Review of literature is a valuable guide to defining the problem, recognizing its significance, data gathering methods, appropriate study design and source of data. This helps to sharpen the understanding of the problem area and provides a background for the research project. So the researcher must have up-to-date information about what has been thought and done in the area of his/her research. The success of any research work depends upon the understanding and familiarity of the investigator with the studies and literature related to the topic. In review of literature, the researcher attempts to explore what others have learnt about similar works and to gather information relevant to the research problem at hand. Since effective research is based upon past knowledge, the review of related literature helps to eliminate duplication of what has been explored by other researches in the same field. So review of literature is an inevitable part of any research study.

The study of adolescent depression has been the focus of interest of many psychologists in the present century. Numerous attempts have been made to examine the complex nature of the relationship of various causative factors to the onset, prevalence and control of depressive reactions among young children. The present chapter is an attempt to review the studies
linking selected cognitive variables to depression and related problems:

**Stress and Coping Styles**

**Frustration Tolerance**

**Personal Belief/Self Esteem**

**Creative Thinking, Ideation Fluency and Originality**

**Other Psycho-Social Factors**

**Depression Management**

**STRESS AND COPING STYLES**

In a study of 40 depressed patients, Leff, Roatch and Bunney (1970) have found that each patient had been subjected to multiple stressful events prior to early symptoms and to a clustering of such events during the month preceding the actual break down in functioning. Similar to the findings of Leff and her associates are those of Paykel (1983). He studied 185 depressed patients and found that comparable stressful events preceded the onset of the depressive breakdown. The significant events are categorized as (a) marital difficulties, (b) work moves or changes in work conditions, (c) serious personal illness, and death or serious illness of an immediate family member.

Adolescence is the age of stress and strains. Age related physical changes and the resulting psychological disturbances may lead to greater maladjustment, stress and lead to depression in adolescents (Indira and
Death of a loved one as a stressful event is found as a precipitating cause leading to depression (Renner and Birren, 1980). Evidences also indicate relationship between somatic symptoms, depression and stress in adolescents. Depression was found to be the most significant factor in the development of somatic complaints. Studies by Rozzine (1996), Schulz and Williamson (1993), Smalley (1989) Ramamurti (1996), Ramamurti and Jamuna (1984, 1992) reveal that stressful events are important co-factors in depression.

According to Beck (1983), Hammen, Ellicott, Gitlin and Jamison (1989) those who highly value interpersonal relationship are especially vulnerable to depression when negative life events occur within the interpersonal domain, such as rejection or loss of a loved one. They point out that stressful life events can precipitate depression in cognitively vulnerable individuals. Cohen (1995) report a relationship among stress, social support and depression. High stress and low levels of social support seem to be associated with and to predict depressive symptoms (Cohen and Wills, 1985).

Paykel (1983) points out that recent life events precede depression at greater than control rate. Hawkins, Hawkins and Seeley (1993) also have found high stress as a crucial factor in high risk depressive symptomatology.
It is an intriguing developmental observation that the rates of depression increase during early adolescence (Rutter, 1986). The child’s interpretation of the stressor, knowledge of coping strategies and sense of self-esteem or self-efficacy may affect the level of distress experienced and thus the severity of depressive reactions.

Wolfe and Gilland (1987) conducted a study that reported a relationship between measures of stress and depression in children. The sample of 102 children and adolescents were psychiatric inpatients that ranged in age for 6.5 to 16 years. The authors found moderate and significant intercorrelations between the stress and depression.

Srivastava and Sinha (1989) confirmed that stressful events during life time are found to be related with the symptoms of depression. A more significant relationship between stressful events of past one year and symptoms of depression is also found.

Lempers, Lempers and Netusil (1990) have reported a positive relationship between family financial stress and depressive symptoms in adolescent children. In a study of the relationship of life stressors, personal and social resources and depression. Holahan and Moos (1991) found that under high stress, personal and social resources relate to future psychological health indirectly through adaptive coping strategies.

Lempers and Nutusil (1990) studied the relationship among family financial stress, parent’s emotional support for their children, academic
achievement and depressive symptoms in a sample of 105, high school students from farm and non-farm families. Results of analysis of variance indicate that parents from farm families report higher levels of family financial stress and depression than parents from non-farm families. Multiple regression analysis shows that family financial stress as reported by parents was strongly related to adolescent’s depressive symptoms.

Rao and Rao (1990) conducted a study among adolescents which examined the stress and coping in psychologically distressed and nondistressed college students (N=421). Approximately 21% of students have nonspecific psychological distress. Distressed individuals experience a greater number of life events, life strains and subjective distress associated with these, when compared with non-distressed individuals. In addition, the two groups could be differentiated in terms of the coping behaviour they reported. The tools used were Sociodemographic Data sheet, Life Events Inventory, Life Situations Inventory, the Coping Checklist and General Health Questionnaire.

James and Kazak (1992) investigated the depressive experiences, coping styles and family system within a developmental model of depression that focuses on object representations. The sample included college students with alcoholic fathers (adult children of alcoholics ACA, n=84) and with non-alcoholic parents (n=123). Eight measures were used. ANOVA show that ACAs differ in family perceptions with parental inconsistency
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discriminating most effectively between groups. As predicted ACAs exhibit
greater depression and also shows more on aggressive coping techniques.

In a study Mates and Allison (1993) used a series of focus group
interviews to identify major sources of stress and coping responses of
adolescent students. Relationships with parents and family, work and lack of
money are found to be important sources of stress. Major coping responses
include substance use and diversionary activities. Differences between
academic streams in sources of stress and coping responses are examined.
Because of the long-term nature of schooling and family relationships, these
can be seen as examples of chronic life stress.

