# Relationship of Depression, Family Environment and Self Concept among Adolescents

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## Abstract

*Depression in adolescence has become a subject of considerable research over the past few decades. Various risk factors have been linked to depression in adolescents, comprising of social factors, family environment, personality type, self concept and genetic factors along with stressful events. The present study aimed to investigate the relationship among depression, family environment and self concept of adolescents. The sample consisted of 200 adolescents (100 males and 100 females) of age group 14 -17 years, studying in the secondary schools of Ambala. Mental Depression Scale (Dubey, 2006), Family Environment Scale (Bhatia and Chadha, 1993) and Self Concept Questionnaire (Saraswat, 2010) were used to collect data. Results revealed that depression is negatively and significantly correlated with four dimensions of family environment namely cohesion, active recreational orientation, independence and organization whereas it is positively correlated with conflict in the family. Significant differences were found in the family environment and self concept of adolescents scoring high and low on depression.*

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## Introduction

In the present world of worry and tension majority of people are suffering from depression. The prevalence of depression is increasing day by day. Depression in adolescence has become a subject of considerable research over the past few decades. The spectrum of the disease can range from simple sadness to major depressive disorder. The clinical features of adolescent depression are similar to those of adult depression. Various risk factors have been linked to depression in adolescents, comprising of social factors, family environment, personality type, self concept and genetic factors along with stressful events.

The term depression is used in everyday language to describe a range of experiences from a slightly noticeable and temporary mood decrease to a profoundly impairing and even life threatening disorder. Depression is a state of mind, or more specifically, a mental disorder characterized by lowering of individual's vitality, his mood, desires, hopes, aspirations and of his self-esteem. It may range from no more than a mild symptom of tiredness and sadness to the most profound state of apathy with complete psychotic disregard for reality. According to **Pestonjee (1999)** depression is an emotional state of dejection, feeling of worthlessness and guilt accompanied by apprehension.

Depression literally meaning 'state of being sad and hopelessness' **(Hornby, 2005),** it is defined "as psychoneurotic disorder or psychotic disorder marked especially by sadness, inactivity, difficulty in thinking and concentration, a significance increase or decrease in appetite and time spent sleeping, feeling of dejection and hopelessness and sometimes suicidal tendencies, a lowering of vitality or functional activity."

**Depression and Family Environment**

Among psychological factors in the life of an adolescent, family environment is the most crucial, as family is the smallest unit, representing the cultural differences. Therefore, for determining adolescent depression, role of family environment cannot be ignored. Poor family relationships are psychological hazards at any age, but especially during adolescence because at this time boys and girls are undergoing physical changes and it depends on their families to provide them the feeling of security. Even more important, they need guidance and help in mastering the developmental task of adolescence. When family relationships are marked by friction, feeling of insecurity, adolescents will be deprived of the opportunity to develop poise and more mature pattern of behavior **(Hurlock, 1981).** Several studies have shown that insecure attachment and parenting characterized by coldness, rejection, harsh discipline and unsupportive behavior is positively related to adolescent depressive symptoms.

The perception of family environment is significant predictor of depression among adolescents; family disorganization, conflict, and lack of control, lack of cohesion and expressiveness have been observed as common factors in the family backgrounds of children who develop depression (Campbell et al, 1993; Schwartz et al., 2012). It is reported that problematic family functioning during childhood predicted depression in young adulthood. The possible interaction of conflict with parents and depression in college students is poorly understood. The family is generally perceived by society as the unit responsible for providing children with an environment that serves their physical and emotional needs. For the development of personality of individual, multiple factors are responsible, family environment is one of them. According to

different family models, dimensions of family functioning including cohesion, adaptability, and communication are theoretically linked to adolescent psychological wellbeing (Epstein et al., 1993; Olson et al., 1989). Some studies show that adolescent suicidal ideation is related to family dysfunction, family discord, poor family environment, family rigidity, family conflicts, and poor adaptability (Spirito et al., 2003). The studies also show that low levels of family cohesion and support as well as high levels of parent-adolescent conflict are positively related to depression and suicidal ideation (Lee et al, 2006; Wong et al., 2002). Gotlib et al.,(2014) found that the family history of depression is significantly associated with depression in adolescents whereas a cohesive, orderly, and achieving family environment is conducive to more positive development in adolescents, in terms of lower depression and higher self-concept (Lau et al., 2000). **Guan et al. (2013)** conducted a cross-sectional survey in rural China with a sample of 3720 individuals aged 18 years and older and found association of family-related negative life events and economic status of the family with depression was statistically significant.

