



A STUDY OF ADOLESCENT DEPRESSION IN RELATION TO COGNITIVE DISTORTION AND PARENTAL BONDING IN INDIA

Dr. Soumen Acharya*

Abstract: *Adolescent is a remarkable developmental period because of the in condolence of transitions and challenges that occur during this period of development. The objective of this study was to examine the contribution of parent-child relationship and cognitive distortions towards adolescent depressive symptoms. For this purpose total of 150 late adolescent boys were drawn through rundown sampling form Colleges and University Comports in the age range 18-19 in New Delhi. Reynolds Adolescent Depression Scale (William Reynolds, 2002) was applied to find out the severity of depressive symptoms in Parental bonding Instrument (Parker, Tupling and Brown, 1979) was used to assess the distorted or negative cognition. Parental bonding Instrument (Parker, Tupling and Brown, 1979) was applied to assess the children's perceptions of parent-child relationship in terms of parental behaviors and attitudes. Stepwise multiple regression analysis was applied to study the contribution of the predictor various variables of cognitive distortions (self criticism, self blame, helpless ness, care and father overprotection) towards the criterion total depression scores. It was revealed that self-criticism (B=0.60), helplessness (B=0.34), pre-occupation with danger (b=0.22), and Self Blame (B=0.14) were, positively contributing at adolescent depression. Father Overprotection (B=0.10) is positively contributing to depression in adolescent boys and Father care Dimension of parent child relationship is contributing negatively towards adolescent depression (B=0.10).*

Keywords: *Adolescent depression, Cognitive distortion, Parent- child relationship*

*Consultant, National Institute of Public Cooperation & Child Development, New Delhi



The term adolescence comes from Latin word 'adolescere' meaning "to grow" or "to maturity". Adolescence is the period in life when individuals are between 10 and 24 years old. It is considered as the beginning of puberty, and it is the time when individuals are more capable of abstract thinking and ready to take new roles in society.

Adolescence is marked by dramatic developmental changes in physical, cognitive, and social emotional capacities (Erikson, 1963). Adolescence is a remarkable development (Graber, Brooks-Gum, & Petersen, 1996). Even though most adolescents are able to cope with such dramatic changes a large number of them encounter problems and difficulties caused by such changes. If they are unable to appropriately cope with stress caused by these changes, they may develop mental health problems, especially depression (Rush ton, 2002).

It is well known that psychological distress during the adolescent period of the life span is common experience that may to due to the innumerable changes adolescents face (Ollendick, Seligman, Goza Byrd, & Singh, 2003). As early as age 11, young adolescents begin forming their self-concept and must cope with increasing expectations from parents, friends, school, and society (Nolen-Hoeksema & Girgus, 1994). The intersection of these experiences, coupled with other environmental stressors, can result in increased logical distress, such as anxiety and depression (Rapee. Wignall, Hudson, & Schniering, 2000).

Beck et al, (2001) defines depression in cognitive terms. It is based on the underlying theoretical assumption that the affection and behavior of an individual are determined in great measure by the way the individual structures the world. His or her cognitions are based on attitudes or assumptions developed from previous experiences. The cognitive model states there specific concepts to explain the psychological substrata of depression: (1) cognitive triad, (2) schemes, and (3) cognitive errors.

The cognitive triad consists of three main cognitive patterns: (a) patients view themselves negatively, (b) they interrupt their experiences negatively, and (c) they have a negative view of the future. The second component of the cognitive model is the structural organization of thought which Beck called schemes. Schemes are relatively stable cognitive patterns that constitute model. Beck et at. (2001) states that a schematic interpretation always mediates between experience and the emotional responses to it. A person's negative and distorted cognitions in a concrete situation are considered errors in the processing of the information, also called "automatic thoughts." Bowlby's attachments theory (1969, 1973,



and 1980) offers a complimentary perspective by proposing that adverse interactions with primary caregivers lead children to form negative internal working models of themselves and others. These insecurely attached individuals are likely to believe that they are unworthy of care and that others are unavailable and unpredictable.