A study by Orsillo, Mc Caffrey and Fisher (1993) investigated the
stress associated with having a depressed sibling by examining the problem-
solving (PS) abilities, coping styles, family functioning attributional styles,
belief, attitudes and levels of psychological symptomatology of 13 siblings of
depressed individuals. Subjects show significant levels of psychological
distress on the belief symptom inventory a negative self-appraisal of their
effectiveness of in problem solving. They also have displayed emotional
coping patterns by endorsing the use of strategies such as wishful thinking,
avoidance and self-blame to cope with their problems equally as often as
more problem focused strategies.

The study conducted by Chan (1995) assess and described the
depressive symptoms and coping strategies of 161 Chinese adolescents using
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the Beck Depression Inventory (BDI) and the ways of coping Questionnaire (WCQ). Using the BDI cut-off scores of 9/10 and 29/30, respectively, they found that over 64 percent of the adolescents are in the depressed range and nine percent in the severely depressed range. For general depressive symptom level, Chinese adolescents appear to have higher mean BDI score than US adolescents and Chinese young adults. Their depressive symptoms levels are found to relate to avoidant coping strategies as well as low self-esteem and reduced social support.

In the year 1995 Matson examined the coping strategies of 36 cavegivers of stroke victims and 37 cavegivers of older confused people. The aim was to determine whether coping was associated with stress and depression. The results show that some aspects of coping are significantly associated with subject’s stress and depression, particularly non-confronting coping responses (positively associated with stress and depression) and tactical coping responses to specific hassles (Negatively associated with stress and depression).

Verma (1995) studied the effectiveness of coping strategies in adolescent students. Two groups of 120 boys and 85 girls (aged 19-20) from different colleges of Punjab University, were administered the reaction to Hassles, Coping Strategies Questionnaire developed by Grob, Bochmer and Flammer in 1993 to examine their typical coping strategies. Results are discussed under 4 major coping styles: seeking help, cognitive appraisal,
emotional defusing and withdrawal. Findings indicate that (a) adolescent students cope with difficult situation in a mature manner, yet they tend to withdraw from problem they faced in life (b) gender differences are observed: boys occasionally seek refuge in alcohol or drugs to escape from their problems and girls resort to prayers and hoped for the better and (c) girls become more emotionally upset as compared to boys who confront the problems and make an attempt to solve it.

The study by Williamson conducted in 1995, examines the relationship between stressful life events and Major Depressive Disorder (MDD) among adolescent children. The results show that MDD and normal control adolescents have similar rates of total stressful life events in the year before being interviewed. Depressed adolescents have significantly more dependent stressful life events during the previous year than did the normal controls. They concluded that depressed adolescents have an increased risk of experiencing dependent life events.

The study of Person (1996) investigated coping strategies of adolescent males. In this study 374 boys in grades 10, 11 and 12 at an independent boys school in Melbourne, ‘Capable’ boys were compared with the regular male students. It is found that the capable male students perceive themselves as coping satisfactorily.
In a study Kessler (1997) found stressful life events as strongly related to depression. Result shows that relationship between severe and in some cases, traumatic life events lead to depression. Similar findings confirm the relationship of stressful events to the onset of episode in bipolar disorder (Ellicott, 1988, Goodwin and Jamison, 1990, Johnson and Robert, 1995).

Satija, Advani, Nathawat (1997) examined the coping responses of 50 depressed and 50 non depressed, 14-20 year old psychiatric clinic out patients in India. Subjects were administered the coping response inventory in either a self-administered or interview format. Results indicate that depressed subjects use significantly fewer problem solving, significantly more avoidance coping behaviour and significantly less approach coping behaviour compared to non depressed subjects.

In a study of 330 adolescents, feelings of depression are found associated with feelings of stress (Cole et al. 1998). The more stressed the adolescents become over time, the higher the resulting level of depression. Moreover, covariation between stress and depression is associated with delinquent behaviors (Hinden et al. 1997).

In a study Felsten (1998) evaluated gender differences in the use of three distinct coping strategies and in associations between those strategies, stress and symptoms of depression. The result shows that there is no gender differences in associations between stress, coping and depression for
problem-solving or social support seeking. Problem solving is a weak predictor of depression and surprisingly, the stress-depression relationship is slightly stronger in participants who use more problem-solving. Social support seeking moderate the stress-depression relationship equally in men and women. Avoidance coping is a powerful predictor of depression in men and women, however it exacerbate the negative effect of stress only in men.

Anuradha (2001) has found that depressive disorders, incorporate a spectrum of psychological functions which vary considerably in severity, frequency and duration. A critical issue in research of depression and its correlation with other variables is the frequency and expression of depressive cognitions and behaviours. This study examines the role of psychological and coping factors in depression by studying a group of 130 female and 132 male college and university students. Initial depression is the major predictor of final depression, subjects who are already depressed tend to be depressed when examined after 3-6 months and contributed significantly in the major depression.

Satapathy and Singhal (2001) compared stress, self-esteem, depression and academic performance of visually and hearing impaired adolescents. Results reveal that visually impaired are less stressed and depressed, has higher self esteem and academic performance than the hearing
impaired adolescents. Hearing impaired adolescents also exhibit more number of behaviour problems.

In their study Abela and Payne (2003) tested the stress and symptom components of the integration of the hopelessness and self-esteem theories of depression in a sample of third-and seventh-grade children. The results support the integrative theory and reveal that depressogenic inferential styles interacted with negative events to predict increases in hopelessness but not nonhopelessness depression symptoms in boys with low but not high self-esteem. At the same time, contrary to the integrative theory, depressogenic inferential styles interact with negative events to predict increases in hopelessness but not nonhopelessness depression symptoms in girls with high but not low self-esteem.

