

**THE RELATIONSHIP BETWEEN PARENTING STYLE AND DEPRESSION
AMONG ADOLESCENTS**

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ABSTRACT

This study examines the relationship between parenting style and depression among adolescents. Parenting style was grouped into three categories viz; Authoritarian, Permissive and Authoritative. Three non-directional hypotheses were formulated to answer the research questions raised in this study. The first hypothesis states that there will be a significant relationship between authoritarian parenting style and depression among adolescents. The second hypothesis states that there will be a significant relationship between permissive parenting style and depression among adolescents. The third hypothesis states that there will be a significant relationship between authoritative parenting style and depression among adolescents. A sample size of 180 participants comprising 90 male and 90 female between ages 12 – 18 years drawn from SS2 students of five Secondary Schools in Ikare-Akoko, Ondo State, Nigeria respectively responded to Self – rating Depression Scale [SDS] and Parental Care Scale [PCS]. Participants' scores were subjected to analysis with Hierarchical Multiple Regression analysis and result

shows that; Authoritarian parenting style has a significant relationship with depression among adolescents. Permissive parenting style also has a significant relationship with depression among adolescents. Authoritative parenting style has a significant relationship with depression among adolescents. Based on these findings, the present study has demonstrated that a significant relationship actually exist between parenting style and depression among adolescents. The present study recommended that adolescents should be given the necessary assistance so that they will be able to cope with the stressors that accompany living in either of the three parenting style.

Keywords: Parenting style, Depression and Adolescents.

I. INTRODUCTION

The term adolescence has a Latin etymology. It was derived from the Latin word, 'adolescence' meaning to grow to maturity. The period of adolescence is a transition period between childhood and adulthood. Adolescence is marked by rapid physical growth and psychological change. It represents a particularly vulnerable phase of development in pre- adult years. It is also marked by expanding roles into more complex social environment that expose one for the first time to a widening array of stressors and life – shaping choices (Ge, Lorenz, Conger, Elder and Simons, 1994).

Adolescents must sort out the conflicting demands and expectations of family, community and friends; develop insights into their changing bodies and needs; establish independence; and fashion identity for adult life (Vender Zanden, 1989). Emerging cognitive capabilities help adolescents to cope with these tasks. Adolescents are able to handle abstract ideas more logically and adeptly than in their childhood years and they are likely to examine what happens critically

and thoughtfully, considering alternative solution to problems (Donvan & Adelson, 1966).

Depressive symptoms are known to increase markedly between childhood and adolescence (Marcotte, Alain & Gosselin, 1999). Depression, according to Lazerson (1975), is a state of dejection accompanied by lower sensitivity to certain stimuli, reduction of physical and mental activities and difficulty in thinking and unwarranted condition of prolonged sadness or dejection; the state of being sad or downcast. Individuals suffering from depression experience truly profound unhappiness and they experience it much of the time. The basic features of depression in adolescents are similar to those in adults (Kovacs, 1996). Depressed adolescents typically display more cognitive errors and negative attributions (e.g blaming themselves for negative events) and have lower perceived competence or self – efficacy and lower self – esteem than their non – depressed peers (Lewinsohn, Rhode and Seely, 1994).

Parenting style was defined as encompassing both contextual and individual aspects of a parent's child rearing, and distinguished this concept from more content – and goal – specific parenting practices and behaviours. Various studies proposed that parenting styles vary along two separate dimensions: demandingness (control) and responsiveness (acceptance) and that crossing these dimensions yields separate categories of parenting styles. The early onset of depression and the increasing rate of depression in youngsters warrant concern and systematic study of causes and consequences of adolescent depression (Hammen & Brennan, 2001).

The Western literature on depression is replete with articles relating to the antecedents, correlates and consequences of depression in adolescence; Western researchers are paying increasing attention to adolescent depression. The same cannot be said for local researcher. Over the years, our society has witnessed tremendous social change as a result of endogenous and external factors. There have been changes in our family patterns and our values relating to

marriage and perhaps childrearing have become more differentiated. The dissolution of marriages is now done with great facility and many children are raised in non traditional situations. Many adolescents are denied the “full doze” of parental warmth and support. Within the family context, the quality of relationship with parents plays a key role in normal adolescent development and in the explanation of depressed mood (Steinberg, 1999).

