SUMMARY AND CONCLUSIONS

The term depression has been used to designate a discrete nosological entity. The term is generally qualified by some adjective to indicate a particular type of form, as for example: reactive depression, agitated depression or psychotic depressive reaction. When conceptualised as a specific clinical entity depression is assumed to have certain consistent attributes in addition to the characteristic signs and symptoms. These attributes include a specifiable type of onset, course, duration and outcome.

Depression during adolescence has a negative impact on social, academic and family functioning, as well as being associated with an increased risk for recurrence and impairment in social-emotional functioning that extends into adult life. It is not simply a disorder of mood regulation but involves alterations in physiological and cognitive functioning. The study of depression requires careful attention to developmental issues especially the challenges of adolescence.

At the present time, the depressive illness appear to be occurring more commonly among adolescents. The National Institute of Mental Health (NIMH) report that 8.3% of adolescents experience depression. This trend very obviously contributes to the dramatic increase in suicide attempts and in death by suicide among adolescents and young adults.
Depressed adolescents can experience feelings of emptiness, anxiety, loneliness, helplessness, guilt, loss of confidence and self-esteem and changes in sleeping and eating habits. Such as adolescent is often manifested by episodes of impulsivity, irritability and loss of control alternating with periods of withdrawal.

Depression in adolescents can and should be treated, but unfortunately this treatable disorder typically goes unrecognized when it is assumed that such storminess is natural to adolescence. All too often the symptoms are simply chalked up to the normal adjustments of adolescence and as a result depressed young people do not get the help they need. Moreover adolescent people often don’t ask for or get the right help because they fail to recognize the symptoms of depression in themselves or in people they care about.

Since adolescents are so noted for their quickly changing and behaviour, it may take careful watching to see differences between a depressive disorder and normal behaviour. The key to recognizing the depressive disorder is that the change in behaviour last for weeks or longer.

The present study investigates the role of cognitive factors in depression among adolescents. It is expected that the findings of the research may be used to help adolescents cope with the daily challenges of the society, be strong willed, competent and mentally healthy, that may aid their transition to a successful future life. The objective of the study was to
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Examine the role of selected cognitive factors namely, stress, coping styles, frustration tolerance, personal belief, creative thinking, ideational fluency and originality of ideas and its influence on depression and to plan and design a package of intervention and to test the efficacy of it to manage stress, to improve personal belief and reduce depression among adolescent children.

METHOD

Sample

Three higher secondary schools from Thrissur, Malappuram and Kozhikode Districts were selected for drawing the sample. Three hundred higher secondary school students of the age between 15-19 were included in the study. From among the 300 students 60 were selected for the intervention purpose. They were selected on the basis of their scores on the Malayalam version of Beck’s Depression Inventory. After that 30 students were randomly assigned to the experimental group and 30 to the control group.

Description of the Tests Used

1) The Beck Depression Inventory (BDI) Malayalam Version (1996)

In adapting the Beck Depression Inventory for the present study the English version was translated into simple Malayalam language, without loosing the concept of items, by an expert in Malayalam language. This
version of inventory is a 21 item self-report instrument for measuring the severity of depression in adults and adolescents aged 13 years and older.

**Administration and Scoring**

BDI consisting of 21 groups of statements was administered in groups. The subject were asked to read each group of statements carefully, and then pick out the one statement in each group that best describes the way they have been feeling during the past two weeks, including the day they answer the inventory.

It is scored by summing the ratings for the 21 items. Each item is rated on a 4-point scale ranging from 0 to 3. The maximum total score is 63.

**The S.S. Inventory (Shibu and Dharmangadhan, 1992)**

The S.S. Inventory measures the level of stress in an individual. It consists thirty items capable of assessing responses with regard to family stress, social stress and environmental stress.

**Administration and Scoring**

The subjects were instructed to read each statement carefully and then pick out the one statement that best describes the way you have been feeling. The inventory was administered to the subjects in groups.
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It is scored by summing the rating of 30 statements. The highest score is considered as an indication of high stress and the low score shows a relaxed state.

**Frustration Tolerance - FRTO (Rai, 1983)**

Frustration tolerance scale measures the tolerance capacity of the individuals when frustrated. This test consists of 4 different types of figures.

**Administration and Scoring**

The FRTO was administered in groups as per the instructions provided in the manual. Time and number of attempts are summed and mean time and mean number of attempts are calculated for each subject to know his/her frustration tolerance. The more the time taken and number of the attempts the more is the level of frustration tolerance.