Women commonly experience depression in response to interpersonal life events, and also they contribute to the occurrence of stressful events and life contexts. Hammen (2003) studied child rearing and parenting; romantic and marital relationship; generation of stressful life events; enduring social dysfunction even when not depressed. He found that depressed women are often locked into maladaptive interpersonal environments that contribute to the reoccurrence or chronicity of depression.

The study by Dumont and Provost (2004) examined group differences on self-esteem, social support, different strategies of coping and different aspects of social life among 297 adolescents. Groups were classified into 3,
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based on the scores of depressive symptom and frequency of daily hassles namely, well adjusted, resilient and vulnerable. The results reveal that well adjusted adolescents have higher self-esteem than adolescents in the 2 other groups; resilient adolescents have higher self-esteem than vulnerable adolescents. The resilient and vulnerable adolescents have higher scores on antisocial and illegal activities than well adjusted adolescents. Finally resilient adolescents have higher scores on problem-solving coping strategies than adolescents in the two other groups.

Schorder (2004) conducted a study to test the utility of the Coping Competence Questionnaire (CCQ) in predicting depression among chronic disease patients. Hierarchical multiple regressions indicate moderator effects of coping competence in the relationship between symptom stress and depression. Symptom stress is strongly correlated with depression among patients who were low in coping competence only. Among patients high in coping competence, depression is low and unaffected by symptom stress.

In a significant study, Waaktaar et al. (2004) measured the depressive symptoms in a cohort of community based adolescents (n=163) at two time-points, with 1 year intervening. Depressive symptoms are found as increasing from time 1 to time 2. The effect being stronger for girls than for boys. Depressive symptoms show significant correlation with concurrent measures of recent stressful life events. Previous level of depressive symptoms could predict stressful life events. This demonstrates that a unidirectional model of
stressful life events prevails as the cause of depressive symptoms in adolescents.

Stress is a crucial factor leading to depression in adolescents. It is the internal feeling of unhappiness and unwanted tensions which results from several deleterious changes associated with age such as, reduced income, loss of loved ones, reduced social support, poor social interactions and over dependency may increase the vulnerability of depression among adolescents (Singh, 2005).

Lovejoy and Steuerwald (2005) examined the stress patterns of individuals with cyclothymia, intermittent depression and no affective disorder in a non clinical sample. Individuals with cyclothymia and intermittent depression are reported a higher number of daily stressors than normal controls. They also rated their most unpleasant daily experiences more negatively. The authors concluded that the stress generation mechanisms and negative cognitions may lead to the development of major affective disorders.

The study conducted by Yukawa (2005) investigated sex differences in the relationship among anger, depression and coping strategies. Analyses show that women who reported themselves as angry tended to cope with stress by optimistic and active strategies, while women who reported themselves as depressed tended to cope with stress by withdrawn and passive strategies. Men who reported being depressed tended to select emotion-
focused cognitive coping, while men who reported being angry selected no specific coping.

A study by Li, Diuseppe and Forb (2006) investigated the roles of coping and masculinity in higher rates of depressive symptoms among adolescent girls, as compared to boys. The Reynolds Adolescent Depression Scale and the Bem Sex Role Inventory and measures of coping with general stressors were completed by 246 adolescents. Results show that adolescent girls are more depressed than boys and that girls use more emotion-focused and ruminative coping than do boys. Greater degrees of ruminative coping are related to high levels of depressive symptoms. Problem-focused and distractive coping are positively correlated with masculinity and negatively associated with depression. Girls are more like to use problem-focused coping. Problem focused and distractive coping are found to mediate the negative relationship between masculinity and depression.

Latent profile analysis (LPA) was used by Aldridgea and Roesch (2007) to develop a coping typology of minority adolescents (m =15.5 years). A multiethnic sample (n = 354) was recruited from a program aimed at serving low income students. LPA reveals three distinct coping profiles. The first comprises adolescents who used a number of specific coping strategies at a low level (low generic copers). The second comprises adolescents who emphasized active/approach strategies (eg: planning, active copers). The third comprises adolescents who emphasized avoidant/passive strategies (eg: substance abuse, avoidant copers). Active copers are found to experience
significantly less depression and more stress-related growth than low generic copers. Low generic copers not only experience significantly less depression than avoidant copers but also significantly less stress-related growth than active copers.

Madu and Roos (2006) examined the level of maternal depressive symptoms and ways of coping among mothers with pre-term infants as compared with those of 50 mothers with full-term babies. A positive correlation is found between the seeking social support coping strategy and higher levels of depression among mothers of pre-term infants. A positive correlation is also found among mothers of full-term infants who used the “Accepting Responsibility” coping strategy and higher levels of depression.

In a study Ongen (2006) examined the relation between coping strategies and depression among 543 adolescents. Results reveal that low generic copers (those who use low levels of both coping strategies) report more symptoms of depression than high generic copers (those who use high levels of both coping strategies), approachers and avoiders.

Al-Gelban (2007) observed that depression, anxiety and stress are strongly, positively and significantly correlated. The Arabic version of Depression Anxiety and Stress Scale (DASS) is used to established school boys’ levels of depression anxiety and stress. Results indicate that of the 1723 male students recruited to this study, 59.4% had at least one of the three disorders, 40.7% had at least two and 22.6% had all the three disorders.
Moreover, more than one third of the participants (38.2%) have depression, 48.9% have anxiety and 35.5% have stress.

