

The role of perceived parental attitudes and self-esteem in predicting secondary school students' depression

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Abstract

Aim is to determine the extent to which self-esteem and parental attitude perceptions of adolescents predict depression. This is a quantitative research design and the relational screening model was conducted throughout the study. 'Depression Scale', 'Parental Attitude Scale' and 'Self-Esteem Scale' were utilised in the study. The study was conducted on a total of 526 students of whom 276 were female and 249 were male studying in nine different secondary schools in Istanbul during the 2012–2013 academic period. Product-moment correlation coefficient and Stepwise regression analysis were utilised in analysing the data. According to the Product-moment correlation coefficient analysis, a negative significant relationship was detected between depression and democratic attitude sub-dimension of parental attitudes; and a positive significant relationship was detected between depression and authoritarian attitude and protective or willing attitude. Also, a negative significant relationship was detected between depression and self-esteem. Stepwise regression analysis indicated that democratic attitude and self-esteem variables were significant in explaining depression.

Keywords: Depression, perceived parental attitudes, self-esteem, adolescence.

1. Introduction

Adolescence is a period in which biological and psycho-social changes occur rather frequently. Many changes emerge in social environment and family relationships. The desire for independence increases and the adolescent no longer accepts parents as the absolute authority. As a result, a conflict emerges between the parents and the adolescent (Ozdemir, 2014; Steinberg & Morris, 2001). One of the developmental roles of the adolescence period is that the individual can psycho-socially act independently from the family (Alanay & Aydin, 2016; Hall & Quinn, 2014; Heo, Han, Koch & Aydin, 2011). While adolescents maintain their communication with their families, as an individual they must distil their emotion and ideas and create a perspective on life with their own values (Erozkan, 2009). As against childhood, because the area and pace of change that one has to adapt to increases, the individual undergoes an identity confusion and the chance of going into depression increases (Gectan, 2017; Kim, 2003). Healthy family relationships gain importance in this transitional period. It is known that adolescents who are raised up in healthy family settings and rich stimulant environments are healthy on all hands, and that adolescents who are raised up in problematic family settings and environments confront to various difficulties throughout their developments (Akin, 2009; Kato, 2018).

One of the most crucial factors in adolescent depression are parental attitudes (Hovey, 2000; Mutallimova, 2014). For example children who are raised up not being accepted by their parents experience feelings of loneliness and insecurity. Individuals who are feared of being criticised and rejected experience feelings of sensitivity and despair and go into depression. Therefore, children spend their future lives as individuals who get offended and go into depression easily due to the problems they encounter in their interpersonal relationships (Erozkan, 2009; Kratt, 2018). Psychopathology of parents and conflicts within the family negatively affect depression treatment (Parker & Roy, 2001). In addition, weak parental support is also among the risk factors for depression (Sheeber, Allen, Davis & Sorensen, 2000). Thus, Kulaksizoglu (2015) points out that parents should be included in the supporting services in order to understand and help the adolescents who are under depression.

Besides, the adolescent can get confused even when raised up in a democratic setting. However, this confusion is not like a storm but rather like a short breeze. Emotional reactions and incompatible feelings against parents do not reach the extremes. Most of the conflicts remain inside the house. Conflicts do not prevent school success (Ersoy, 2015; Kulaksizoglu, 2015). In a democratic family setting, individuals develop ideas and opinions dissent from their parents, acquire different tastes but remain dependent to the house. Although they demand more rights and freedom they obey the rules of the house. They are aware that the extent of freedom is at the rate of knowing how to use them. In conclusion, towards the end of adolescence when the individual settles down, relationships with the parents become moderate and balanced like before; the youth period is overcome without leaving behind any wreckage (Karatas & Oral, 2015; Yorukoglu, 2012).

Unlike democratic families, families with authoritarian attitudes impose strict discipline on their children and ignore their children's personality. The child learns not to trust his own emotions and thoughts (Cuceloglu, 2013; Yavuzer, 2015). The strict discipline rules in such families and resorting to punishment in education causes low self-esteem in children and is influential in the child developing an anxious and neurotic personality. It is also known that children, whose parents are authoritarian, blindly adapt to their environment, are successful but have low self-confidence and are prone to depression, crime and drug addiction (Kuzgun & Eldeleklioglu, 2005; Ogurlu & Sevim, 2017). In addition, in families, where authoritarian parental attitudes are dominant, the chance of the adolescent going into depression can be high and their coping skills can be low (Ceylan, Binay, Yalcin & Bilginer, 2016; Deniz & Ersoy, 2016; Maccoby & Martin, 1983).

