CHAPTER-V

DISCUSSION
The present study started with the following six hypotheses:

1. The depressive measures derived from different self-report depression scales are not identical;
2. Given gender difference in symptom expression, modest gender difference in mean level of depressive symptoms are expected, with girls likely to score somewhat higher than boys;
3. Negative self-schema (negative cognitions) would be positively correlated with depressive symptoms in both males and females;
4. Poor body-image would be more strongly correlated (positively) with depressive symptoms in case of female adolescents than male adolescents;
5. Depressive symptoms would be associated negatively with social support in both males and females; and
6. Depressive tendencies would be associated positively with neuroticism, psychoticism and introversion.

On the basis of results mentioned in Chapter IV, each hypothesis has been discussed meaningfully in the subsequent pages.

**Relationship between different self-report instruments of depression**

Notwithstanding the diversity of its symptomatology, depression is recognized as an identifiable syndrome. It
is typically measured either by self-report instruments such as the Beck Depression Inventory, Zung Self-Rating Depression Scale, MMPI-D Scale and the centre for the Epidemiological Studies - Depression Scales or by diagnostic interview. Although the self-report measures cannot claim to give a clinical diagnosis of depression, they have been found to be substantially correlated with each other and with diagnosis based on clinical interviews with adults, (Roberts & Vernon, 1983; Lewinsohn & Teri, 1982; Myers & Weissman, 1980) and adolescents (Lewinsohn, Hoberman & Rosenbaum, 1988). It is with this caveat that the present study used the self-report instruments to measure depression (i.e. depressive symptomatology) in adolescents.

Further, the recent increase in psychological research on depression owes its productive outcome to the widespread use of self-report measures of depression for identifying the depressed among college students. Numerous studies that used mildly depressed college students on the basis of their scores on self-report instruments of depression reported their findings as being specific to depression. In fact, two major cognitive models of depression—that of Beck (1967, 1976) and Seligman (1975), Abramson, Seligman, & Teasdale, (1978) derived their empirical support largely by using the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) with college students serving as research subjects.
The clinician’s dilemma, however, is compounded by the earlier finding that different measures are often discordant (Prusoff, Klerman, & Paykel, 1972). These findings obviously cause interpretive problem for research on depression. The emergence of this issue within the context of the self-report measures highlighted the need to examine empirically the issue of the relationship between different self-report measures of depression in adolescents where their relation remains unclear in the literature.

'Hypothesis I' which states "The depressive measures derived from different self-report depression scales are not identical" address the issue of concurrent validities of three popularly used self-report instruments of depression, namely Beck Depression Inventory, Zung Self-Rating Depression Scale, and MMPI-D Scale used in this study. The results of this study as evidenced by the factor analytical results, clearly provide support to the concurrent validities of the three scales. The factor structure revealed that they shared common variance to a large extent. Thus, the results failed to support the expectation (Hypothesis I) that self-report measures of depressive tendencies used in this study are not identical. These results contradict the claim of earlier researches with adults (Upmanyu & Reen, 1991; Moran & Lambert, 1983; Prusoff, Klerman, & Paykel, 1972).
Although, the content of the depressive measures used in this study differ on some of the important symptoms of depression as prescribed in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatry Association, 1980), the psychiatrically normal adolescents of this study might have failed to discriminate between some components of depressive tendencies and instead responded to different self-report instruments on the basis of depressive symptoms in a global manner. It may not be true in case of adults and diverse patient sample where discordance among these measures have been noted in the earlier literature.

Gender Differences and Depression

Several studies have identified a gender difference in depression showing more depression among adult women (e.g. Boyd & Weissman, 1986) that appears to emerge by middle adolescence, (e.g. Kandel & Davis, 1982). This difference, based largely on cross-sectional data, is particularly interesting given that mental health and behaviour problems in general are seen more frequently among boys in childhood (Achenbach, 1982), and given that

* Content analysis of various depression measurements suggests that the Zung Self-Rating Depression Scale covers five of the nine Diagnostic and Statistical Manual of Mental Disorders (DSM III American Psychiatric Association, 1980) depressive variables completely, whereas four are partially covered. The Beck Depression Inventory, on the other hand, covers six of the nine completely and covers two partially (Moran & Lambert, 1983).
the studies finding a gender difference in childhood depression have found a greater prevalence among boys (e.g., Rutter, 1986; Pearce, 1977). Thus, several scholars have hypothesized that something changes in early adolescence to cause this reversal of the gender difference. The greater preponderance of depressed adolescent girls and adult women, relative to boys and men, has received significant attention by scholars (e.g. Rosenfield, 1980; Gove & Tudor, 1976; Gove & Herb, 1974), and appears not to be explained by factors such as response bias on questionnaires, greater openness to acknowledging psychological difficulties, and other attributes apart from actual depression experienced by individual (e.g., Nolen-Hoeksema, 1987; Weissman & Klerman, 1977).