Beck (1967) has argued that cognitive distortion, that is the tendency to construe or distorts the significance of events in a way that is consistent with a negative view of the self, the environment, and the future, plays a central role in the development and maintenance of depression. With the recent evidence that adult diagnostic criteria are reliable and valid for children and adolescents (Kovacs et al., 1984), it appeared possible to see if cognitive distortion plays an important role in childhood affective disorder. Cognitive distortions are likely to lead to depression in adolescent and the chances further can be maximized if they have faulty relationships with their parents.

Adolescence is a period during life when fitting in and connecting with others are highly valued; thus, interpersonal conflicts in close relationships can lead to even greater anxiety and depression levels (Jekins, Goodness, & Bujrmester, 2002). Vast amounts of literature highlight adolescents' needs for a sense of belonging and the importance it plays in their daily relationship (Baumeister & Leary, 1995; Erikson, 1963; Maslow, 1768; Rosenberg, 1988). More specifically, all human beings are known to have a fundamental need to form and maintain at least a few important relationships with others, and a lack of this belonging may cause severe ill effects (Baumeister & Leary, 1995).

Kum and colleagues found that depressed youths were subject to harsher and less consistent parenting, as reported by both the child and parent, compared to youths who were not depressed (Kim, Kee, Conger, Glen & Frederick, 2003). Using data collected as part of the National Longitudinal Survey of Youth, Eamon (2002) found that mothers' use of physical punishment predicted children's depressive symptoms. Finally, in a study of young children and their families, Harrist et al. (1994) reported that children's withdrawn behaviors were related to negative parent-child interactions.

Increasing evidence shows that adolescent depressive symptoms are related to the quality of relationships between adolescents and their parents. Adolescents tend to experience elevated levels of depressive symptoms when they perceive their parents to be low in warmth but high in control (Hale et al., 2005; Rapee, 1997), and when they experience more



frequent conflicts with their parents (Sheeber, Hops, Alpert, Davis, & Andrews, 1997). Low parental warmth or care, high parental rejection, high parental control, overprotection, parental harshness, inconsistent discipline, hostility, and high family conflict are related to depressive symptoms in adolescents (Heaven, Newbury, & Mak, 2004; Zuniga de Nuncio, Nader, Sawyer, & Guire, 2003). Brewin, Firth-Cpzens, Furnham, & McManus (1992) found that higher levels of self-criticism in adulthood were related to retrospective reports of poor parent-child relationships (particularly with mothers). McLeod, Weisz, & Wood (2007) determined that rejection accounted for approximately 8% of the variance in childhood depression and control accounted for approximately 5%.

Interaction between parents and children are determining the quality of parents-child relationship. Negative interactions in a family can lead to a blame game. Adolescents may blame their aggressive and depressive behaviors on their parents' rejecting attitudes, and parents may excuse their rejecting attitudes on their children's behaviors. But instead of blame, maybe it is more a question of dysfunctional interactions that are self-perpetuating, negativity begetting negativity as it were. It is for this reason that developmental researchers are focusing more of their attention toward bidirectional interaction models and away from models that examine these interactions only in a unidirectional manner. According to Spoth et al. (2006), the study of negative parent-child interactions can be categorized into two general groups: the unidirectional models (i.e., parent or child effects models) and the bidirectional models (i.e., parent-child interaction effects models). They suggest that bidirectional modeling of parent-child interactions helps to better describe how both negative parental upbringing behaviors and children's problem behaviors can jointly affect one another. In other words, negative parental upbringing behaviors and a child's problem behaviors are considered as a complex, integrated whole, in which each individual member exert a continuous and reciprocal impact on the other (Branje et al., 2008). Studies of negative parent-child interactions have shown that early adolescent problem behavior and negative parental upbringing behaviors often enhance one another. Spoth et al. (2006) found that early adolescent problem behaviors and negative parental upbringing behaviors were strongly and reciprocally related to one another.