With the other parental attitude, the protective or willing attitude, parents treat their children like babies and continuously want to be with them. The child is therefore raised up as selfish, irresponsible and spoiled. This attitude also causes the child to develop a dependent personality (Basar, 2014;

Cuceloglu, 2016; Damgaci & Aydin, 2014; Yorukoglu, 2007). These children cannot make decisions by themselves, cannot do anything without consultation and lack sociable skills. Because they have not enhanced their manipulative skills they become clumsy, awkward and insecure. They usually cry when they want something, if it is not given they cry, whine for, get stubborn or persist until it is given (Carothers & Parfitt, 2017; Tola, 2003).

Another variable which affects depression is self-esteem (Ersoy & Ugur, 2015). According to Rosenberg (1965) self-esteem is the positive or negative behaviours one displays to himself. According to Harter (2006) self-esteem is the holistic assessment dimension of the self. Self-esteem is the state of being content with oneself without looking up or looking down on. It is the state of the individual finding himself precious, adorable and favourable (Yorukoglu, 2012). Self-esteem depends on the direction of the attitude while the individual evaluates himself. If the individual exhibits a positive attitude while evaluating himself then self-esteem will be high, but self-esteem will be low when the individual exhibits a negative attitude (Cuhadaroglu, 1986). Individuals with high self-esteem are more tolerant and sociable in inter-personal relationships, are physically healthier, enter in more group interactions, find life more meaningful, are less anxious and depressive, value freedom in work-life, are open to competition and strive for success (Michou, Mouratidis, Ersoy & Ugur, 2016; Yavuzer, 2016). Pope, McHale and Craighead (1988) state that individuals with high self-esteem evaluate themselves positively and feel good about their strengths. A person who is self-confident strives to enhance his weaknesses. Individuals with low self-esteem have difficulty in speaking in public, are introvert, cannot express themselves properly and deliver their knowledge. They also have difficulty in entering relationships with peers of the opposite gender and display submissive behaviours (Baumeister, Campbell, Krueger & Vohs, 2003; Damgaci & Aydin, 2018; Ozkan & Ozen, 2008). According to Plummer (2011), an individual with low self-esteem has a weak self-confidence. These individuals are dependent on others, are shy, are not into researching, are less creative and more authoritarian. They are usually defensive or in a depression and can display various maladaptive behaviours due to low self-esteem (Eksi, 2003; Yigit & Tatch, 2017). Psycho-pathological conditions are another area in which self-esteem in adolescence is in relation with. Low self-esteem not only remains as a disturbing condition but plays a role in the emergence of many pathological conditions ranging from anxiety to psychosis. If self-esteem does not develop sufficiently, identity confusion and therefore psychopathologies such as irritability (Ersoy & Deniz, 2016) or psychotic breaks can emerge (Cuhadaroglu, 1986). Low self-esteem is related to depression, anorexia nervosa, crime-oriented behaviours, compliance problems and even suicide (Brooks, 1999; Kuhlberg, Pena & Zayas, 2010; Oy, 1995). According to Prinstein and La Greca (2002) depression level increases when self-esteem decreases. With this respect, the purpose of this study is to explore the relationship between depression in secondary school students, parental attitudes and self-esteem and to determine the variables which predict depression. In accordance with this purpose, the following questions were directed to the participants;

What kind of a relationship is there between secondary school students' depression levels and parental attitudes (democratic, authoritarian and protective or willing)?

What kind of a relationship is there between secondary school students' depression levels and self-esteem?

Which variables predict secondary school student's depression levels?

2. Method

2.1. Research design

This is a quantitative research design and the relational screening model was conducted throughout the study. The relational screening model is the model which assesses the relationship between two

or more variables without interfering with the variable (Buyukozturk, Kilic-Cakmak, Akgun, Karadeniz & Demirel, 2013; Karasar, 2017).

