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A Correlational Study of Irrational Thoughts and Their Relationship with Depression, Aggression, and Mental Health in Adolescents

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ABSTRACT

Adolescence is a critical developmental stage marked by cognitive, emotional, and behavioral changes, during which irrational thoughts can significantly influence psychological well-being. This study examined the relationship between irrational thoughts, depression, aggression, and mental health among 100 adolescents (50 males, 50 females) aged 18–21 years from Aurangabad, Maharashtra. Using a correlational research design, participants completed the Irrational Beliefs Scale (IBS), Beck Depression Inventory (BDI), Aggression Questionnaire (AQ), and General Health Questionnaire (GHQ-28). Pearson's Product-Moment Correlation revealed statistically significant negative relationships between irrational thoughts and depression ($r = -0.672$, $p < .001$), aggression ($r = -0.638$, $p < .001$), and mental health ($r = -0.772$, $p < .001$). These findings suggest that, within this adolescent population, higher irrational thought levels are associated with reduced depression and aggression but poorer overall mental health.

Keywords: *Irrational thoughts, depression, aggression, mental health, adolescents*

Adolescence is a crucial developmental stage characterized by significant physical, cognitive, emotional, and social changes. It typically spans the ages of 13 to 19 years and is marked by identity formation, increased autonomy, and the development of more complex cognitive abilities (Steinberg, 2014). However, this period is also associated with increased vulnerability to emotional and behavioral challenges, as adolescents are exposed to stressors related to academic performance, peer relationships, family dynamics, and social expectations (Patton et al., 2016). Among the psychological constructs influencing adolescent well-being, irrational thoughts defined as unrealistic, illogical, or maladaptive beliefs play a critical role in shaping emotional and behavioral outcomes.

Irrational thoughts are central to cognitive theories of emotional disorders, particularly those proposed by Albert Ellis (1962) in his Rational Emotive Behavior Therapy (REBT) model. According to Ellis, irrational beliefs are rigid, extreme, and illogical thought patterns that lead to dysfunctional emotions and behaviors. For example, beliefs such as "I must be loved by everyone to feel worthwhile" or "If I fail, I am a complete failure" can increase susceptibility to depression, aggression, and poor mental health outcomes. Adolescents, due to their ongoing cognitive development, are particularly prone to such cognitive distortions, which

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may adversely affect their emotional regulation and interpersonal relationships (David et al., 2005).

Irrational Thoughts and Depression

Depression in adolescence is a growing public health concern, with global estimates suggesting that approximately 10–20% of adolescents experience depressive symptoms (World Health Organization [WHO], 2021). Cognitive theories posit that negative and irrational thinking patterns contribute significantly to the onset and maintenance of depression (Beck, 1967). Specifically, irrational beliefs can exacerbate feelings of hopelessness, worthlessness, and helplessness core features of depression (Abramson et al., 1978). Empirical studies have consistently demonstrated a positive correlation between irrational beliefs and depressive symptoms (Esfahani et al., 2009). For instance, adolescents with rigid perfectionistic standards or catastrophizing tendencies often report higher levels of depression, particularly when faced with academic or social setbacks (Flett et al., 2016).

Irrational Thoughts and Aggression

Aggression, defined as behavior intended to harm another person either physically or psychologically (Anderson & Bushman, 2002), is another behavioral domain influenced by irrational thought patterns. Adolescents with distorted interpretations of social situations for example, assuming hostile intent in ambiguous situations—are more likely to display aggressive responses (Dodge et al., 1990). Cognitive-behavioral research suggests that irrational beliefs, such as demands for fairness or intolerance for frustration, can trigger anger and lead to aggressive acts (DiGiuseppe & Tafrate, 2007). Such thought patterns may undermine problem-solving skills, leading adolescents to rely on aggression as a means of coping with perceived threats or injustices. Moreover, high levels of aggression in adolescence have been linked to long-term antisocial behavior and mental health issues (Huesmann et al., 2002).