Adolescent is a stage associated with substantial changes in self. The various biopsychosocial changes during adolescence make it a vulnerable period for the development



of internalizing problems especially depression. Adolescent depression is one of the most overlooked undertreated psychological disorders within this period of development. Adolescent depression is rising globally and its prevalence rates in Indian adolescents as well. There is a need to study this issue in adolescence in relation to family factors especially the parent-child relationship which is thought to provide a blue print for the child's development. Also there is a need to explore his aspects in the light of maladaptive cognitive patterns. The objective of the study was to examine the contribution of parent-child relationship and cognitive distortions towards adolescent depressive symptoms.

It was hypothesized that Parental care (mother care and father care) would negatively contribute towards depressive symptoms in adolescents. Parental overprotection (mother overprotection and father overprotection) and Cognitive distortions (Self Criticism, Self blame, Helplessness, Hopelessness and Preoccupation with danger) would positively contribute towards depressive symptoms in adolescents.

METHODS

SAMPLE

The total 150 late adolescent boys were drawn through random sampling from College and University Campus. The subjects were in the age range 18-19 years. The educational institution selected for data collection was randomly selected by the lottery method from a list of higher educational institutions of India .The subject picked for the study were also randomly selected from a class of 40-50 students through lottery system.

PROCEDURE

Before the administration of the psychological measures rapport building was done with the subjects. The subjects were convinced that the confidentiality of their results will be maintained. All the measures were filled up by the subjects themselves. The subjects were given instructions for responding to each measure. The subjects were told fill up their name, age, gender and others demographic information's and were instructed to complete all the booklets without leaving any statement unanswered. All the tests were administered in the group of 20-30 subjects. Stepwise multiple regression analysis was applied to study the contribution of the predictor various variables of Cognitive Distortions (Self Criticism, Self blame, Helplessness, Hopelessness and Preoccupation with danger) and Parent-Child



Relationship (Mother Care, Mother Overprotection, Father Care and Father Overprotection) towards the criterion total depression scores.

INSTRUMENTS

REYNOLDS ADOLESCENT DEPRESSION SCALE: (RADS-2) was developed by William Reynolds (2002) to find out the severity of depressive symptomatology in adolescents in clinical settings. The RADS-2 is a brief, 30-item self-report measure that includes subscales which evaluate the current level of an adolescent's depressive symptomatology along four basic dimensions of depression: Dysphoric Mood, Anhedonia/Negative Affect, Negative Self-Evaluation, and Somatic Complaints. In addition to the four subscale scores, the RADS-2 yields a Depression Total score that represents the overall severity of depressive symptomatology. The reliability and validity of test is well established (internal consistency = 0.86 test-retest = 0.8 validity criterion = 0.83).

COGNITIVE DISTORTION SCALES (CDS):- CDS was developed by John Briere (1997). It measures distorted or negative cognitions and consists of 40 items. Each symptom item is rated according to its frequency of occurrence over the prior month; using a 5 point scale ranging from 1 (never) to 5 (very often). Each of the 5 subscales of CDS self-criticism, self blame, helplessness, hopelessness and pre-occupation with danger, include 8 items each. The score on each of the dimension can be added to 9 yield Total Score. The reliability and validity of test is well established (reliability .895 to .97 and validity .94 to .98) and the scale has been widely used.

PARENTAL BONDING INSTRUMENT (PBI):- The parental bonding instrument developed by Parker, Tupling and Brown (1979), is a 25 item instrument designed to assess the children's perceptions to parent-child relationship in terms of parental behaviors and attitudes. The author identified two variables as important developing parent child bonding: (a) care and (b) overprotection. Out of 25 items, 12 measure children's perception of their parents as caring with the opposite end of the spectrum being indifference or rejection, the remaining 13 items assess children's over-protectiveness with the extreme opposite being encouragement, independence. The care subscale allows maximum scores of 36 and overprotection subscale a score of 39. The scale yields information on four dimension i.e. mother care, father care, mother overprotection, father overprotection. The participant's responses are scored on a four point Likert - type scale ranging from "very like" (0) to "very



unlike" (3). Some of the test items are reverse scored. The parental bonding instrument demonstrated high internal consistency with split half reliability coefficients of .88 for care and .74 for over protection. The parental bonding instrument shows good concurrent validity and correlated significantly well with independent rated judgments of parental care and overprotection (Parker, Tupling & Brown, 1979).