This study will therefore contribute to the understanding of the relationships between parenting style and depression. The study will further generate empirical information, answer the research question(s) and compare the results of some past studies thereby contributing to the local literature on depression. Consequently, this study may provide a basis for future research, have implications for counselling and perhaps future programmes that will be aimed at dealing with adolescent depression.

2. MATERIALS AND METHODS

This study was carried out in five different schools (Freeman International College, Victory College, Mount Camel Girls High School, Ansarudeen Grammar School, and Agboriki Comprehensive Senior School) all in Ikare-Akoko area of Ondo State, Nigeria. 36 SS2 students were randomly selected from each of the five schools for the study.

A total of 180 students (90 males and 90 females) took part in the study. The participants' age ranges between 12 years to 18 years. All of the participants were in SS.2 and they represent the Arts, Commercial and Science classes.

2.1 Instruments

Data were collected with; i. Self-rating Depression Scale (SDS) developed by Zung (1965) designed to assess the cognitive, affective, psychomotor, somatic and social dimensions

of depression; and ii. Parental Care Scale (PCS) designed by Baumind (1971) to measure the different parenting styles or approaches that their parents dominantly use in taking care of them.

The Self-rating Depression Scale (SDS) scale is a 20 item inventory designed to assess the cognitive, affective, psychomotor, somatic and social dimensions of depression. The scale has a 4-point response format options as: 1-some or a little of the time, 2-some of the time, 3-good part of the time and 4-most of the time. The scores 1, 2, 3, and 4 are assigned to the options 1,2,3, and 4 respectively. The higher the score on the scale, the higher the level of the participant's depression.

While Obiora (1995) conducted a three day interval test-retest and obtained reliability coefficient of .93 for the scale, Zung (1965) obtained a coefficient of concurrent validity of .79 between the Self-rating Depression Scale and Hamilton Rating Scale (HRS developed by Hamilton 1960). Zung also obtained a concurrent validity coefficient of .70 between the SDS and the depression scale of MMPI.

A Parental Care Scale (PCS) was also used. The parental care scale was adapted for the use of a professional in Nigeria after several years of research at standardizing it in order to enhance its suitability and relevance for Nigerians. The instruments were incorporated into a questionnaire. Section A of the questionnaire deals with Bio-data, Section B deals with depression and Section C focuses on parental care.

3. RESULTS

Table 1: Table1: Inter variable correlations summary table showing the relationship between authoritarian parenting style and depression among adolescents.

		Mean	STD	1	2	3	4	5	6

1	Age	15.53	1.298	1	.				
2	Sex				-.391**	1			
3	Authoritarian	3.35	1.326	.224**	-.332**	1			
4	Permissive	3.22	1.507	.207**	-.211**	.266**	1		
5	Authoritative	4.86	1.209	.052	-.189*	.201**	.075	1	
6	Depression	47.73	6.909	.140	-.128	-.033	.006	-.141	1

Table 1 shows that authoritarian parenting style had a significant relationship with depression among adolescents ($\beta = -.069$, $t(178) = -.848$, $P > 0.05$). The result supports the hypothesis that there will be a significant relationship between authoritarian parenting style and depression among adolescents.

Table 2: Hierarchical multiple regression on the relationship between parenting style and depression among adolescents.

		DEPENDENT VARIABLE (DEPRESSION)	
Independent variables	Step 1	Step 2	
Age	.107	114	

Gender	-.083	-.136
Authoritarian		-.069*
Permissive		-.019*
Authoritative		-.0161*
Adjusted R²	.014	.032*
ΔR²		.024*
F	2.29	2.154*
df	2,175	5,172

Note: Age and gender were entered as covariates.

*P < .05; N = 180.

Table 2 also shows that permissive parenting style had a significant relationship with depression among adolescents ($\beta = -.019$, $t(178) = -2.38$, $P > 0.05$). The result supports the hypothesis that there will be a significant relationship between permissive parenting style and depression among adolescents.

