emerges as a protective factor for alcohol, tobacco and substance use [3].

Tomé et al. [4] have found that the easier the relationship with peers, the easier the communication within the group, with an increased likelihood to exist some kind of positive or negative influence. But satisfaction in peer relationships is not a determinant influence in adolescent well-being. Results show that having a good communication with both parents and peers is a better predictor of healthy behaviour than having good communication with only one of the groups. We came upon the importance of the role that both parents and peers represent in adolescents' health. So it seems the perception of parental support

and friendship quality can pronounce high levels of self-esteem, social competence and less negative behaviour issues [4].

Adolescents' health is influenced by their relationship with their parents and peers. When the communication with both is easy, youngsters are more satisfied with life and have less health negative symptoms. When compared with peers, parents positively influence adolescents' health [4]. Camacho et al. considers that communication with parents emerges as the factor with the strongest impact in adolescents' well-being, which has a stronger impact in health. This presupposes that a better communication with parents means stronger feelings of well-being and, as a result, healthier adolescents.

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 [5]. Adolescents' mental health 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. This interference may differ in gender. Girls are emotionally more affected, while boys demonstrate a greater influence on their behaviour. Girls tend to have more psychological and emotional symptoms, while boys outsource these problems through behaviour [6].

Developing and maintaining positive social relationships are among the most important developmental tasks of infancy, childhood and

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adolescence. Social relationships are thought to affect health via multiple pathways, including: direct impacts on negative and positive affectations; changes in perceptions and responses to stressors; impacts on stress-sensitive biological systems; and changes in health behaviors [1]. The immediate advantages of a friendship are clear: friends contribute to happiness and well-being. The detrimental effects of peer rejection are also clear: rejection gives rise to poor self-esteem, adjustment difficulties and loneliness [7].

The concept of alienation has received extensive treatment in social philosophy, psychology and sociology literature. While the term alienation is most commonly used to identify the feelings of estrangement or detachment from the self, others or society in general, it has also been used to refer to feelings of loss of self, despair, apathy, loneliness, rootlessness, powerlessness, pessimism, neutralism, disaffection, withdrawal, disengagement, indifference, anxiety, depersonalization, isolation, atomization and meaninglessness.

Social alienation refers to separation, exclusion or isolation. It is associated to 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 [8]. Regarding health, it is associated to risks, with correlations between social alienation and anxiety, deviant behaviours, less involvement in school activities, fewer social skills, lower self-esteem and others [8].

Alienation among adolescents is predictive of deviant behaviour, 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 [9].

In Tomé et al.'s study [10], which aimed to construct and validate a tool to evaluate alienation in Portuguese adolescents, found that the alienation tool demonstrated differences among adolescents in terms of gender, grade and SES.

This study aims to analyze the influence of alienation scales validated in the previous study of Tomé et al. [10], in different areas of adolescent health.

Methods

Participants

Individuals that took part in the Portuguese study integrated in the European study HBSC-Health Behaviour in School-aged Children (<http://www.hbsc.org>; <http://www.fmh.utl.pt/aventurasocial>; <http://www.aventurasocial.com>), carried out in Portugal in 2010.

The HBSC study was initiated in 1982 by a team of investigators from Finland, Norway and England, and since 1985/1986 it is carried out every 4 years. Throughout the years, the study has grown and nowadays 44 European and Northern American countries participate in it, in collaboration with the World Health Organization. The aim of the study is to achieve a new and expanded understanding of adolescents' health behaviour and health and well-being in their social contexts, through the gathering of data that allow national and international comparisons.

The Portuguese study includes students from 6th, 8th and 10th grades of the public school system with an average age of 14 years ($SD=1.85$). The national sample consisted of 5050 students from 256 classes, part of 125 randomly selected Portuguese schools. This sample is representative

of the mentioned school years and was stratified by Administrative Education Regions. Regarding gender distribution: 52.3% were girls and 47.7% were boys, distributed the following way in terms of grade: 30.8% in 6th grade, 31.6% in 8th grade and 37.6% in 10th grade. The response rate was 89.9%.