**Depression and self-concept**

Depression can affect many domains of an adolescent's life, including social and family relationships, schoolwork, self-concept, and decision making (Merrell, 2008; Seeley et al., 2002). In particular, depression can negatively affect different aspects of cognitive functioning in children and adolescents (Cole et al., 1996; Nolen-Hoeksema et al., 1986), including concentration (Fröjd et al., 2008). Huberty (2009) identified memory, concentration, and attention problems as cognitive manifestations of depression. Many theories of depression postulate that low self-concept is a defining feature of depression (e.g., Beck, 1967; Blatt, D'Afflitti, & Quinlan, 1976; Abramson et al.,

1978; Brown & Harris, 1978). Indeed, numerous studies have documented strong concurrent relations between low self-esteem and depression (Joiner et al., 1999; Kernis et al., 1991; Lewinsohn et al., 1988; Roberts & Monroe, 1992).

Montague et al. (2008) conducted a study on 212 adolescents and found that adolescents with low self concept are at higher risk for emotional and behavioral disorders whereas no gender difference was found in depression. Kuster et al. (2012) also investigated the effect of low self esteem on depression and the results indicated that low self-esteem predicted subsequent rumination, which in turn predicted subsequent depression, and that rumination partially mediated the prospective effect of low self-esteem on depression. Orth and Robins (2013) studied the relationship between self concept and depression and found the vulnerability model to be robust among samples. It was found that adolescents with low self concept are more vulnerable to depression.

Thus, both family environment and self concept are significant factors in the development of depression. Therefore the present study was undertaken.

**Objectives of the study**

1. To study the relationship between depression and different dimensions of family environment of adolescents.
2. To study the difference in the family environment of adolescents scoring high and low on depression.
3. To study the difference in the self concept of adolescents scoring high and low on depression.

**Hypotheses of the study**

1. There will be significant relationship between depression and different dimensions of family environment.
2. There will be significant difference in the family environment of adolescents scoring high and low on depression.
3. There will be significant difference in the self concept of adolescents scoring high and low on depression.

**METHODOLOGY**

**Instruments:**

a)    Family environment scale (Bhatia and Chadha, 1993) was used to assess the perception of eight family environment variables as cohesion, expressiveness, conflict, acceptance and caring, independence, active – recreational orientation, organization and control. The cohesion subscale measures the degree of commitment, help and support family members provide for one another. Expressiveness subscale refers to the extent to which family members are encouraged to act openly and express their feelings and thoughts directly. The conflict subscale measures the amount of openly expressed anger, aggression, and conflict among family members. *Acceptance and Caring* subscale refers to the extent to which the members are unconditionally accepted and the degree to which caring is expressed in the family. The independence sub scale measures the extent to which family members are assertive, are self sufficient, and make their own decisions. The Active recreational orientation subscale taps the extent of participation in social and recreational activities. The *Organization subscale refers to the d*egree of importance of clear organization structure in planning family activities and responsibilities. The control subscale assesses the extent to which set rules and procedures are used to run family life. Responses to each subscale are to be given

on five point scale (viz. strongly agree, agree, neutral, disagree and strongly disagree). Split half reliabilities for the subscales were calculated and ranged from 0.48 to 0.92. The validity of the test was confirmed by experts.

b)      Self Concept Questionnaire (Saraswat, 2010) was used to measure the self concept of adolescents. The questionnaire provides six dimensions of self concept viz. physical, social intellectual, moral, educational and temperamental self concept. It also gives total self concept score. The Physical dimension measures individual's view of his body, health, physical appearance and strength. The            Social dimension assesses individual's sense of worth in social interactions. Intellectual dimension refers to individual's awareness of his intelligence and capacity of problem solving and judgment. Moral dimension refers to individual's estimation of his moral worth, right and wrong activates. Educational dimension refers to individual's view of himself in relation to schoolteachers and extracurricular activities. Temperamental dimension refers to individual's view of his prevailing emotional state or predominance of a particular kind of emotional reaction.