The study by Fletta, Besserb and Hewitt (2007) examined the associations among dimensions of perfectionism, self-perception and depression. The results indicate that both self perception and socially prescribed perfectionism are associated significantly with depression. Statistical tests of moderator effects indicate that socially prescribed perfectionism and self perception predict elevated levels of depression.

Hankin, Mermelstein and Roesch (2007) examined stress exposure and reactivity models as explanations for why girls exhibit greater levels of depressive symptoms than boys. Girls report more depressive symptoms and stressors in certain contexts than boys. The longitudinal direction of effects between depression and stressors varies depending on the stressors domain. Girls reacted more strongly to stressors in the form of depression.

**FRUSTRATION TOLERANCE**

Studies on frustration tolerance report that inability to tolerate frustration leads to mental breakdown, maladjustment and problems in interpersonal relationships. Low frustration tolerance relates to antisocial and other maladaptive behaviours also. It is also pointed out that most neurotics and psychotics show deficiencies in their capacity to tolerate frustration. Males are found to tolerate frustration more than females (Rai, 1997).

Ability to tolerate frustration is affected by the quality of the stressor
as well as its intensity, duration, predictability and control (Glass and Singer, 1974; Cohen and Weinstein, 1981).

Harrington (2006) investigated the relationship between a multi-dimensional Frustration Discomfort Scale (FDS) and measures of depressed mood, anxiety and anger in a clinical population. Results indicate that FDS sub-scales are differently related to specific emotions, independent of self esteem and negative effect. The entitlement subscale is uniquely associated with anger, discomfort, intolerance with depressed mood, and emotional intolerance with anxiety and depression.

PERSONAL BELIEF/ SELF ESTEEM AND RELATED FACTORS

In a study Beck (1967) reported that the negative cognitive set is significantly related to severe depressive reactions in people. The negative cognitive set includes negative views of the self, the world and the future. Such a negative cognitive set results in abnormally extreme negative effect in life and leads to depression.

Beck (1967, 1976) suggests that individuals who have negative schema about themselves and who experience negative life events within a life domain relevant to that negative self-schema are particularly prone to becoming depressed. It is also found that individuals who chronically do not receive positive regard from significant others or who receive high rates of negative and critical interactions with others are likely to develop negative
views of themselves. They when confronted with stressors relevant to their negative self schema are at risk for becoming depressed (Rosenberg, 1979).

It is reported that young adolescents are most likely to be affected with feelings of unhappiness and self-doubt if under stress from several sources. In one study adolescents girls who were going through physical and social changes showed the lowest self-confidence and self-esteem (Simons, Rosenberg and Rosenberg, 1973). In another study of adolescent boys going through puberty showed lower self-esteem than those had not yet reached puberty (Jaquish and Saviri-Williams, 1981). According to Connell (1981) and Harter and Connell (1982) many young adolescents go through a period of questioning their competence.

Norvel (1985) investigated the relationship between children’s self perception and depression. The sample consisted of 30 psychiatric inpatients and had a mean age of 11.5 years. The authors acknowledged that the result suggest a significant relationship between self perception and depression among children. They also concluded that depression is a multidimensional trait.

Sandler, Miller, Short and Wolchick (1989) have pointed out that increasing self esteem improves one’s feeling of well being. Significant negative association between self esteem and depression is reported by Beer and Beer (1993).
Family, friends and colleagues can help to prevent depression by providing affection and approval, confidence and encouragement and guidance. Taken together, the benefits that others provide make an individual to have high self esteem and self perception. Self esteem is necessary in times of stress and crisis that occurs in life. Grore (1990) in a study of men who had lost their jobs has found physical illness and psychological disturbances as more than those who have supportive friends and family backgrounds.

Nolen-Hoeksema, Girgus and Seligman (1992) reported that negative attributional style do not predict later symptoms of depression in adolescents, rather stressful life events seem to be the major precipitant of symptoms. However, as they grow older they tend to develop more negative cognitive styles which tend to predict symptoms of depression in reaction to additional negative events.

King (1996) conducted a study among adolescents from the United States and Japan and found that feelings of depression among American adolescents are associated with problematic self-perception regarding physical attractiveness and social acceptance and with problematic behavioural conduct. Among the Japanese adolescents feelings of depression are related to problematic self-perceptions involving interpersonal
connectedness, peer social acceptance, and physical attractiveness and to problem of behavioural conduct.

Self-image and self-perceived competencies have been considered to be related to depression in childhood and adolescence (Masi, *et al.* 2000). Data indicate that the emotional beliefs (about schooling and learning) are significantly related to depressive symptomatology. Females scored higher CDI and school anxiety. Self-image assessed with specific questionnaire and self-reported depressive symptoms assessed with the Children’s Depression Inventory in a school sample of 150 adolescents.

Soares and Grossi (2000) investigated the associations between self-esteem (SE), anxiety/depression (i.e., GHQ) pain variables (eg: complexity), perceived disability and coping styles in 651 patients (mean age 45 years 72% female) seeking care from general practitioners or muscle pain. The regression analyses showed that SE is lower among female patients. And SE is negatively associated with anxiety/depression and positively associated with pain intensity and active coping. The relationship between SE and pain intensity seems to be influenced by level of depression. It was concluded that SE is related to female, gender, anxiety, depression. Pain intensity and active coping style in pain patients.

Kim and Kim (2001) examined whether body mass index (BMI) and perception of body weight problem predict level of self-esteem and
depression in Korean female adolescents. The sample consisted of 303 females, ranging in age from 15 to 19 years, who were attending four high school located in Seoul, Korea. Results show that perception of a weight problem, but not BMI, contribute significantly to the prediction of level of self esteem and depression.