Irrational Thoughts and Mental Health

The concept of mental health extends beyond the absence of mental illness, encompassing emotional well-being, resilience, and the ability to cope with stress (Keyes, 2005). Irrational thoughts can significantly impair mental health by promoting maladaptive coping mechanisms, reducing self-efficacy, and intensifying emotional distress. Adolescents who consistently engage in negative self-talk, overgeneralization, or all-or-nothing thinking are at greater risk for anxiety, depression, interpersonal conflict, and reduced life satisfaction (Sarrionandia et al., 2018). Conversely, modifying irrational beliefs through cognitive restructuring has been shown to improve psychological well-being and adaptive functioning (David et al., 2017).

While numerous studies have examined the link between irrational beliefs and specific psychological outcomes, fewer have explored their simultaneous relationship with depression, aggression, and overall mental health in adolescents. Given that these outcomes often co-occur during adolescence and can have lasting consequences into adulthood, understanding their shared cognitive underpinnings is essential for prevention and intervention efforts. A correlational approach allows researchers to assess the strength and direction of relationships between irrational thinking and these psychological variables, offering valuable insights into how cognitive distortions may broadly influence adolescent functioning.

adolescence is a period in which cognitive interventions may be particularly effective. The brain's plasticity, combined with the developmental shift toward abstract thinking, presents a unique opportunity to address maladaptive beliefs before they become entrenched (Blakemore & Choudhury, 2006). Identifying cognitive risk factors such as irrational thoughts can inform school-based mental health programs, counseling interventions, and psychoeducation aimed at promoting resilience and healthy coping strategies.

The present study seeks to examine the correlation between irrational thoughts and three critical psychological outcomes in adolescents: depression, aggression, and mental health. By investigating these relationships within a single framework, the study aims to contribute to the growing body of literature on cognitive determinants of adolescent well-being. Specifically, it hypothesizes that irrational thoughts will be positively correlated with depression and aggression, and negatively correlated with mental health. The findings are expected to have implications for the development of cognitive-behavioral interventions tailored to the needs of adolescents, thereby supporting their emotional and psychological development.

REVIEW OF LITERATURE

Calvete and Cardenoso (2005) this study revealed that adolescents endorsing hostile attribution biases and rigid thinking patterns were more likely to display aggressive tendencies. **Choudhary and Mehta (2014)** this study also observed that adolescents who engaged in irrational thinking patterns reported lower self-esteem and higher anxiety, both of which impaired their general well-being. **David and Szentagotai (2006)** this study reported that individuals with persistent irrational beliefs exhibited greater vulnerability to various psychological disorders, including anxiety and stress-related conditions. **Esbjørn et al. (2015)** this study demonstrated that irrational beliefs were associated with higher levels of anxiety, emotional distress, and lower psychological well-being in adolescents. **Kılıç and Sevim (2005)** this study found a strong positive correlation between irrational beliefs and depressive tendencies among high school students, suggesting that cognitive restructuring interventions could mitigate risk. **Kumar and Jain (2018)** this study 150 urban adolescents in Uttar Pradesh reported that those with rigid, absolutist thinking patterns exhibited higher levels of physical and verbal aggression. The authors suggested that irrational cognitions, such as demandingness and catastrophizing, often lead to frustration, which may manifest as aggressive behavior. **Martin and Dahlen (2005)** this study found that irrational beliefs, particularly low frustration tolerance, significantly predicted aggressive driving and interpersonal conflict in young adults. These findings suggest that cognitive rigidity fuels emotional dysregulation, leading to aggressive responses. **Suresh, Tomy, Denny, Babu, and Shibymol (2017)** conducted a comparative study on aggression and mental health among tribal people who use or do not use footwear. Using standardized tools and non-parametric analysis, results indicated that footwear users exhibited significantly higher aggression levels compared to non-users, while mental health differences were less pronounced. **Mishra (2016)** this study found a significant positive correlation between irrational thoughts and aggressive tendencies in high school students from Odisha, indicating that cognitive restructuring could serve as a preventive intervention. **More (2021)** highlighted the growing prevalence of stress and its impact on youth mental health. The study emphasized that extreme stress contributes to various psychological difficulties, affecting emotional well-being across developmental stages. Findings underscored the importance of resilience and positive mental health for youth to effectively cope with life's challenges. **Pandey and Tripathi (2020)** this study conducted a correlational study among high school students in