STATISTICAL ANALYSIS

Stepwise Multiple Regression Analysis was performed to determine the amount of variance in the dependent variable that could be accounted by the different variables (cognitive distortion dimensions and parent-child relationship dimensions) and the impact of each independent variable in the prediction of the dependent variable. Total Depression scores on RADS-2 were taken as the criterion.

RESULTS

As shown in table 1 that the highest positive contributing dimension was self-criticism ($\beta=0.60$) which was followed by Helplessness ($\beta=0.34$), Pre-occupation with Danger ($\beta=0.22$), Self Blame ($\beta=0.14$), & Father Overprotection ($\beta=0.10$) respectively. Whereas, Father Care dimension of parent-child relationship was contributing negatively towards adolescent depression ($\beta=0.10$).

Table 1: Showing Step-wise Multiple Regression Analysis for Adolescent Depression.

Variable	R	R ²	R ² Δ	P	β	P
Self-Criticism	.60	.36	.36	.00	.60	<0.01
Helplessness	.67	.44	.08	.00	.34	<0.01
Pre-occupation with danger	.68	.47	.03	.00	.22	<0.01
Father Overprotection	.69	.48	0.01	.00	.10	<0.01
Father Care	.70	.49	0.01	.00	.10	<0.01
Self Blame	.71	.50	0.01	.00	.14	<0.01

DISCUSSION

In the regression table, i.e. Table 1 revealed that Self-Criticism ($\beta=0.60$) is positively contributing to adolescent depression. Self-critical concerns are fueled by difficulties maintaining a positive, effective sense of self, and signaled by fear of failure and excessive need for autonomy and control (Blatt & Zuroff, 1992). Self-criticism is a psychological construct that is thought to denote a cognitive vulnerability to emotional distress, especially depression. Self-criticism involves constant and harsh criticism and demands on the self, and



chronic concerns about disapproval and rejection from others (Blatt 1995). The association between self-criticism and depression symptoms has been shown to be mediated by the occurrence of stressful life events (e.g., Priel & Shahar, 2000; Shahar, Joiner, Zuroff, & Blatt, 2004). Self-criticism in psychopathology can include such elements as negative and critical thoughts directed toward one's own personal or physical characteristics, excessive self-blame for shortcomings, the inability to accomplish goals and takes in accordance with unrealistically high standards, and the low regard with which individuals believe they are being appraised by others. Such self-critical thoughts, beliefs, and attributions have been linked to the etiology or maintenance of several forms of psychopathology including depression (Chang, 2008).

Table 1 also suggests that various cognitive distortion dimensions are also contributing towards depression in adolescents. Beck (1976) also suggested that depressed persons demonstrate cognitive distortions through engaging in faulty information processing. Specifically, depressed persons are characterized by their use of a number of systematic errors in thinking, including selective abstraction, mental filter, all-or-none thinking, magnification, minimization, and overgeneralization.

Helplessness is positively contributing to adolescent depression ($\beta=0.34$). When the adolescent boys feel helpless in any troublesome situation they probably withdraw or give up. Some researchers have reported that cognitive distortion is not specific to depression, but is also found in patients with non-affective disorders (Hollon, Kendall, & Lumry, 1986; Zimmerman, Coryell, Corenthal, & Wilson 1986).