Haugen and Lund (2002) showed low self-concept and attributional style as related to depression in adolescents. Two self-esteem variables were found to constitute important predictors of depression, while the contributions of the attributional variables were of minor importance. In addition, pessimistic attributions to both positive and negative events resulted in higher depression than pessimistic attributions to either kind of events, and to neither kind of events.

The relationship of self-esteem and depression with alcohol and other drugs (ATOD) use was tested in a California statewide sample of more than 4300 Asian American adolescent student done by Otsuki (2003). Correlations reveal that cigarette, alcohol and marijuana use are generally more related to high depression and low self esteem in females than in males. The results indicate that in females, depression is significantly related to alcohol and tobacco use, but self-esteem is not. Neither self-esteem nor depression is a significant contributor to marijuana use.

Negative or low belief in one’s competence to cope with the basic challenges of life and being worthy of happiness can lead to lack of
confidence, unreasonable rationalization, self-centeredness, fatalistic attitude, feeling of loss of credibility etc (Veeraja, 2004). Children with low self esteem/ low personal worth feel inadequate and are afraid of others and their rejection. Extreme low self esteem is frequently accompanied by serious psychological problems (Clark - Stewart, Perlmutter and Freeman, 1988). On the contrary those with high self esteem are found to be independent, creative, accepted in social groups, more assertive, able to express opinions and better at taking criticism (Coopersmith, 1967). It builds conviction, optimism, relationships, ability and responsibility. These characteristics reflect a psychologically healthy mind rather than problems and mental illhealth.

Depressive adolescents are found to have more social problems, higher level of fantasies in relation to their sickness, death and poor self esteem than normal adolescents. Depressive boys seem to experience higher level of guilt than depressive girls and depression in general differ from the normal children in value system and psychosocial deprivation (Radhakrishnan, 2005).

Charge and Lin (2007) observed the cognitive triad, which refers to an adolescent’s views of the self, the world and future, and found this to be related to both depressive symptoms and suicidal ideation. A cross-sectional and correlational design was used in this study. Instruments used included the Children’s Depression Inventory and the cognitive Triad Inventory for
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children. Regression analysis reveals that the cognitive triad significantly mediate and moderate the relationship between depressive symptoms and suicidal ideation.

Safford, Alloy, Abramson and Crossfield (2007) investigated the role of negative coping style in predicting the occurrence of depression. Undergraduates identified as either high (n=76) or low (n =81) in negative coping styles are assessed for lifetime history of depression. Beck Depression Inventory is used for the study. Results show that individuals with negative coping styles generated more depressive symptoms than individuals with more positive coping styles. Results suggest that the underlying negative coping style may account for the stress generation and depression in adolescence.

CREATIVE THINKING, IDEATIONAL FLUENCY AND ORIGINALITY

Bhattacharya’s studies (1956, 1960a, 1960b) on creative painters revealed that female painters are more emotional with shallow feeling for life as compared to male painters. In a host of studies Raychaudhari (1961 a, 1961 b, 1962 a, 1962 b, 1964, 1965 a, 1965 b, 1965 c) has show that creativity is linked to well being problems and that artistic persons including musicians are found to have feelings of depression in their childhood. They are distinctly recognized by their emotional temperamental qualities throw by other aspects of personality (Raychaudhuri, 1980). In their study Dabrowski (1963) have examined the origin of emotional difficulties and neurotic
behaviour among talented children. It is reported that exceptionally able individuals tend to have overall exceptional sensitivity and greater excitability which under stress conditions can lead to neurosis in them.

On the clinical scales of the Minnesota of a Multiphasic Personality Inventory which measure tendencies in the individual toward the major psychiatric disturbances such as depression, schizophrenia, paranoia, hysteria and the like creative persons score five to ten points higher than the general populations. This indicates psychic disturbance but with adequate control mechanism (Mackinnon, 1980).

On the contrary to the belief that creative thinking results in disorder and sickness evidence suggests just the opposite that creative children are too busy to become ill or maladjusted (Torrance, 1962, 1970, 1980) and they are more adjusted and mentally healthy (Asha, 1980, 1984, 1988, 2003).

Evidence suggests that ideationally fluent Kindergarten children tend to be more spontaneous, playful and humorous (Lieberman, 1965). Both boys and girls are found to be more erratic in their work orientation, more prone to respond aggressively to frustration. They are also found as shy, restricted, insecure and withdrawn (Singer and Rummo, 1973).

OTHER PSYCHO-SOCIAL FACTORS

Karthikeyan and Swaminathan (1977) studied predictors of depression among youth. The sample consisted of 100 youth all of whom were men in
the age group of 21 years of 40 years. Max Hamilton Depression Rating Scale, Spielberg’s State Trait Anxiety Scale, Spielberg’s Anger Scale and an interview schedule were administered to ascertain the factors contributing to depression among youth. Results reveal that anger and anger expression, state anxiety, severity of somatic problems and negative personal habits contributed to depression among youth.

Hops (1990) conducted studies to identify psychological correlates of depressive symptoms among adolescents. Batteries of psychological instruments were administered twice to over 2000 students in 4 high schools one month apart. Depression was assessed with the centre for epidemiological studies depression scale. As with adults dysphoria was correlated with a wide range of difficulties. With girls reporting significantly more symptoms from the 2 self-reports of depression, 4 groups were formed, high-high, high-low, low-high and low-low and girls were found as disproportionately represented among the high-high groups.

Avision and Mealpine (1992) examined sources of gender differences in depressive symptoms among 306 adolescents (aged 15-20 years, 54% female). Females experienced substantially higher levels of depressive symptoms than males. There was a significant relationship between stress and depression. Psychosocial resources appeared to be important protective factors associated with lower levels of depressive symptoms. Parent child
relationship were important correlates of depressive symptoms and partially accounted for the gender difference in levels of depression.