There are 48 items in the questionnaire and each item has five alternatives, out of which the subject has to tick the most appropriate option according to him. The scoring of each item of the scale is done by giving 5 marks for the first option, 4 marks for the second, 3 marks for the third,2 marks for the fourth and one mark for the fifth option. The reliability of the test was calculated using test –retest method and was found to be 0.91. The reliability coefficients for the various dimensions

ranged from 0.67 to 0.88. The content validity was established by taking expert opinion.

c)      Mental Depression Scale (Dubey, 2006) measures depression in adolescents and adults. It has 50 items and each item has two alternatives yes and no. The scoring is to be done by assigning one mark to yes and no mark to no response. The higher score on the scale shows high depression. The reliability of the scale was calculated by test-retest and split- half methods which were found to be 0.64 and o.69 respectively. The validity of the scale was assessed by experts.

**Sample**

The sample consisted of 200 adolescents including 100 male and 100 female adolescents (age range of 15-17). The sample of the study was selected randomly from IX to X grade students studying in senior secondary schools of Ambala.

**Procedure**

For collection of data, the investigator first explained the purpose of the study to the subjects and after clarifying the instructions of the tests, the three questionnaires were administered one by one on the selected sample in group setting. The investigator assured the subjects that their responses would be kept confidential and used for research purpose only.

**Research Design**

The main objective of the study was to study the relationship of depression and family environment of adolescents, for this purpose correlation technique was employed. Keeping in mind the other objectives of the study, the sample was divided into two groups- high depression adolescents and low depression adolescents and to study the difference in the family environment and self concept of both the groups, t test method was used. The result and discussion is as under:

## Results and Discussion

**Table 1: Correlation between scores on depression and different dimensions of family environment**

| Sr No. | Dimensions of family environment | r |
|--------|----------------------------------|------|
| 1. | Cohesion | -0.133* |
| 2. | Expressiveness | -0.004 |
| 3. | Conflict | 0.149* |
| 4. | Acceptance and caring | -0.091 |
| 5. | Independence | -0.195** |
| 6. | Control | 0.007 |
| 7. | Active recreational orientation | -0.168* |
| 8. | Organization | -0.264** |

\* p<.0.05**p<.0.01

Table 1 reveals that depression is negatively related with cohesion (r = -.133, p<.05), independence (r = -.195, p<.01), active recreational orientation (r = -.168, p<.05) and organization(r = -.264, p<.01). The significant and negative correlation between these variables suggests that the family environment plays an important role in moderating depression; it reveals that lack of cohesiveness, independence, active recreation and organization leads to depression. The more cohesive families develop better bonds among family members and cause less depression (Lee et al, 2006; Schwartz et al., 2012). The amount of independence given to children in the family makes children responsible and creates less frustration. The involvement of parents and children in recreational activities gives them a chance to express themselves and helps in building emotionally mature personalities.  On the other hand conflict in the family has significant positive relation with depression (r = .149, p<.05). This positive correlation between the variables suggests that adolescents of families with high conflict tend to have high depression (Spirito et al., 2003).