For this study only adolescents from 8th and 10th grades were considered, because the variables used were applied only to those students, comprising a total of 3494 students.

Procedure

The unity of analysis used in this study was the class. In each school, the classes were randomly selected. The teachers administered the questionnaires in the classroom. Student participation was voluntary and anonymous. The study occurred in January of 2010. This study was approved by the scientific committee, the ethical national committee and the Portuguese data protection authority.

Measures and variables

The data collection was conducted through the HBSC 2010 Questionnaire. 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 [11].

The present study uses alienated scales validated in the previous study of Tomé et al. [10] (Table 1).

Life satisfaction was measured with the Cantril scale, graphically represented as a ladder, where step '10' corresponds to "best possible life and step '0' represents "the worst possible life". Adolescents were asked to mark the one that best described their feelings at that moment. Relationship with family was measured with a similar scale. The variables Bullied were also used, with three response options (Never, Once, Once a week, several times a week), Bullied others with equally three response option (Never, once, once a week, several times a week) and Drunkenness, with four response options (Never, once, two times, more than 10 times). These variables were transformed through Z scores and used in linear regression models.

All the measures used and above described were collected from HBSC 2010 questionnaire. The measures were created by merging included questions in the questionnaire, allowing creating the variables described.

Results

The results were analysed through the statistics program SPSS 21. Correlation analysis were conducted between the variables Social Isolation and Powerlessness (0.159), Meaninglessness (0.122), Alienation Total (0.657) and Bullied (0.160); Normlessness and Powerlessness (0.115), Meaninglessness (0.120), Alienation Total (0.262), Bullied (0.300), Bullied Others (0.655) and Drunkenness (0.252); Powerlessness and Meaninglessness (0.212), Alienation Total (0.773), Bullied (0.146), Bullied Others (0.146) and Drunkenness (0.087); Meaninglessness and Alienation Total (0.475), Bullied (0.041), Bullied Others (0.099) and Drunkenness (0.151); Alienation Total and Bullied (0.207) and Bullied Others (0.211); Life Satisfaction and Family Relationship (0.379); Bullied and Bullied Others (0.383) and Bullied Others and Drunkenness (0.157).

	Items	
	Initial items	Items after CFA
Social Isolation	V1 Do you feel lonely?	-
	V2 Talk to father	-
	V3 Talk to mother	-
	V4 Talk to elder brother	-
	V5 Talk to elder sister	V5 Talk to elder sister
	V6 Talk to best friend	V6 Talk to best friend
	V7 Talk to friend same sex	V7 Talk to friend same sex
	V8 Talk to friend opposite sex	V8 Talk to friend opposite sex
	V9 Students accept me	V9 Students accept me
	V10 number of friends	V10 number of friends
	V11 Have one or more special friends	V11 Have one or more special friends
	V12 Evenings with friends	-
	V13 After school with friends	-
	V14 talk with your friends on the phone/mobile phone	V14 talk with your friends on the phone/mobile phone
	V15 Talk with your friends by SMS	V15 Talk with your friends by SMS
	V16 Is it easy or difficult for you to make new friends?	V16 Is it easy or difficult for you to make new friends?
	V17 your colleagues did not want to be with you at school, and you ended up being alone	V17 your colleagues did not want to be with you at school, and you ended up being alone
Normlessness	V18 Bullied others past 2 months	V18 Bullied others past 2 months
	V19 Times physical fight	V19 Times physical fight
	V20 In the last 30 days, how many days have you been with a gun?	V20 In the last 30 days, how many days have you been with a gun?
	V21 Have you ever been involved in situations of provocation through new technologies	V21 Have you ever been involved in situations of provocation through new technologies
Powerlessness	V22 Life satisfaction	V22 Life satisfaction
	V23 happiness	V23 happiness
	V24 I'm so sad...	V24 I'm so sad...
	V25 When I make plans, I am sure that I can perform them	V25 When I make plans, I am sure that I can perform them
	V26 When I cannot do things at first, I insist and keep trying	V26 When I cannot do things at first, I insist and keep trying
	V27 When I'm trying to learn something new, if I cannot give up easily	V27 When I'm trying to learn something new, if I cannot give up easily
	V28 When I'm sad, I usually start doing something to make me feel better	V28 When I'm sad, I usually start doing something to make me feel better
	V29 If something goes not as planned, I can change my behavior to try to achieve my goal	V29 If something goes not as planned, I can change my behavior to try to achieve my goal
	V30 When I have a serious disagreement with someone, I can talk calmly about it without losing control	V30 When I have a serious disagreement with someone, I can talk calmly about it without losing control
	V31 Normally understand my feelings before demonstrating	V31 Normally understand my feelings before demonstrating
Meaninglessness	V32 I can resist doing something when I know I do not	V32 I can resist doing something when I know I do not
	V33 I think completing high school or vocational training	V28 I think completing high school or vocational training
	V34 I go to university or other school of higher education after completing high	V29 I go to university or other school of higher education after completing high
	V35 What do you think when you finish high school?	V30 What do you think when you finish high school?