Angold and Costello (1993) studied the depressive co-morbidity in children and adolescents. The authors reviewed recent epidemiological studies using standardized interviews and DSM-IIIR criteria. Results indicate that there is a high rate of co-morbidity in children and adolescents with major depressive disorders or dysthymia.

Brage (1993) investigated the extent of loneliness among 156 mid western adolescents (62 boys and 94 girls aged 11-18 years) in relation to depression, self-esteem, family strength, parent-adolescent communication, age and gender. It is found that students have high loneliness scores and that older subjects are lonelier than younger students. There is a significant relationship between loneliness and depression. Loneliness is negatively related to self-esteem family strengths and mother-adolescent communication.

Mennen (1993) evaluated the level of distress in sexually abused girls (aged 6-18 years) as predicted by the relationships of the perpetrator to the victim, the kind of abuse, the use of force, remoral from the home and race or ethnicity. Students completed measures of depression, anxiety and self worth, which were then trichotomized into distress levels. Penetration predicted higher levels of distress on depression and self-worth measures. Force predicted higher levels of distress on those measures when the perpetrator
was not a father figure and lower levels of distress when the abuse was a father figure.

Bharkat, Saikh and Abdul (1998) discussed the role of physical and social environment in determining and shaping the behaviour of the individual. According to them a stressful and unhealthy environment can lead to several behavioural problems such as stress, depression, low self esteem and school failures. Psychopathology can help to alternate some of the behaviour problems.

Antonelli, Rubini and Fossone (2000) in their study of residential and non residential adolescent students show that the residential students have more negative self concept, lower levels of self esteem and more depressive symptoms than non residential students.

Moos, Rudolf and Brernie (2000) studied the impact of family environment in mental health of adults. The authors used Family Environment Scale for this study on subjects. The study reveals that families of distressed youth and adult tend to be high in conflict and low in cohesion, expressiveness, independence and integration. High family support has been found to be associated with reduced anxiety and depression and high self esteem, self-reliance and competence.

Moos (2000) described a conceptual model of the determinants and impact of family climate. High family support has been found to be
associated with reduced stress and depression and high self-esteem, self-reliance and competence.

Bisschop et al. (2004) estimated the direct and buffer effects of psychosocial resources on depression and examined whether these effects are different for various chronic diseases. Depressive symptoms, the presence of seven frequently occurring chronic diseases, social support and personal coping resources, physical functioning and socio-demographic variables were assessed by structured interviews. Results indicate that all resources, except social network size, show direct effect on depressive symptoms regardless of the presence of chronic diseases. Having a partner, high self-esteem mastery, self-efficacy and feeling less lonely additionally buffer the psychological resources and exert a buffer effect on depressive symptoms.

Eley et al. (2004) studied family risk for depression on results from both biological and social influences. These may also be associated with other characteristics, including alcohol use, smoking and body mass index, and with environmental risks such as social problems, life events and educational level, all of which may be associated with depression in offspring. Questionnaires were obtained from 1294 parents of 1818 adolescent offspring. The analysis indicates a significant interaction such that those with high parental familial vulnerability, whose parents also have no qualification, and have a threefold risk of severe depressive symptoms.
Filho et al. (2004) conducted studied the association between gender, race, and social class and prevalence of depressive disorders in an urban sample (N=2302) in Bahia. Individuals mental health status was assessed by the PSAD/MPA scale. Race was assessed with a combination of self-designation and a system of racial classification. The overall relevance of depressive symptom was 12% with a female. Male ratio of 2:1. Divorced/Widowed persons showed the highest prevalence and single the lowest. There was a negative correlation with education. Three-way interaction analysis found strong gender effect for poor and working class group for all race.

Marmorstein and Lacono (2004) examined conduct disorder (CD) and major depression (MD) in adolescents in relations to parent-child and psychopathology in their parents. Participants were drawn from a population based sample of twins and their families. Affected participant had life time diagnoses of CD/MD, controls had no history of either disorder. Results indicate that the presence of CD/MDD in an adolescent is related to increased rates of maternal MDD and parental antisocial behaviour. Both CD and MDD in adolescents are directly associated with high parent child conflict.

Fitzpatrick et al. (2005) observed depressive symptomatology among a sample of 10 to 18 years old African-American youths (N=1538). In addition to gender and age differences, adolescents exposed to threatening environments (school, neighbourhood, home) reported more depressive
symptoms. Social capital had a significant inverse relationship with adolescent depression. Self-esteem and social capital index were negatively related to depressive symptomatology. Further more, the interaction effects of gender with social capital, age with self-esteem and age with grades were significant, indicating the presence of a buffering effect.

Hale et al. (2005) studied the association of perceived parental rejection to adolescent depression and aggression. The study focused on 1329 high school students aged 10-19 years. The subjects completed depression, aggression and perceived parental rejection questionnaires. The results reveal that perceived parental rejection mediates through adolescent depression and explains aggressive behaviour of adolescents as tested by a mediation level.

Locker and Cropley (2005) conducted a study to investigate changes occurring in anxiety, depression and self-esteem in secondary school children as they approached important school examinations and to examine variations between schools of differing design and status. Gender differences are found in majority of measures with females displaying greater levels of depression and negative affect immediately before the examinations, whereas males report higher positive affect and self-esteem and lower depression and anxiety, even within the week prior to the examinations. Differences between the schools are also found.