Thus, another objective of the present study was to add to our understanding of increase in depression and the preponderance of depression in females thought to occur during adolescence.

The present study revealed that male adolescents scored significantly higher than female adolescents on depressive tendencies derived from Beck Depression Inventory. Although, gender differences remained non-significant on the other two indices of depression derived from Zung Self-Rating Scale and MMPI-D Scale, the trend is in favour of male adolescents scoring higher than female
adolescents. These findings failed to meet the expectation (Hypothesis II) that females would score higher on depressive tendencies than males. Two conclusions can be drawn. First, the measure of depression in itself is an important source of discrepancy in results; second, contrary to expectation, modest gender difference in mean level of depressive symptoms emerge, with male adolescents scoring higher than female adolescents. This finding is in contradiction to the findings obtained among North American adolescents where females have been found to score higher than males on depressive tendencies as revealed by the self-report instruments of depression.

A number of explanations can be offered to explain the greater prevalence of depression among male adolescents of this study. This study has revealed that male adolescents scored higher than female adolescents on different measures of negative cognition (hopelessness, negative automatic thoughts, dysfunctional attitude). These results suggest that greater negative cognition among males could play a role in higher depression. However, this has not been tested directly in this present study. It is equally possible that gender intensification plays a role in the emergence of depression. Upmanyu & Upmanyu (1994) found that the gender identification of young adolescents boys is primarily antifemine, whereas young adolescent girls identified positively with masculine and feminine characteristic (Androgynous).
Possibly, a deficit in androgynous orientation in males might have contributed to the male preponderance in this age group.

**Negative Cognition and Depressive Tendencies**

In the last two decades we have witnessed the development of several new psychological theories to explain depression. Both the reformulated learned helplessness model (Abramson, Seligman, & Teasdale, 1978) and the cognitive theory of depression (Beck, 1967, 1976) hypothesize that specific maladaptive thinking patterns play important roles in the onset or in the maintenance of clinical depression. Each theory hypothesized that certain maladaptive thinking patterns are latent in depression-prone individuals during asymptomatic period; these patterns are activated by stressful events, and the result is clinical depression.

Beck (1967, 1976) proposed that self-deprecating negatively biased thinking styles are not only core features of adult depression but also may play a key role in the development and maintenance of this disorder. In addition to the overriding negative triad-negative view of self, current circumstances and future-and stereotypic schemas, premises, or dysfunctional attitudes (Shoulds and musts), a central theme of Beck’s cognitive model is that depressed individuals characteristically make specific dysphoria-provoking cognitive errors, collectively
referred to as distortions, in response to ambiguous or negative life experience.

Hopelessness and negative evaluation reduce the motivation to engage in actions that might reduce depressive symptoms or the life situations contributing to them (Kovacs & Beck, 1978).

The results of the present investigation as revealed by the factor structure suggest that male and female adolescents who tended to endorse the negative cognitions (hopelessness, negative automatic thoughts) measured in the present study may be more vulnerable to suffering a depressive disorder. The present findings with adolescents do at least support cognitive theorists such as Beck (1967) that negative cognitions are associated with depressive symptoms. Many subsequent studies with adults have demonstrated a relation between severity of depression and measures of negative thinking. Thus, thinking related to global negative self-evaluation (negative automatic thoughts) and to hopelessness (negative view of the future) and uncontrollability concerning the future have emerged to be significant correlates of depressive tendencies in adolescents. The question arises whether Beck, et al. (1979) cognitive approach in treatment of adult is also applicable to adolescents, not necessarily, but the results of the present study suggests that this question may be worthy of more direct investigation than has here to fore taken place.
Here, it is important to signify that while the present correlational study has provided strong support for the assertion that certain kinds of negative cognitions are associated with depression, such studies can not demonstrate casual relationships. Although, it could be true, as the theorists suggest that negative cognitions precede depression and in some way contribute to its occurrence, it is equally possible that negative cognitions are a consequence of depression, that is, that being depressed causes one to think negatively. Nonetheless, the present study does reveal that the nature of the negative thinking is an important correlate of depressive tendencies in male and female adolescents. It supports Hypothesis III.

Taken in totality, the results of the present study provide support for the importance of negative cognitions in depressive tendencies among male and female adolescents. As such, the results have both theoretical and clinical implications. This study indicates the potential value of further longitudinal research in that clarifying whether negative cognitions are antecedent or consequence of depressive tendencies in male and female adolescents.

Anxiety, Neuroticism, Psychoticism and Depression

Results from a number of studies (cited in Gotlib, 1984) suggest that the Beck Depression Inventory (BDI) may be measuring a construct or emotional state considerably
broader than depression. Gotlib (1984) discussed the results with reference to the ability of self-report measures to differentiate discrete forms of psychopathology in both sub-clinical and psychiatric populations. Indeed, Gotlib concluded that self-report measures of number of types of maladaptive functioning may all essentially assess one construct, which might best be labeled dysphoria, malaise, or general psychological distress. Gotlib further concluded: "The present results have important implications for psychological models of depression".