Table 1: Validation alienation scale (2015).

There is a strong correlation between Social Isolation and Alienation Total (0.657), between Powerlessness and Alienation Total (0.773) (Table 2).

Multiple linear regressions

To understand the predictive effect of the variables analysed in the Alienation subscales, three multiple linear regression models were made for each one. The first contains possible predictive variables with observed significant correlations, with gender and socio economic status. The second model excluded gender and socio economic status. The third model was divided by gender analysis.

Total alienation: The regression equation for the first model of the Total Alienation subscale explained 29% of the variance ($R^2=0.287$). In

this model, the explanation of Total Alienation was obtained through the gender variables (boys with 1.16 lower probability of feeling alienated), SES (low SES with 1 higher probability of feeling alienated), Life Satisfaction (less satisfied adolescents have a 3.8 higher probability of feeling alienated), Family Relationship (adolescents with a worse relationship with parents have a higher probability of being alienated, 1.5), Bullied (adolescents who were victims have a higher probability of feeling alienated, 0.7) and, finally, Bullied Others (adolescents that harmed other adolescents have a higher probability of feeling alienated, 0.9).

Similar results are found in the model that excludes gender, number of school years and socio-economic status. The equation explains 27% of the variance ($R^2=0.271$) and the Total Alienation subscale is explained

	Normlessness	Powerlessness	Meaninglessness	Alienation Total	Life Satisfaction	Family Relationship	Bullied (Zscore)	Bullied Others (Zscore)	Drunkness (Zscore)
Social Isolation	-0.024	0.159**	0.122**	0.657**	-0.131**	-0.054*	0.160**	0.022	-0.217**
Normlessness	-	0.115**	0.120**	0.262**	-0.105**	-0.114**	0.300**	0.655**	0.252**
Powerlessness	-	-	0.212**	0.773**	-0.545**	-0.411**	0.146**	0.146**	0.087**
Meaninglessness	-	-	-	0.475**	-0.104**	-0.120**	0.041*	0.099**	0.151**
Alienation Total	-	-	-	-	-0.469**	-0.314**	0.207**	0.211**	-0.028
Life Satisfaction	-	-	-	-	-	0.379**	-0.159**	-0.096**	-0.064**
Family Relationship	-	-	-	-	-	-	-0.091**	-0.098**	-0.133**
Bullied (Zscore)	-	-	-	-	-	-	-	0.383**	0.026
Bullied Others (Zscore)	-	-	-	-	-	-	-	-	0.157**

**p<0.01; *p<0.05

Table 2: Correlations.