Varanasi and demonstrated that irrational beliefs were significantly associated with increased depression and aggression, as well as poorer mental health scores. They argued that cognitive interventions aimed at reducing irrational thinking could have a simultaneous positive effect across multiple domains of adolescent mental health. **Sharma (2013)** this study noted that societal pressures, parental expectations, and academic competition are major contributors to irrational cognitive patterns among Indian youth. The collectivist orientation, combined with high achievement expectations, often fosters beliefs related to perfectionism, fear of failure, and approval-seeking cognitions that can heighten vulnerability to depression, aggression, and poor mental health. **Sharma and Sharma (2015)** this study examined 200 secondary school students in Rajasthan and found that irrational beliefs, particularly low frustration tolerance and self-depreciation, were significant predictors of depression. **Singh and Kaur (2017)** this study studied adolescents in Punjab and reported that those with higher levels of irrational thoughts scored significantly higher on the Beck Depression Inventory, suggesting that cognitive distortions contribute to the onset and persistence of depressive states. **Smith and Alloy (2009)** this study demonstrated that maladaptive cognitive patterns predict the onset and maintenance of depression in youth. **Stice et al. (2010),** this study highlight how maladaptive cognition in adolescence predicts both internalizing symptoms (e.g., depression) and externalizing behaviors (e.g., aggression) over time. This underscores the importance of addressing irrational thinking patterns as part of preventive mental health strategies. **Verma and Gupta (2019)** this study assessed 250 college students in Delhi and found that irrational beliefs negatively correlated with measures of mental health, including emotional adjustment and social competence.

Statement of the Problem

Adolescence involves significant changes, making individuals vulnerable to irrational thoughts distorted beliefs affecting emotions and behavior. These can increase depression, aggression, and harm mental health. This study explores the correlation between irrational thinking and these psychological factors, aiming to inform early intervention and promote adolescent mental well-being through targeted strategies.

Objective of the Study

1. To examine the relationship between irrational thoughts and depression among adolescents.
2. To examine the relationship between irrational thoughts and aggression among adolescents.
3. To examine the relationship between irrational thoughts and mental health among adolescents.

Hypothesis of the Study

1. There will be a significant positive relationship between irrational thoughts and depression among adolescents.
2. There will be a significant positive relationship between irrational thoughts and aggression among adolescents.
3. There will be a significant negative relationship between irrational thoughts and mental health among adolescents.

METHOD

Sample

The study was conducted on 100 adolescents aged 18–21 years, including 50 males and 50 females. The participants were selected using a purposive sampling technique from colleges situated in urban and rural areas of Aurangabad District, Maharashtra. An equal number of male and female participants was included to ensure balanced representation within the sample.

Research Design

The study employed a correlational research design to investigate the relationship between irrational thoughts and psychological variables such as depression, aggression, and mental health among adolescents.

Variables of the Study

Independent Variables- Irrational Thoughts
Dependent variables- 1) Depression 2) Aggression 3) Mental Health

Research Tools

1. Irrational Beliefs Scale (IBS),

The Irrational Beliefs Scale (IBS), developed by Albert Ellis in the 1970s, is designed to measure the extent of irrational thinking patterns in individuals. It consists of 26 items rated on a 7-point Likert scale, with higher scores indicating stronger irrational beliefs. The IBS shows excellent reliability, with Cronbach's alpha ranging from 0.90 to 0.95, and strong construct validity, as it correlates positively with measures of psychological distress and negatively with indicators of psychological well-being.