Thompson (2005) explored the roles of anxiety, depression and hopelessness as mediators between known risk factors and suicidal behaviors
among, 1,287 potential high school dropouts. The result shows direct effects of depression and hopelessness on suicidal behaviours for males and direct effects of hopelessness, but not depression for females. For both males and females, anxiety is directly linked to depression and hopelessness, drug involvement had both direct and indirect effects on suicidal behaviour. Lack of family support show indirect influences on suicidal behaviors through anxiety for both males and females.

Kiviruusu, Huurrea and Aroa (2007) examined the association between chronic illness and depression and the role of psychosocial resources (coping styles, locus of control (LOC) and social support) in this association, among young Finnish adults aged 32. Gender differences in these phenomena were also investigated. The results show that the chronically ill males are more depressed than healthy control males. They also used more emotion-focused coping, have a more external LOC and are less often married or cohabiting than healthy males. The association between chronic illness and depression among males attenuate when the effects of emotion-focused coping disposition and LOC are taken into account, indicating a possible mediating role for these resources. Among females no differences are found in depression or psychosocial resources between the chronically ill and healthy control groups. Psychosocial resources, especially LOC, explain the gender difference in the association between chronic illness and depression. Only a few buffering effects of psychosocial resources emerge: an active problem-solving coping disposition among the chronically ill males and
perceived social support among the chronically ill females seem to act as buffers against depression. The results indicate a significant gender disparity in the association between chronic illness and depression among young adults.

**DEPRESSION MANAGEMENT**

Beck (1967, 1976), Beck and Young (1985), Young, Beck and Weinberger (1993) examined the role of deep-seated negative thinking in generating depression. The results show that negative thinking seems natural to them. Clients are taught that errors in thinking can directly cause depression. Treatment involves correcting cognitive errors and substituting less depressing and more realistic thoughts and appraisals.

Sanchoz, Lewinsohn and Larson (1980), assigned depressed outpatients (N= 32) to either group assertion training or ‘traditional’ group psychotherapy. The results show that over a relatively short period of time, assertiveness training is more effective than traditional Psychotherapy in increasing self-reported assertiveness and alleviating depression.

In a study conducted by Hayman and Cope (1980) twenty-six moderately depressed females (mean age 21.3 yrs) were assigned randomly to assertiveness training. Results supported the effectiveness of treatment. Experimental subjects became significantly more assertive and engaged in significantly more activities than control subjects. Eight weeks after treatment, the experimental subjects’ scores indicated significantly less
depression. Other findings include significant negative correlations between measures of depression and assertiveness.

The study by Borkovec and Andrews (1987) examined thirty volunteers who met depressive symptoms and who received 12 sessions of training in progressive muscular relaxation. Sixteen of them were given cognitive therapy during 10 of those sessions and the remaining 14 received non directive therapy. Therapy was provided by 16 graduate student clinicians. The group as a whole showed substantial reductions in depressive symptoms and daily self-monitoring, although relaxation plus cognitive therapy produced significantly greater improvement than relaxation plus non-directive therapy. On several pre-therapy, post-therapy comparisons, relaxation reduces depression and the results show significant positive relation between relaxation and outcomes.

In an investigation by Burns and Hocksema (1991) factor analysis of the self-help inventory in a group of 307 consecutive outpatients seeking Cognitive Behavioural Therapy (CBT) for affective disorders revealed 3 factors that assessed the frequency with which subjects used active coping strategies when depressed, the perceived helpfulness of these coping strategies and their willingness to learn new coping strategies. The frequency and helpfulness scale do not predict patient’s subsequent compliance with self-help assignments or their rate of improvement during the first 12 weeks of treatment. These findings suggest that very resourceful patients are not
better candidates for CBT than other patients and that patients’ expectations about the value of active coping strategies do not predict the response to CBT. In contrast the willingness scale was correlated with the degree of improvement during the first 12 weeks of treatment. The willingness scale and compliance with self help assignment made additive separate contributions to clinical improvement.

In a study Chan (1993) examined the components of assertiveness and depressive symptoms of 183 Chinese University undergraduate students with their responses to Rathus Assertiveness Schedule and the Beck Depression Inventory. Three dimensions of assertiveness emerged: expressing, controlling and demanding responses. These components were found to relate differently to the beliefs in specific assertive rights, although there was no evidence that nonassertive behaviors could arise from beliefs that one did not have the rights to act assertively. Nonassertive responses, especially in expressing and disclosing oneself, correlated with depressed mood.

Alexander (1995) reviewed literature comparing relaxation and meditation techniques. Meta-analysis shows transcendental meditation (TM) to be significantly more effective than other forms of relaxation or meditation in (i) reducing psycho-physiological arousal (ii) reducing stress (iii) increasing positive mental health on measures of self esteem and (iv)
Review of Related Literature

reducing alcohol, nicotine, and illicit drug use relative to standard treatment and prevention programmes. Randomized controlled traits show that the TM technique significantly reduced hypertension and mortality in the elderly compared with a mental or physical relaxation technique.

In a study Janowick and Hackman (1995) explored the efficacy of assertiveness training and relaxation in promoting self-esteem and changes in depressive symptoms among adolescents. Two groups were given assertiveness training and a yogic relaxation technique referred to as shavasana. Pre and post test measures were taken on the personal orientation inventory and behavioural relaxation scale. Both groups showed significant increases in scores on self-esteem and decreased scores on depression.

Marcotte (1996) examined the efficacy of cognitive behavioural therapy on adolescent depression. Results suggest that short-term group cognitive behavioural interventions are effective with early and late adolescents. Treatment components included relaxation, cognitive restructuring, self-control skills, communication and problem solving skills. No single strategy seems to be more effective than the other.