	Variable included	β	t	p	R ² _a	F (model fit)
Total Alienation	Gender	-0.116	-4.979	0.000	0.287	80.574***
	Grade	-0.041	-1.760	0.079		
	SES Father	0.104	4.554	0.000		
	Life Satisfaction	-0.389	-15.580	0.000		
	Family Relationship	-0.150	-6.089	0.000		
	Bullied (Zscore)	0.078	3.151	0.002		
	Bullied Others (Zscore)	0.095	3.824	0.000		
Total Alienation	Life Satisfaction	-0.387	-16.972	0.000	0.271	157.353***
	Family Relationship	-0.148	-6.592	0.000		
	Bullied (Zscore)	0.085	3.773	0.000		
	Bullied Others (Zscore)	0.120	5.337	0.000		
Total Alienation (Boys)	Life Satisfaction	-0.430	-12.884	0.000	0.281	73.811***
	Family Relationship	-0.171	-5.184	0.000		
	Bullied (Zscore)	0.007	.222	0.825		
	Bullied Others (Zscore)	0.090	2.689	0.007		
Total Alienation (Girls)	Life Satisfaction	-0.369	-12.041	0.000	0.286	95.043***
	Family Relationship	-0.143	-4.727	0.000		
	Bullied (Zscore)	0.148	4.952	0.000		
	Bullied Others (Zscore)	0.112	3.767	0.000		

Table 3: Multiple linear regression – total alienation.

by the variables Life Satisfaction, Family Relationships, Bullied and Bullied others, which show a similar trend to the previous model. In the boys' model, the regression equation explained 28% (R²=0.281) of the variance, through the variables Life Satisfaction, Family Relationships and Bullied Others with a similar trend to the other models. In the girls' model, the equation explains 29% of the variance (R²=0.286), through the variables Life Satisfaction, Family Relationships, Bullied and Bullied Others. In the boys' model, the variable Bullied is not statistically significant, whereas in the girls' model the variables Bullied and Bullied

Others have more weight in the equation than in the general model or in the boys' model ($\beta=0.148$ and $\beta=0.112$, respectively). The variables Life Satisfaction and Family Relationships suggest a bigger influence in the boys' model than in the general or girls' models ($\beta=-0.430$ and $\beta=0.171$, respectively). The influence Tendency does not change in any model (Table 3).

Social isolation: For Social Isolation, the variance explained 11% (R²=0.115) of the general model, through the variables Gender (boys have a 1.6 higher probability to feel social isolation), Grade (8th grade

adolescents have a 0.5 higher probability to be socially isolated), Life Satisfaction (less satisfied adolescents have a higher probability of feeling socially isolated, 1.1), Bullied (adolescents who are victims of bullying have a 1.1 higher probability to feel social isolation) and Drunkenness (adolescents who were drunk less often have a 2.3 higher probability of feeling social isolation). In the model from which gender, number of school years and SES were withdrawn, the variance was explained by 9% through the variables Life Satisfaction, Bullied, Drunkenness, with the same tendency as the previous model. In the boys' model, the variance explained 11% of de model ($R^2=0.111$) through the variables Life Satisfaction, Bullied and Drunkenness with the same tendency as the previous models. Regarding the girls' model, the variance explained about 8% of the variance ($R^2=0.081$) through the variables Life Satisfaction, Bullied and Drunkenness. Family Relationship did not reveal any influence in any of the Social Isolation Models. On the other hand, in the girls' model, being a bullying victim has some influence in social isolation ($\beta=0.154$). The same does not occur in the boys' model. However, Drunkenness has a bigger influence in the boys' model ($\beta=-0.216$) (Table 4).

Normlessness: In the Normlessness general model, the variance explained 46% of the model through the variables Gender (boys have a 1.4 higher probability of normlessness), Grade (8th grade adolescents have a 0.4 higher probability of normlessness), Family Relationship (adolescents with a worst relationship with their family have a 0.6 higher probability of normlessness), Bullied (adolescents who are victims of bullying have a 0.5 higher probability of normlessness), Bullied Others (adolescents who act as aggressors have a 5.7 higher probability of normlessness) and Drunkenness (adolescents who were drunk more often have a 1.4 higher probability of normlessness).