2. Beck Depression Inventory (BDI),

The Beck Depression Inventory (BDI), created by Aaron T. Beck in 1961, is a widely used self-report measure for assessing the severity of depressive symptoms. It includes 21 multiple-choice items, each addressing a specific symptom such as sadness, guilt, or loss of interest, scored from 0 to 3. Higher scores indicate greater depression severity. The BDI demonstrates strong reliability (Cronbach's alpha = 0.86–0.93) and robust construct validity, correlating with clinician-rated measures and effectively tracking changes in depressive symptoms over time.

3. Aggression Questionnaire (AQ)

The Aggression Questionnaire (AQ), developed by Arnold H. Buss and Mark Perry in 1992, is a self-report tool measuring individual differences in aggression. It contains 29 items covering physical aggression, verbal aggression, anger, and hostility, rated on a 5-point Likert scale. Higher scores indicate greater aggression. The AQ shows high reliability (α = 0.80–0.90) and strong construct validity, correlating positively with other aggression measures and effectively distinguishing between aggressive and non-aggressive individuals.

4. General Health Questionnaire

The General Health Questionnaire (GHQ-28), developed by David Goldberg and Paul Williams in 1970, is a screening tool for identifying mental health concerns. It contains 28 items assessing somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. Items are rated on a 4-point scale, with higher scores indicating poorer mental health. The GHQ-28 shows high reliability (α = 0.82–0.86) and strong construct validity,

correlating with other mental health measures and demonstrating sensitivity to changes in mental health status over time.

Procedures of Data Collection

Data were collected after obtaining permission from school authorities and informed consent from participants. The study's purpose and instructions were explained, assuring confidentiality and encouraging honest responses. The Irrational Beliefs Scale (IBS), Beck Depression Inventory (BDI), Aggression Questionnaire (AQ), and General Health Questionnaire (GHQ-28) were administered in a quiet setting, individually or in small groups. Completed questionnaires were collected immediately, scored as per standard guidelines, and the data were tabulated for subsequent statistical analysis.

Statistical Techniques

The collected data were analyzed using descriptive statistics (Mean and Standard Deviation) to assess central tendency and variability. Pearson's Product-Moment Correlation Coefficient (r) was applied to determine the strength and direction of relationships between variables, providing both statistical description and correlation analysis for the study's findings.

RESULTS AND DISCUSSION

The analysis of data interpretation and discussion of the results are reported.

Table No.01. Mean, SD and R Value of Irrational Thoughts on Depression

Factor	Mean	SD	N	R Value	p-value	
Irrational Thoughts	117.92	18.16	100	-0.672	< 0.01	Negative correlation
Depression	56.53	6.38	100			

Table 1 shows the mean, standard deviation, and Pearson's correlation between irrational thoughts and depression among adolescents. The mean score for Irrational Thoughts was 117.92 (SD = 18.16) and for Depression was 56.53 (SD = 6.38). The Pearson's correlation coefficient ($r = -0.672$, $p < 0.01$) indicates a statistically significant negative correlation between irrational thoughts and depression. This suggests that higher levels of irrational thoughts were associated with lower levels of depression, and conversely, lower irrational thoughts were associated with higher depression scores.

The findings of the present study reveal an unexpected negative relationship between irrational thoughts and depression among adolescents. While cognitive theories (Beck, 1976; Ellis, 1962) traditionally argue that irrational and maladaptive thinking patterns increase vulnerability to depressive symptoms, the present results indicate the opposite pattern in this sample. This may suggest that, in certain adolescent groups, the endorsement of irrational beliefs might serve as a short-term psychological buffer against depressive affect by enabling avoidance, denial, or external attribution of problems (David et al., 2005). Similar contradictory findings have been noted in some cross-cultural studies, where cultural values, coping styles, and social expectations influence the link between cognition and emotional distress (Bernard, 1998; Tripathi & Bharadwaj, 2012). Adolescents in collectivistic cultures may rationalize or reinterpret distress through belief systems that appear "irrational" from a Western cognitive perspective, yet provide emotional cushioning (Hofstede, 2001).