Table 3: t-test Model summary table showing the relationship between parenting style and depression among adolescents.

	R	R ²	Adjusted	Std. Error	R ²	F.	df1	df2	Sig.F

Mode			R ²	of the Estimate	change	change			change
1	.160 ^a	.026	.014	6.887	.026	2.291	2	175	.104
2	.185 ^b	.034	.017	6.876	.009	1.540	1	174	.216
3	.186 ^c	.034	.012	6.895	.000	.072	1	173	.788
4	.243 ^d	0.59	.032	6.826	.024	4.469	1	172	0.36

a. Predictors: (constant), sex, age

b. Predictors: (constant), sex, age, Authoritarian

c. Predictors (constant), Sex, Age, Authoritarian, Permissive

d. Predictors (constant), Sex, Age, Authoritarian, Permissive, Authoritative.

Table 3 confirmed the hypothesis that authoritative parenting style will have a significant relationship with depression among adolescents ($\beta = - .161$, $t(178) = - 2.144$, $P < 0.05$). The result supports the hypothesis that there will be a significant relationship between authoritative parenting style and depression among adolescents.

4. CONCLUSION

The first hypothesis of the study states that there will be a significant relationship between authoritarian parenting style and depression among adolescents. The hierarchical multiple regressions that were conducted in respect of the first hypothesis revealed that authoritarian parenting style had a significant relationship with depression among adolescents. The hypothesis was therefore confirmed. This however, supports the findings of Radziszewka,

Richardson, Jean, Dent and Flay (1996) who asserted that authoritarian parenting style would demonstrate a negative relationship with depression.

The second hypothesis states that there will be a significant relationship between permissive parenting style and depression among adolescents. However, the hierarchical multiple regression that was used to test this hypothesis revealed that permissive parenting style had a significant relationship with depression among adolescents. The second hypothesis was also confirmed. This finding supports Radziszewka et al, (1996) who posited that permissive parents would demonstrated a positive relationship with adolescent depression.

The third hypothesis states that there will be a significant relationship between authoritative parenting style and depression among adolescents. The hierarchical multiple regression that was done to test the this hypothesis revealed that authoritative parenting style had a significant relationship with depression among adolescents. The third hypothesis was however confirmed. This finding supports Radziszewka et al, (1996) who asserted that authoritative parenting style will have a negative relationship with depression among adolescent.

The present study is primarily aimed at delineating the relationship between parenting style (how parent support their children's self-esteem, define and reinforce values, promote academic success, enable participation in neighborhood and community activities, and offer a sensitive ear and perceptive judgment) and depression (a common childhood mental disorder that can lead to failure in school, poor self-image, troubled social relations, and even suicide) among adolescents. Three non directional hypotheses were tested in the study. All of the hypotheses were confirmed.

Contrary to the findings of an overwhelming number of studies, the present study demonstrated that the relationship between parenting style and depression are indeed significant.

It has often been argued that training adults for parenthood may lead to a production of anxiety which would unfavourably affect the child. Contrary to this claim, the present study corroborates Segrin and Abramson (1994) finding that as a result of such a training course parents-to-be displayed a significant change in attitude. The training developed an attitude toward permissive and away from authoritarian child care.

The unexpectedly low effect of gender on depression and the direction of the gender difference in depression suggest that the relationship between gender and depression is amenable to the influence of intervening variables.

The findings of this study have implications for counseling and perhaps future programmes that will be aimed at dealing with adolescent depression. This study contributes to the existing knowledge on understanding the relationships between parenting style and depression. This study further generates an empirical information and answered the research questions therein

Much attention should be given to adolescents, they should be given the necessary assistance so that they will be able to cope with the stressors that accompany living in either of the three parenting style. It is pertinent to equip such adolescents with effective coping strategies. There is the need to understand the factors that prevent social disorganization within families. This requires extensive research. There is the need to prospect for the factors that influence the relationship between parenting style and depression. This could have both practical and theoretical benefits. The relationship between parenting style and depression should also be explored so that its mechanism can be understood. Future studies on the subjects that constitute the foci of the present study should use larger samples.

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