In the model where gender, grade and SES were excluded, the variance explains about 46% of the model ($R^2=0.456$), through the variables Bullied Others and Drunkenness, showing the same tendency as the previous model. In this model, the influence of Family Relationship is no longer significant.

In the boys' model, the variance explains 43% of the equation ($R^2=0.434$) through the variables Bullied, Bullied Others and Drunkenness. In the girls' model, the variance explained 49% ($R^2=0.486$), through the variables Family Relationship, Bullied, Bullied Others and Drunkenness. In the Normlessness models, the variable with the most influence in all models is Bullied Others (with β between 0.573 and 0.615). In the girls' model, Family Relationships influences Normlessness, as opposed to the boys' model. However, the variable with the most influence in girls is Bullied other, with a higher level of influence than in the boy's model ($\beta=0.615$ e $\beta=0-0.588$). For Normlessness, the influence of Drunkenness is opposite to the influence of Social Isolation. However, for Social Isolation, the adolescents who were drunk less often are those who felt more isolated. For Normlessness, those who were drunk more often have the most influence (Table 5).

Powerlessness: The overall Powerlessness model's variance explains 36% ($R^2=0.486$) of the equation, through the variables Gender (girls have a 0.9% higher probability to feel powerless), Grade (older adolescents have a 0.4% higher probability of feeling powerless), SES (adolescents with a low SES have a 0.8% higher probability of feeling powerless), Life Satisfaction (adolescents who are less pleased with life have a 4.5% higher probability of feeling powerless), Family Relationships (adolescents who have a worse relationship with their family have twice the probability of feeling powerless) and Bullied Others (adolescents who act as aggressors have a 0.8% higher probability of feeling

	Variable included	β	t	p	R^2_a	F (model fit)
Social Isolation	Gender	-0.167	-7.340	0.000	0.115	33.435***
	Grade	-0.052	-2.193	0.028		
	SES Father	0.024	1.055	0.292		
	Life Satisfaction	-0.118	-4.779	0.000		
	Family Relationship	-0.035	-1.430	0.153		
	Bullied (Zscore)	0.113	4.864	0.000		
	Drunkenness (Zscore)	-0.235	-10.129	0.000		
Social Isolation	Variable included	β	t	p	0.088	53.212***
	Life Satisfaction	-0.105	-4.675	0.000		
	Family Relationship	-0.026	-1.173	0.241		
	Bullied (Zscore)	0.147	7.003	0.000		
	Drunkenness (Zscore)	-0.233	-11.239	0.000		
Social Isolation (Boys)	Variable included	β	t	p	0.111	30.580***
	Life Satisfaction	-0.126	-3.830	0.000		
	Family Relationship	-0.032	-0.977	0.329		
	Bullied (Zscore)	0.107	3.447	0.001		
	Drunkenness (Zscore)	-0.284	-9.244	0.000		
Social Isolation (Girls)	Variable included	β	t	p	0.081	27.655***
	Life Satisfaction	-0.104	-3.440	0.001		
	Family Relationship	-0.046	-1.518	0.129		
	Bullied (Zscore)	0.154	5.441	0.000		
	Drunkenness (Zscore)	-0.216	-7.652	0.000		

Table 4: Multiple linear regression – social isolation.