Table No.02. Mean, SD and R Value of Irrational Thoughts on Aggression

Factor	Mean	SD	N	R Value	p-value	
Irrational Thoughts	117.92	18.16	100	-0.638	< 0.01	Negative correlation
Aggression	64.95	6.91	100			

Table 2 presents the descriptive statistics and correlation between irrational thoughts and aggression among adolescents. The mean score for Irrational Thoughts was 117.92 (SD = 18.16), while the mean score for Aggression was 64.95 (SD = 6.91). The Pearson's correlation coefficient ($r = -0.638$, $p < 0.01$) indicates a statistically significant negative correlation between irrational thoughts and aggression. This suggests that higher levels of irrational thoughts are associated with lower levels of aggression, and conversely, lower irrational thoughts are associated with higher aggression scores.

The negative relationship found between irrational thoughts and aggression in this study is noteworthy, as it contrasts with much of the literature based on cognitive-behavioral models, which often suggest that maladaptive and irrational thinking patterns can contribute to aggressive tendencies (Ellis, 1962; Beck, 1976). One possible explanation for the present finding is that in some adolescents, rigid or unrealistic cognitive patterns may actually function as a psychological control mechanism, restraining impulsive and aggressive behavior. For example, certain irrational beliefs (e.g., moral absolutism, fear of consequences, or overemphasis on social approval) may inhibit outward expressions of hostility (Bernard, 1998; David et al., 2005). Cultural factors may also play a role in this inverse relationship. In collectivistic cultural contexts, adolescents who hold strong, even if irrational, beliefs about obedience, respect, and conformity may be less likely to express aggression openly (Tripathi & Bharadwaj, 2012; Hofstede, 2001). Additionally, these beliefs may act as internalized social norms that reduce the acceptability of aggressive acts.

Table No.03. Mean, SD and R Value of Irrational Thoughts on Mental Health

Factor	Mean	SD	N	R Value	p-value	
Irrational Thoughts	117.92	18.16	100	0.772	< 0.01	Negative correlation
Mental Health	61.05	6.86	100			

Table 3 shows the descriptive statistics and correlation between irrational thoughts and mental health among adolescents. The mean score for Irrational Thoughts was 117.92 (SD = 18.16), while the mean score for Mental Health was 61.05 (SD = 6.86). The Pearson's correlation coefficient ($r = 0.772$, $p < 0.01$) indicates a strong and statistically significant negative correlation between irrational thoughts and mental health. This means that higher levels of irrational thoughts were associated with poorer mental health, and conversely, lower irrational thoughts were associated with better mental health.

The results indicate a strong inverse relationship between irrational thoughts and mental health in adolescents. This aligns with cognitive-behavioral theory (Beck, 1976; Ellis, 1962), which suggests that maladaptive thinking patterns, cognitive distortions, and rigid belief systems contribute to psychological distress and reduced well-being. Adolescents who hold higher levels of irrational beliefs are likely to interpret events negatively, perceive threats more readily, and engage in maladaptive coping strategies, all of which may deteriorate mental health (David et al., 2005; Martin & Dahlen, 2005). The large magnitude of the correlation ($r = -0.772$) suggests that irrational beliefs could be a major cognitive risk factor

for mental health issues in this population. This finding is consistent with previous research indicating that irrational cognitions predict higher stress, anxiety, and depressive symptoms (Bernard, 1998; Tripathi & Bharadwaj, 2012). Furthermore, adolescents may be especially vulnerable because of their developmental stage, where identity formation, peer influence, and emotional regulation are still in progress (Steinberg, 2014).

CONCLUSIONS

1. There is a statistically significant negative relationship between irrational thoughts and depression among adolescents, indicating that higher levels of irrational thoughts are associated with lower levels of depression.
2. There is a significant negative correlation was found between irrational thoughts and aggression, suggesting that as irrational thoughts increase, aggression levels tend to decrease.
3. There is a strong and statistically significant negative correlation between irrational thoughts and mental health, indicating that higher levels of irrational thoughts are associated with poorer mental health.

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Conflict of Interest

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