Aniljose and Asha (2002) examined the efficiency of creativity training among children at risk of depression. Subject’s were divided into two groups experimental and control groups. Experimental groups were given one month creativity training as a package. The results show that
creativity training is effective for children at risk of depression and experimental group shows more symptom reduction than control group.

In the study Ellias and Bernard (2006) examined the effectiveness of cognitive behavioural therapy to childhood disorders. They found that individuals who can accept events and attributes no matter how negative, will experience natural feelings of disappointment and frustration, but will rarely manifest clinical depression. The increasing prevalence of depression in the child and adolescent population practitioners would be well advised to consider this approach in the prevention and treatment of depression in young clients. To promote school-based prevention programs that teach the connection between thoughts, feelings and behaviours, combined with a comprehensive intervention approach will hopefully empower young people to deal with this serious mental health problem.

A community-based nursing study was conducted by Sloman (2002) in Sydney, Australia to compare the effects of progressive muscle relaxation and guided imagery on anxiety and quality of life in people with advanced cancer. In the study, 56 people with advanced Cancer who were experiencing anxiety and depression were randomly assigned to 1 of 4 treatment conditions: (1) Progressive muscle relaxation training, (2) guided imagery training, (3)both of these treatment and (4) control group. Subjects were tested before and after learning muscle relaxation and guided imagery technique for anxiety, depression and quality of life using the Hospital Anxiety and Depression Scale and the Functional Living Index Cancer Scale.
Results shows that there is no significant improvement for anxiety; however, significant positive changes occurred for depression and quality of life.

Larun, Nordheim, Ekeland, Hagen and Heian (2006) assessed the effect of exercise interventions in reducing or preventing anxiety or depression in children and young people up to 20 years of age. The trials were combined using meta-analysis method. Results show that the depression scores showed a statistically significant difference in favor of the exercise group. They conclude that there appears to be an effect in favor of exercise in reducing depression and anxiety scores in the general population of children and adolescents.

Lee and Overholser (2006) developed an integrated treatment plan for person with depression and personality dysfunction. The challenges encountered by the therapist include: (i) differentiating borderline personality from depressive symptoms. (ii) maintaining the therapeutic alliance (iii) managing impulsivity and self-destructive tendencies (iv) staying focused on long term therapeutic goals and (v) coping with non compliance. Over the course of 27 sessions, the client was able to make positive changes in mood, self-image and impulsive tendencies. Although the client’s boarder line personality traits complicated the course of treatment for depression, neglecting these personality problems would have left the client vulnerable to depressive relapse.

A study reports on the efficacy of Cognitive Behavioral Therapy (CBT), Adolescent Skill Training - a group indicated preventive intervention
Adolescents in the two intervention conditions are compared on depression symptoms. The results show that adolescents who receive Cognitive Behavioral Therapy and Adolescent Skill Training have significantly fewer depression symptoms and better overall functioning at post-intervention and at follow-up.

A study by Bolton and Bass (2007) investigated the objective of assessing the effect of locally feasible interventions on depression and anxiety among adolescent survivors of war and displacement in Northern Uganda. The intervention methods are locally developed screening tools that assessed the effectiveness of interventions in reducing symptoms of depression and anxiety. Activity based intervention (creative play) Interpersonal Psychotherapy was used with individuals wait listed to receive treatment at study end. The measure is a decrease in score on a depression symptom scale.

A study conducted by Brustein –Klomek(2007) examined the efficacy of interpersonal Psychotherapy for depressed adolescents. The aim of the study was to introduce the theoretical formulation, practical application and efficacy of interpersonal Psychotherapy for depressed adolescents. Instruments used Beck’s Depression Inventory to 120 Boys and girls from school. The results show that interpersonal Psychotherapy is an evidence based Psychotherapy for depressed adolescents in both hospital-based and community outpatient settings.
Horowitz et al. (2007) evaluated the efficacy of intervention programs for preventing depressive symptoms in adolescents. Participants were 380 high school students randomly assigned to a Cognitive Behavioral Program (CB), an Interpersonal Psychotherapy Adolescent Skill Training Program (IPT-AST) or a no-intervention control. The intervention involved eight 90 minutes weekly session run in small groups during wellness classes. At post intervention, students in both the CB and IPT-AST groups reported significantly lower levels of depressive symptoms than did those in the no intervention group.

A study was conducted by Newman and Motta (2007) to investigate the effects of aerobic exercise on children PTSD, Depression and Anxiety. Measures included Children’s PTSD Inventory, Children’s Depression Inventory and the Revised Children’s Manifest Anxiety Scale. This small ‘n’ study utilized a staggered baseline, pre/post repeated measures design. Results show that this study provided support for the positive effects of aerobic exercise on reducing PTSD, Depression and Anxiety.

Ramsay and Main (2007) utilized a quasi experimental pretest-post test design to assess the effectiveness of counselling type, in a sample of individuals diagnosed with low self esteem, high in anxiety and depression. Nine females underwent group peer counselling and nine underwent individual counselling. Both group peer counselling and individual
counselling are found to significantly increasing self-esteem, self reported levels of overall life satisfaction and reduced anxiety and depression.

An evaluation of the effectiveness of Cognitive Behaviour Therapy for 12-14 year old school children was done by Habib, Seif (2007). The sample comprised 198 boys and 136 girls. Students were assessed using the Child Depression Inventory and the Coopersmith Self-Esteem Inventory. The 32 children with depression were offered Cognitive Behaviour Therapy. They were assessed 3 months after the intervention using the same tools and the results indicate the effectiveness of this therapy and reduction in depressive symptoms.

The studies reviewed above clearly suggest that depression among adolescent children is caused by a variety of factors. And more generally, it is not a single factor but a combination of different factors that operate to produce and maintain depressive feelings in them.