2.2. Participants

The participants of this study consisted of a total of 526 students of whom 276 were female and 249 were male studying in grades 6 and 7 in nine different secondary schools in Istanbul. The participants were selected with the random sampling methods.

2.3. Research process

The study was conducted during the 2012–2013 academic period. Required permissions were gained from the people who introduced the scales which were to be used throughout the data collection process. In order to carry out the practice, permission no. IRB# MEB-157453 dated November 2012 was received from the Provincial Directorate for National Education. The schools in which the practice was going to be carried out in were determined with the random sampling method. Psychological counsellors working in the related schools were provided with the required information and psychological counsellors were employed as practitioners. In order for the students to sincerely answer the questions, they were informed about the purpose and importance of the study and reminded that their personal identity information was not required and the data were going to be kept secret. Data were collected from the participants based on the voluntariness principle. How the data collection instruments were to be answered was explained to the participants. Participants completed the instruments in 35 minutes.

2.4. Data collection instruments

2.5. Depression scale

This is a self-evaluation scale which is used to examine depression in children between ages 6 and 17. While Beck, Ward, Mendelsohn, Mock and Erbaugh (1961) depression scale was taken as a basis, it was enhanced by adding questions concerning the state of school, friend relationships that are typical to childhood depression (Aydin & Aslan, 2016; Kovacs, 1981). Turkish adaptation of the scale was made by Oy (1991). In the 27-item scale there are three options for each item listed as 0, 1 and 2 which indicate the severity of every depression symptom for the last 2 weeks. The maximum score is 54. Higher scores refer to severe depression. The breakpoint is 19.

2.6. Parental attitude scale (ABT)

Parental attitude scale developed by Kuzgun and Eldelekoglu (2005) was conducted in the study in order to determine parental attitudes of the participants. The scale consists of 40 questions and three sub-dimensions. The sub-dimensions are democratic, authoritarian and protective or willing parental attitude. This is five-point Likert-type scale. Participants gave items scores that range between 1 and 5. Participants expressed their attitudes to each item with the options 'Totally not applicable', 'Less applicable', 'Partly applicable', 'Rather applicable' and 'Totally applicable'. High scores gained from the scale indicate that parental attitudes for that dimension are high. Internal consistency coefficients for the parental attitude scale were 0.89 for the democratic attitude, 0.78 for the authoritarian attitude and 0.82 for the protective or willing attitude (Kuzgun & Eldeleklioglu, 2005).

2.7. Rosenberg self-esteem scale

It was introduced by Rosenberg (1965) as an adolescent self-esteem assessment instrument. The scale was translated into Turkish by Cuhadaroglu (1986) and was adapted into Turkish by revising its

validity and reliability. Cronbach alpha reliability coefficient for the scale is 0.76. The reliability coefficient was calculated as 0.71 after the test-retest conducted 1 month later. The scale is a four-point Likert-type scale with a total of 10 items five of which have positive statements and five of which have negative statements. High scores gained from the Rosenberg self-esteem scale indicate low self-esteem. Scale responses are evaluated with scores ranging between 1 and 6. Scores between 1 and 2 indicate 'high'; scores between 3 and 4 indicate 'moderate' and scores between 5 and 6 indicate 'low' levels of self-esteem (Cuhadaroglu, 1986).

2.8. Analysis of the data

Study data were analysed with the SPSS 22.0 statistical software. Product-moment correlation coefficient method was conducted in order to determine whether there are any significant relationships between self-esteem and the sub-dimensions of parental attitudes that students perceive. Stepwise regression analysis was conducted in order to determine to what extent perceived parental attitudes and self-esteem predict depression.

3. Results

According to the findings, 277 (52.7%) of the participants are female and 249 (47.3%) of the participants are male. Among the fathers of the participants, 27 (5.1%) have no graduation degree, 156 (29.7%) are primary school, 128 (24.3%) are secondary school, 137 (26%) are high school and 78 (14.8%) are university graduates. Among the mothers of the participants, 60 (11.4%) have no graduate degree, 190 (36.1%) are primary school, 105 (20%) are secondary school, 135 (25.7%) are high school and 36 (6.8%) are university graduates. Seventy-three (13.9%) participants stated that they belong to the low-income group, 314 (59.7%) stated that they belong to the middle-income group and 139 (26.4%) stated that they belong to the high-income group. Fifty-six (10.6%) participants have one sibling, 216 (41.1%) participants have two siblings, 133 (25.3%) participants have three siblings and 121 (23%) have four or more siblings. Four-hundred and ninety (93.2%) participants stated that their parents are married and 36 (6.8%) participants stated that their parents are divorced. Five-hundred and fourteen (97.7%) participants stated their parents were alive and 12 (2.3%) stated that they have lost their parents.