**AECOM Coping Style Scale (Plutchik, 1980)**

The AECOM (Albert Einstein College of Medicine) Coping styles scale for the measurement of coping style is a questionnaire based on the psycho-evolutionary theory of emotion developed by Plutchik in 1980, which postulates systematic connection between 8 basic emotions and 8 coping styles. This consists of 87 items each rated by the subject on a 4 point scale ranging from ‘0’ to 3. It is based on the expressed opinions that the way each individual cope with successful life events in relatively independent on his or her emotional or psychopathological state and characteristic of his or her.
Administration and Scoring

AECOM coping style scale was administered in an open interview method. Each item listed in the scale was read out to the subject and the response was entered in a 4-point scale. Scoring was done as per the direction in the manual.

Personal Belief Scale (Aniljose and Asha, 2005)

Personal Belief Scale is prepared and standardized in order to assess the strength and direction of person’s belief about himself/herself and the way he/she feels about life in general. It consists of 28 positive and negative statements. The response to each item is to be marked in the categories of A, B, C, D or E as required by the subject.

Administration

This self-report questionnaire consisting of 28 positive and negative statements was administered to the subjects in groups. They were instructed to read each statement carefully and then give a tick mark in the appropriate columns.

A high score indicates strong positive personal belief and a low score shows negative personal belief.

Scoring

A score of 5, 4, 3, 2, 1, was given to the category Strongly Agree,
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Agree, Undecided, Disagree and Strongly Disagree respectively for positive items. The scoring was done in the reverse order for a negative item.

Tests of Creative Thinking Abilities-TCTA (Short-Form) (Asha, 1993)

The adapted version of Wallach and Kogan’s Tests of Creative Thinking Abilities (TCTA) was used. It consists of five sub-tests. Three of them are verbal and two are non-verbal in nature. The verbal test are: Instances, Alternate uses and similarities. The non-verbal or visual stimuli tests are: pattern meanings and line meanings.

TCTA is used to assess creative thinking, ideational fluency and originality of ideas.

Administration

After giving the general informations regarding the nature of the tests, blank sheets of paper for writing the responses are distributed to the subjects. Then the texts are given one by one with the specific instructions needed for answering the items in each test, as directed in the manual.

Scoring

In the case of creativity instruments three types of scores viz., creativity index, ideational fluency and originality may be obtained. It was done as per the instructions provided in the manual. A high score indicates
high levels of creativity, ideational fluency and originality and low score indicates poor levels of creativity, ideational fluency and originality. Corresponding to the aspect of thinking studied.

**Analysis of Data**

The data collected were analyzed using analysis of variance (2-way) and t-test for independent samples. The Statistical Package for Social Sciences (SPSS) was used for the purpose of data analysis.

The following are the major findings of the present study.

1) There is significant difference between adolescent children at high risk of depression and low risk of depression in the stress experienced.

2) Adolescent children at high risk of depression and low risk of depression do not differ with respect to the use of different coping styles. However, group profile analyses show that the high risk group predominantly use suppression, whereas, those at low risk use replacement predominantly.

3) Children at high risk of depression do not differ from those at low risk of depression in frustration tolerance. Both groups are more or less homogenous with respect to their capacity to tolerate frustration.

4) Highly depressed adolescents differ from less depressed adolescent in their personal belief. Those at high risk of depression seem to have
poor/negative personal belief but those minimally depressed seem to have positive belief about themselves.

5) No difference is seen between highly depressed and less depressed adolescents with respect to creative thinking.

6) Children at high risk of depression do not seem to differ from those at low risk of depression in ideational fluency.

7) Adolescent children at high risk of depression and those at low risk of depression do not differ significantly in their ability to generate original and innovative ideas.

8) The package of intervention (Relaxation, Assertiveness training, Brainstorming and General counseling) is effective in reducing stress, improving personal belief and reducing depression.

Conclusions

Based on the present study it is concluded that

i) High stress is a factor that leads to depression among adolescent children.

ii) Negative/poor personal belief results in depression among adolescent children.

iii) Intervention is an effective technique for managing stress, enhancing personal belief and reducing depression among adolescent children.
Implications

The understanding gained from the present study is expected to be useful in planning specific intervention programmes for adolescent children at risk of mental health problems. Interventions including counselling, if properly planned, will help children to perceive and interpret stressful events in a healthy way, to have a positive attitude towards life and its never ending problems and to prevent possible maladjustments and other negative consequences that may interfere with their physical and mental development.

Suggestions for Further Research

i) A study can be conduct to understand the nature and extent of different provisions of support, provided to the adolescents, especially by family, schools and community etc in relation to depression.

ii) A similar study can be conducted by using a larger sample, with proportional representation of age, sex and education of adolescents.