Pre-occupation with danger ($\beta=0.22$) as dimension of cognitive distortion is contributing positively towards adolescent depression. Self Blame ($\beta=0.71$) as dimension of cognitive distortion is contributing positively towards adolescent depression. It seems from the results that adolescents give up against the problem and they have no way of dealing with the depression situation. Depressed adolescents appear to have predominantly cognitive symptoms with negative thought processes, e.g. feelings of self-blame, self-hate, punishment, dissatisfaction and failure (Love et al., 2009; Lipps et al. 2010).

Researches show that eliminating these distortions and negative thought is said to improve mood and discourage maladies such as depression and chronic anxiety. The process of learning to refute these distortions is called "cognitive restructuring".



Father Overprotection ($\beta=0.10$) is positively contributing to depression in adolescent boys. According to theoretical views, parental overprotection may lead to anxiety by increasing beliefs in the dangerousness of the situation and the lack of ability to avoid the danger (Rapee, 1997). This reflects intrusive actions that emphasize the closeness of the parent-child bond, such as restricting the child's independent activities, and unnecessary management, display high levels of distress and neediness in children may prevent the formation of independent behavior on the part of the child, leading to infantilezation (Parker & Lipscombe, 1981). In turn, this limits children's opportunities to practice and improve their self-regulation and active coping skills, and communicates the message that they are incapable and require parental assistance to handle normal life tasks.

The results of analysis also suggest that Father Care is an important predictor of depression in boys. Father Care dimension of parent-child relationship is contributing negatively towards adolescent depression ($\beta=0.10$). Fathers' interactions exert a powerful influence on every domain of their children's functioning beginning at infancy. Recent research substantiates how fathers impact their children's social, emotional, and cognitive development. For example, in the first few days of life, many newborn infants turn their heads preferentially to their father's voices versus the voice of a stranger (Brazelton & Wesley, 1992).

Mothers and fathers influence their children in similar ways with regard to development of morality, competence in social interactions, academic achievement, and mental health. Fathers' role may be especially important in the psychosocial development of an adolescent boy. However, father involvement is of a different nature than mother involvement. In terms of relative frequency, fathers devote more time to playing with their children than do mothers. When children are young (0-4 years old), fathers tend to engage in more tactile physical and stimulating activities. As children enter middle childhood (the school-aged years), fathers engage in more recreational activities such as walks and outings as well as private talks. Fathers also have a strong influence on their children's gender role development and are important role models for both girls and boys (Williams, Radin, & Coggins, 1996; Williams, Radin, & Wiley, 1997). The long-term effects of fathers' direct involvement in the care of their children manifest through childhood and adolescence. For



Children with a father figure, those who described greater father support had a stronger sense of social competence and fewer depressive symptoms (Dubowitz, Black, & Cox, 2001). Overall regression analysis suggests that out of Cognitive Distortion and Parent-Child Relationship dimensions, Self-Criticism, Hopelessness, preoccupation with danger, Father Overprotection and Self Blame are contributing positively to adolescent depression. Father Care is negatively contributing to adolescent depression scores. Father Care is playing important role in the depression of adolescent boys.

It is clear that parent-child relationship and inaccurate thoughts and ideas are important determinants of depressive symptoms in adolescents. Adolescence is a challenging phase of life; however healthy parent-child relationship can cushion the effects of ruthless biosychosocial changes of this period. Adolescents need to be educated as to how to make healthy appraisals of events and occurrences within and around them and a healthy parent-child relationship can ensure better psychological health in adolescents.

LIMITATIONS

Although the current investigation provides useful insight for understanding depression which has important implications for dealing positively with the issue of adolescent depression but the study is not free from limitations. The study was limited only with the adolescents of 18-19 years only. However the findings should be generalized with caution. Moreover the sample was selected from delhi city only which limit the scope for the generalization of the findings. The focus of the investigation was on studying the relative contribution of subscales of Cognitive Distortion (Self-criticism, Self Blame, Helplessness, and Pre-occupation with Danger) and the dimensions of Parent-Child Relationship (Mother Care, Mother Overprotection, Father Care, and Father Overprotection). However there are many other variables that might contribute to adolescent depression which might be studied in future studies related to adolescent depression.

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