3.1. Findings concerning student depression and parental attitudes and self-esteem

Correlation values between the variables were examined in order to determine the relationship between student depression and perceived parental attitudes (democratic, authoritarian and protective or willing) and self-esteem. The arithmetic average, standard deviation values and correlation values between the variables are given in Table 1.

Table 1. The arithmetic average, standard deviation correlation values of the variables

	1	2	3	4	5
1. Depression	–				
2. Democratic attitude	-0.465*	–			
3. Authoritarian attitude	0.345*	-0.453*	–		
4. Protective/willing attitude	0.131*	-0.085	0.590*	–	
5. Self-esteem	0.514*	-0.408*	0.422*	0.218*	–
Average	13.00	4.23	2.15	3.04	1.81
Standard deviation	5.76	0.65	0.75	0.67	1.45

* $p < 0.01$

According to the results of Table 1, it can be asserted that students perceive parental attitudes more democratic, their self-esteem levels are high and depression levels are low. According to the correlation analysis, there is a negative significant relationship between depression and democratic

attitude ($r = -0.465, p < 0.01$) sub-dimension of parental attitudes; there are positive significant relationships between authoritarian attitude ($r = 0.345, p < 0.01$) and protective or willing attitude ($r = 0.131, p < 0.01$) sub-dimensions. It is obvious that there is a negative significant relationship between student depression and self-esteem ($r = 0.514, p < 0.01$).

Table 2. Results of the regression analysis related to predicting depression

Variables	B	Sh	β	t	p	R	R ²
Model 1							
Self-Esteem	2.04	0.15	0.51	13.71	0.00	0.51	0.26
Model 2							
Self-esteem	1.55	0.15	0.39	10.01	0.00	0.59	0.34
Democratic attitude	2.70	0.34	-0.31	-7.89	0.00		

According to Table 2, the Stepwise regression analysis, conducted to determine whether gender, parental education status, number of siblings, self-esteem and parental attitudes (democratic, authoritarian and protective or willing) variables predict depression, indicates that two models significantly predict depression. According to Model 1, self-esteem explains 26% of the total variance of depression ($R^2 = 0.26$; FReg = 188.03; $p < 0.01$). According to Model 2, self-esteem and the democratic attitude sub-dimension of perceived parental attitudes explain 34% of the total variance of depression ($R^2 = 0.34$; FReg = 136.11; $p < 0.01$).

4. Discussion and conclusion

Adolescence is the most difficult developmental period throughout an individual's life. Individuals go under various physical and psycho-social changes during this period. In addition, substantial changes within family relations can emerge throughout this period (Fulgini & Eccles, 1993; Uysal & Bingol, 2014; Yigit, 2015). Adolescence is the period in which individuals experience conflicts with their families most. While on the one hand the adolescents try to escape from the dependent state of childhood, on the other hand they become aware that they are dependent on their family and have to prevent certain demands and requests of adolescence. Conflicts emerge under such conditions (Gulec, 2014). In order to enter in healthy relationships with the family and the environment the adolescent requires positive parental attitudes and positive self-esteem (Ersoy, 2013). With this respect, the relationship between depression levels of adolescents, perceived parental attitudes and self-esteem and the variables which predict depression were examined throughout this study.