**Table 2:Significance of difference between means scores on dimensions of Family Environment of students scoring high and low on depression**

| Sr No. | Dimension of FES | Groups | N | M | S.D. | t- ratio |
|--------|------------------|--------|-----|-------|------|----------|
| 1. | Cohesion | High Low | 48 52 | 48.77 56.07 | 7.57 7.35 | 4.96** |
| 2. | Expressiveness | High Low | 48 52 | 30.96 32.55 | 7.69 8.38 | 1 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3. | Conflict | High Low | 48 52 | 38.1 40.6 | 1.84 2.13 | 6.4** |
| 4. | Acceptance and caring | High Low | 48 52 | 44.41 49.38 | 7.11 7.02 | 3.5** |
| 5. | Independence | High Low | 48 52 | 31.28 33.57 | 7.61 7.24 | 1.5 |
| 6. | Control | High Low | 48 52 | 32.12 36.39 | 2.09 1.85 | 4.24** |
| 7. | Active recreational orientation | High Low | 48 52 | 19.75 18.37 | 1.49 1.40 | 4.7** |
| 8. | Organization | High Low | 48 52 | 9.25 10.71 | 1.15 1.29 | 6.03** |

* p<.0.05**p<.0.01

The results obtained in area of family environment revealed significant difference in high depression adolescents and low depression adolescents. Table 2 reveals that t values are significant between low depression and high depression group on six dimensions of family environment i.e. cohesion (t = 4.96, p<.0.01), conflict (t = 6.4, p<.0.01), acceptance and caring (t = 3.5, p<.0.01), active recreational orientation (t = 4.7, p<.0.01), control (t = 4.24, p<.0.01) and organization (t = 6.03, p<.0.01). Thus it shows that family environment is an important predictor of depression. It can be concluded that family environment has a significant role in the development of depression. This is due to the reason that family or home is the first school of the child and a child's character is based on the foundation of family environment (Lau et al., 2000). The cohesion and acceptance and caring among the members of the family builds healthy personality of children and the amount of independence given to children for taking their decisions makes them confident individuals. Moreover, children become emotionally strong and mature if they get healthy environment in the family which helps them to make correct choices and stay away from depression. Whereas the conflict and excessive control in the family make children feel stressed and adopt violent means to relieve their stress. On the other hand giving freedom to express them and providing recreational opportunities, children develop strong character which is not affected by negative experiences outside home (Gotlib et al., 2014).

**Table 3:Significance of difference between means scores on self-concept of students scoring high and low on depression**

| Groups | N | Mean (self concept) | S.D. | t-ratio |
|---|---|---|---|---|
| High Depression Adolescents | 48 | 109.5 | 4.2 | 3.1** |
| Low Depression Adolescents | 52 | 112 | 3.6 | |

* p<.0.05**p<.0.01

Table 3 reveals that the calculated value of t is significant between high depression and low depression adolescents on self concept (t = 3.1, p<.0.01). It means that adolescents having high depression have low self concept and adolescents having low depression have high self concept. Many studies have proved that depression and self concept are negatively related and low self concept acts as a risk factor for depression especially in case of major life stressors (Joiner et al., 1999; Kernis et al., 1991; Lewinsohn et al., 1988; Roberts & Monroe, 1992). Moreover prolonged depression leaves scars on the self concept of individual leading to total end in self esteem (Orth & Robins, 2013).

**Limitations of the study**

The study has mainly two limitations. First, the depression measure used in this study relies on the self measure method. However, to diagnose depression, other clinical methods should be used. Second, the results of the study are based on non-clinical samples which do not allow for valid conclusions about depressive episodes in clinical population.

**Implications of the study**

The present study has its implications for the parents as well as the community. Parents should provide cohesive environment at home and give independence to their children so that they become confident individuals. Parents should also organize recreational activities for children so as to give them the opportunity for relaxation and expression. Moreover parents should not keep excess check and control on their children because excess control makes children feel suppressed and they try to relieve it through wrong means. Above all the environment at home should be healthy and encouraging. The study has greater implications for the educational institutions as well. School is considered as a miniature society. It is the right place for the child to develop his personality by giving a good social environment. The educational institutions should help the children to utilize their energy in a meaningful and positive way so that they can rebuild themselves and achieve success at every step in life. Various co-curricular activities like sports and games, debate and discussion, picnic, educational trips, lectures by experts, medical camp, plays and music and dance competitions at school as well as state level should be organized from time to time and students should be encouraged to participate in these activities. The students should also get opportunities to express and explore themselves.

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