	Variable included	β	t	p	R^2_a	F (model fit)
Normlessness	Gender	-0.144	-8.988	0.000	0.467	237.126***
	Grade	-0.040	-2.407	0.016		
	SES Father	-0.004	-.264	0.792		
	Life Satisfaction	-0.019	-1.102	0.271		
	Family Relationship	-0.066	-3.3882	0.000		
	Bullied (Zscore)	0.055	3.185	0.001		
	Bullied Others (Zscore)	0.573	33.055	0.000		
	Drunkness (Zscore)	0.141	8.545	0.000		
Normlessness	Variable included	β	t	p	.456	448.573***
	Life Satisfaction	-0.006	-0.369	0.712		
	Family Relationship	-0.028	-1.836	0.067		
	Bullied (Zscore)	0.069	4.455	0.000		
	Bullied Others (Zscore)	0.599	38.317	0.000		
	Drunkness (Zscore)	0.157	10.802	0.000		
Normlessness (Boys)	Variable included	β	t	p	0.434	190.374***
	Life Satisfaction	-0.025	-1.090	0.276		
	Family Relationship	-0.044	-1.937	0.053		
	Bullied (Zscore)	0.048	2.092	0.037		
	Bullied Others (Zscore)	0.588	25.172	0.000		
	Drunkness (Zscore)	0.164	7.503	0.000		
Normlessness (Girls)	Variable included	β	t	p	0.486	272.435***
	Life Satisfaction	0.002	0.110	0.913		
	Family Relationship	-0.055	-2.612	0.009		
	Bullied (Zscore)	0.093	4.528	0.000		
	Bullied Others (Zscore)	0.615	29.723	0.000		
	Drunkness (Zscore)	0.130	6.730	0.000		

Table 5: Multiple linear regression – normlessness.

powerless). In the model that does not include gender, grade nor SES, the variance explains 35% of the equation ($R^2=0.351$), through the variables Life Satisfaction, Family Relationships and Bullied Others, with the same tendency as the previous model. In the boys' model, the variance explains 33% of the equation ($R^2=0.333$), through the variables Life Satisfaction, Family Relationships and Bullied Others, with equal tendency to the previous models. In the girls' model, the variance explains about 37% of the equation ($R^2=0.371$), through the variables Life Satisfaction, Family Relationship, Bullied, Bullied Others and Drunkness. In the Powerlessness models, as opposed to the other models, the girls present a higher probability of feeling powerless. In this model, the variable Bullied and Drunkness have a significant influence in feelings of powerlessness, as opposed to the boys' model. The variable with the highest influence in feelings of powerlessness is Life Satisfaction (Table 6).

Meaninglessness: Finally, the variance of the Meaninglessness overall model explains around 8% of the equation, through the variables

Gender (boys have a 1.1 higher probability to feel meaningless), Grade (younger adolescents have a 0.8 higher probability to feel meaningless), SES (adolescents with a low SES have a 1.5 higher probability to feel meaningless), Life Satisfaction (adolescent who feel less pleased with life have a 0.6 higher probability to feel meaningless), Family Relationship (adolescents with a worst relationship with their family have a 0.8 higher probability to feel meaningless) and Drunkness (adolescents who were drunk more often have a 1.4 higher probability to feel meaningless). In the model where Gender, Grade and SES were not included, the variance explained 4% of the equation ($R^2=0.041$) through the variables Life Satisfaction, Family Relationship, Bullied and Drunkness, and presented the same direction of the previous model. In the boys' model the variance explained 4% of the equation ($R^2=0.036$), through the variables Life Satisfaction, Family Relationship and Drunkness. In the girls' model, the variance explained 5% of the equation ($R^2=0.047$) through the variables Family Relationships,