According to the analyses, there is a negative significant relationship between adolescent depression and democratic attitude; and a positive significant relationship between depression and authoritarian attitude and protective or willing attitude. There are many researches indicating a close connection between parent-child relationships and mental health levels of adolescents (Citamak & Yigit, 2012; Hill, Hawkins, Catalano, Abbott & Guo, 2005; Ingoldsby et al., 2006; Yildiz & Dag, 2017). For example Aseltine, Gore and Colten (1994) state that adolescents who live in families where conflicts are widespread have higher levels of depression. Especially the conflict between the father and the adolescent is believed to be related to depression (Arslan & Yigit, 2016; Shek, 2002; Vazsonyi & Belliston, 2006). Researches point out that parents being included in the psycho-social development of children has major contributions to the child, that the father is protective against negative behaviours and that the mother is associated with the development of positive behaviours (Day & Padilla-Walker, 2009). According to Erozkan (2009), lack of democratic and supportive attitudes in parents is a substantial example for wrong family attitudes. Conflicts within the family, strict behaviours of the father and unsupportive attitudes of the mother cause depression, low self-confidence and behavioural disorders in adolescents; adolescents who think that their parents treat them unfairly are incomprehensible and intolerant can go into depression when they confirm these thoughts with parental behaviours. According to a study conducted by Kuzgun (1972), democratic parental attitude is the most convenient approach for the child to realise oneself and that authoritarian attitude prevents the child from realising oneself. Ceral and Dag (2005) state that

children in families which display democratic attitudes have less psychological symptoms than children in families which are authoritarian and negligent. A study conducted by Sarper (2001) underlines that family relationships are crucial for the physical and mental health of children. Unhealthy family relationships negatively affect the physical and mental health conditions of the child.

Analyses indicate a negative significant relationship between adolescent depression and self-esteem. There are many researches which support this finding. Masrabaci (1994) points out that self-esteem is high when depression and somatisation symptoms are rare. According to the study conducted by Yildiz and Duy (2015), depression levels are high under conditions when self-esteem and life satisfaction levels of adolescents are low. Kuhlberg, Pena and Zayas (2010) state that high level of self-esteem in children and adolescents is crucial both in their academic success and their developments and learning outputs in other fields. Low self-esteem in children and adolescents is related to depression, anorexia nervosa, crime-oriented behaviours, compliance problems and even suicide. Low sense of oneself in adolescents can be a risk factor for depression. In addition, feeling of being worthless in adolescents is related to depressive disorders (Altan & Baltaci, 2016; McGrath & Repetti, 2000; Ybrandt, 2008).

According to the stepwise regression analysis; democratic attitude and self-esteem are variables which significantly contribute to substantially explaining going into depression; authoritarian and protective or willing attitudes, educational status of the parents, marital status of the parents and economical condition variables are not significant. There are studies which support this finding. Ozdemir (2014) underlines the mediator role of negative self-esteem between conflicts with the parents and depression symptoms. Yamawaki, Nelson and Omori (2011) point out that negative parental attitudes predict negative mental health condition through low self-esteem. Perfectionist parents can lead to behaviour disorders and depression during adolescence by setting targets that are difficult for their children to reach and being over-sensitive about the mistakes of their children (Erozkan, 2009). Findings of studies underline the importance of including parents in processes of understanding and helping teenagers who are in depression (Eryuksel & Akgun, 2003; Karakus, 2018; Lafer, 2014). Researchers suggest that conflicts with parents are negatively related to self-esteem and self-esteem is negatively related to depression symptoms. In conclusion, understanding perceived parental attitudes and self-esteem is crucial for sustaining the mental health of adolescents. According to the results of this study, it can be asserted that democratic parental attitudes perceived during adolescence decrease the chance of adolescents going into depression. Study results suggest that high level of self-esteem in the adolescent is a preservative factor for mental health and plays a role in preventing the adolescent going into depression.

This study examined the role parental attitudes perceived by adolescents and self-esteem in predicting depression. Other features of the family (broken family, alcohol and drug consumption in the family, individuals involved in crime etc.) can be further investigated. It is believed that the most important action that can be taken concerning mental health of the individual throughout adolescence is preventive actions. With this respect, exclusive longitudinal studies, conducted to determine what kind of changes emerged in mental health, can be a data resource for preventive actions. Psychological counsellors in schools can carry out individual or group counselling services or guidance services for the students who carry depression symptoms and their families. Psychological counsellors can also provide individual or group counselling services for families concerning how democratic parental attitudes are displayed. Psychological counsellor can identify children with low self-esteem and provide individual or group counselling services oriented to students. In addition, it is suggested that all students, teachers and even the families should be included in the programmes which are planned to prevent students from going into depression and to increase their self-esteem. Researchers can conduct a similar study on primary and high school students. Researches can conduct a similar study by using qualitative research designs and compare the results put forward by the quantitative data.

5. Contributors

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