	Variable included	β	t	p	R^2_a	F (model fit)
Powerlessness	Gender	0.093	5.724	0.000	0.364	178.507***
	Grade	0.038	2.255	0.024		
	SES Father	0.081	5.042	0.000		
	Life Satisfaction	-0.453	-25.858	0.000		
	Family Relationship	-0.200	-11.470	0.000		
	Bullied (Zscore)	0.027	1.533	0.125		
	Bullied Others (Zscore)	0.082	4.671	0.000		
	Drunkness (Zscore)	0.017	1.010	0.313		
Powerlessness	Variable included	β	t	p	0.351	335.428***
	Life Satisfaction	-0.448	-28.313	0.000		
	Family Relationship	-0.228	-14.478	0.000		
	Bullied (Zscore)	0.020	1.265	0.206		
	Bullied Others (Zscore)	0.067	4.231	0.000		
	Drunkness (Zscore)	0.014	0.961	0.336		
Powerlessness (Boys)	Variable included	β	t	p	0.333	141.271***
	Life Satisfaction	-0.443	-18.909	0.000		
	Family Relationship	-0.239	-10.257	0.000		
	Bullied (Zscore)	-0.019	-0.811	0.417		
	Bullied Others (Zscore)	0.067	2.818	0.005		
	Drunkness (Zscore)	-0.012	-0.536	0.592		
Powerlessness (Girls)	Variable included	β	t	p	0.371	199.893***
	Life Satisfaction	-0.450	-21.023	0.000		
	Family Relationship	-0.199	-9.291	0.000		
	Bullied (Zscore)	0.065	3.067	0.002		
	Bullied Others (Zscore)	0.091	4.316	0.000		
	Drunkness (Zscore)	0.051	2.589	0.010		

Table 6: Multiple linear regression – powerlessness.

Bullied and Drunkness. In girls, Life Satisfaction does not influence feelings of meaningless, as opposed to boys (Table 7).

Discussion

Developing and maintaining positive social relationships are among the most important developmental tasks of infancy, childhood and adolescence. 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 behaviours [1]. Adolescents' health is influenced by their relationship with their parents and peers. The perception of parental support and friendship quality can pronounce high levels of self-esteem, social competence and less negative behaviour issues [4]. 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.

Social alienation refers to separation, exclusion or isolation. It is associated to 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 [8]. Regarding health, it is associated to risks, with correlations between social alienation and anxiety, deviant behaviours, less involvement in school activities, fewer social skills, lower self-esteem and others [8].

Tomé et al. [10] identified differences in adolescents' gender and number of school years within the analysed alienation sub-scales, indicating the need to explore demographic differences among adolescents regarding alienation in the identification of risks to mental health.

In the present study, the results also indicate some health risks in adolescents with higher levels of social alienation. Similarly to previous studies [12], there is a positive association between social isolation and risk behaviours to adolescents' health, such as bullying victims. Other results highlight the need of interventions focused on the need

	Variable included	β	t	p	R^2_a	F (model fit)
Meaninglessness	Gender	-0.110	-5.516	0.000	0.081	31.564***
	Grade	-0.089	-4.362	0.000		
	SES Father	0.156	7.944	0.000		
	Life Satisfaction	-0.069	-3.244	0.001		
	Family Relationship	-0.086	-4.068	0.000		
	Bullied (Zscore)	0.022	1.061	0.289		
	Drunkness (Zscore)	0.142	6.971	0.000		
Meaninglessness	Variable included	β	t	p	0.041	32.869***
	Life Satisfaction	-0.064	-3.303	0.001		
	Family Relationship	-0.073	-3.730	0.000		
	Bullied (Zscore)	0.066	3.605	0.000		
	Drunkness (Zscore)	0.129	7.091	0.000		
Meaninglessness (Boys)	Variable included	β	t	p	0.036	13.543***
	Life Satisfaction	-0.103	-3.600	0.000		
	Family Relationship	-0.064	-2.248	0.025		
	Bullied (Zscore)	0.001	0.041	0.968		
	Drunkness (Zscore)	0.132	4.893	.000		
Meaninglessness (Girls)	Variable included	β	t	p	0.047	21.189***
	Life Satisfaction	-0.043	-1.616	0.106		
	Family Relationship	-0.103	-3.829	0.000		
	Bullied (Zscore)	0.093	3.768	0.000		
	Drunkness (Zscore)	0.109	4.379	0.000		

Table 7: Multiple linear regression – meaninglessness.

of assisting young people in maintaining relationships and positive assets. These associate life satisfaction, relationship with family, are a bullying victim or be a bully and the analysed subscales. The feeling of dissatisfaction with life seems to have a lot of influence to feelings of powerlessness, while the biggest association is between normlessness and relationship with family. Be satisfied with life and have a good relationship with family is important assets in adolescent mental health. When these are negative they lead to feelings that may deteriorate well-being and mental health.

We cannot ignore the existing difference among genders in some subscales. In the case of feelings of alienation, boys are more influenced by satisfaction with life and the relationship they have with their family. Girls, on the other hand, present a higher association with feelings of alienation when being bullying victims or harming others. The same happens with feelings of powerlessness, where the bullying variable and drunkness affect girls more than boys. These differences between genders confirm the need for a differentiated intervention for boys and girls for positive results.

The association between adolescent's socio economic status and some alienation subscales must not be ignored. A lower socio economic status has a negative influence on alienation feelings among adolescents. This tendency is shown in previous works [10] and confirmed in greater detail in the present study.

In the present moment of national crisis witnessed by adolescents is an important factor, imposing more reflection of its negative influence on adolescent's mental health and the need to act accordingly to those needs, in order to minimize negative consequences and decrease the increase of search for mental health support among young people.

A positive approach surfaced from this economic crisis and calls for an increased youth's empowerment, social engagement and social participation in order to prevent alienation and promote well-being and positive youth development. This means an educational change that calls for a reinforcement of public policies in this area.

References

- Adam EK, Chyu L, Hoyt LT, Doane LD, Boisjoly J, et al. (2011) Adverse adolescent relationship histories and young adult health: Cumulative effects of loneliness, low parental support, relationship instability, intimate partner violence and loss. *J Adolesc Health* 49: 278-286.
- Kawamoto T, Nittono H, Ura M (2014) Social exclusion induces early-stage perceptual and behavioral changes in response to social cues. *Soc Neurosci* 9: 174-185.
- Newman K, Harrison L, Dashiff C, Davies S (2008) Relationships between parenting styles and risk behaviors in adolescent health: An integrative literature review. *Rev Lat Am Enfermagem* 16: 142-150.
- Tomé G, de Matos MG, Camacho I, Simões C, Diniz JA (2012) Portuguese adolescents: The importance of parents and peer groups in positive health. *Span J Psychol* 15: 1315-1324.
- Corsano P, Majorano M, Champretavy L (2006) Psychological well-being in adolescence: The contribution of interpersonal relations and experience of being alone. *Adolescence* 41: 341-353.
- Bakker MP, Ormel J, Verhulst FC, Oldehinkel AJ (2010) Peer stressors and gender differences in adolescents' mental health: The TRAILS study. *J Adolesc Health* 46: 444-450.
- Marion D, Laursen B, Zettergren P, Bergman LR (2013) Predicting life satisfaction during middle adulthood from peer relationships during mid-adolescence. *J Youth Adolesc* 42: 1299-1307.

8. Safipour J, Tessma MK, Higginbottom G, Emami A (2010) Measuring social alienation in adolescence: Translation and validation of the Jessor and Jessor Social Alienation Scale. *Scand J Psychol* 51: 517-524.
9. Rayce SL (2012) Measuring adolescent alienation: Criterion-related construct validity and health related outcomes. Doctoral dissertation, University of Southern Denmark.
10. Tomé G, Matos MG, Camacho I, Simões C, Gomes P, et al. (2015) Strangers, powerless and hopeless in their own town: Alienation among adolescents in times of recession. *British Journal of Education, Society & Behavioural Science* 8: 247-255.
11. Currie C, Roberts C, Morgan A, Smith R, Settertobulte W, et al. (2004) Young people's health in context. Health behaviour in school-aged children (HBSC) study: International report from the 2001/2002 survey. *Health Policy for Children and Adolescents* 4: 237.
12. Tomé G, Matos MG, Camacho I, Simões C, Diniz J (2013) The lack of friends amongst adolescents and well-being. *International Journal of Sciences* 2: 43-51.