Results of this current study revealed, lack of association of depressive tendencies with neuroticism and psychoticism, though, a weak relationship between self-report measures of depression and anxiety has emerged in case of female adolescents. Overall, the factor analytical results clearly reveal that depressive tendencies as revealed by self-report instruments are unrelated to other forms of psychiatric disturbance, namely, anxiety, neuroticism and psychoticism, thus rejecting Hypothesis VI. It lends support to the discriminant validities of the self-report instruments of depression used in this study.

Body Image, Social Support and Depression

"Our bodies ourselves" is a poignant theme during adolescence. The dramatic bodily changes of puberty set in motion an important stage in self-development: the
integration of sexual maturity into the totality of self-experience. The changing body provides powerful stimuli to self and others. Many new perceptions, new thoughts, and new feelings about the body have to be confronted, mastered, and integrated with the unfolding sense of self during adolescence.

Body image, "the picture of our own body which we form in our mind" (Schilder, 1935), is a plastic, constantly changing concept, continuously modified by bodily growth, trauma, or decline, and significantly influenced by the ever-changing interaction with the social environment. We expect an individual entering puberty to have a fairly intact, integrated sense of the body as separate from others, a sense of gender-of being male or female, a sense of mastery or of control over the body, and a sense of inhabiting or "owning" the body, as well as a relatively positive attitude towards one's own body.

The emphasis that American society places on physical appearances has been recognized for a number of years. Indeed, one need only watch an hour of television or leaf through a magazine to evidence the great value that Americans place on beauty and the pursuit thereof. Research beginning with Dion, Berscheid, & Walster (1972) has demonstrated that the objective appraisal of adult attractiveness correlates with judgements of success, competency and happiness. Other research (Vaughn &
Langlois, 1983; Langlois & Stephan, 1977; Dion, 1973) shows that these tendencies exist for preschool and elementary school children as well as for adults. Similarly, research on self-perceptions of attractiveness has supported the existence of a "what is beautiful is good" stereotype. In fact, studies suggest that in some cases, self-evaluation of attractiveness carries more psychosocial impact that objective ratings by others, such as in expectations of success (Abbot & Sebastian, 1981). Other studies (Lerner, Karabenick, & Stuart, 1973; Mendelson & White, 1982; Second & Jourard, 1953; Starr, 1982; Rohrbacher, 1973; Rosen & Ross, 1968) lend additional support to the importance of self-perceived attractiveness and its relationship to positive self-concept and increased levels of self-esteem. A number of recent studies suggest that positive body image is an important negative correlate of depression in high school and college students (Cash et al., 1986; Noles et al., 1985; Teri, 1982).

The results of this study failed to support Hypothesis IV in the sense that the factor structure failed to demonstrate the salience of body image to adolescents depression. The result of this study failed to corroborate the finding that body image is an important correlate of depression in adolescence (Cash et al., 1986; Teri, 1982). Thus, evidence is less compelling that body image plays important etiological role in adolescent depression.
Likewise, the findings of this study failed to support Hypothesis V which referred to negative association between social support and depressive tendencies. The present findings are strikingly different from earlier findings (Hoffman, Ushpiz, & Levy-Shiff, 1988; Greenberg, Siegel, & Leitch, 1983 & Rosenberg, 1981) that revealed social support to be an important correlate of depression.

The present findings with respect to the role of body image and social support demand consideration of what they might mean in terms of adolescent depression. The previous studies demonstrating the salience of body image and social support in depression have considered these variables in isolation or singularly and mostly employed bivariate analysis. This is an important methodological flaw since depression results from the complex interplay of many variables. These factors, while important, interact with the cognitive factors. Since this study also included in its purview a range of measures of negative cognitions, which have emerged to be core correlates of depression in male and female adolescents, the shared variance of the body image/social support variables with depression gets eliminated. This indicates that body image and perceived social support as related to depression are not separate constructs. Rather, these measures of body image and perceived social support seem to be critically aspects of thoughts about oneself and the future in this
age group that functions as a strong correlate of depressive symptoms in adolescents. This assertion gains support from Allogood-Merten, Lewinsohn, & Hops (1990) findings which revealed that the shared variance of the body image variables with depression was eliminated when self-esteem was controlled for. The authors concluded that body image as it relates to depression is not a separate construct but important aspects of self-esteem.

Overall, it can be stated that the present study has revealed two important findings. First, the high scores of adolescent samples indicate that a majority of adolescents feel demoralized and hopeless, though not necessarily 'depressed' in the clinical sense. Thus, rather than being dismissed as reflective of momentary malaise, the high adolescent depression scores of this study and other studies must be taken seriously not only as signs of current adolescent distress and dysfunction but also as predictors of future psychopathology. Second, negative cognitions referring to generalized hopelessness (negative view of the future) and global negative self-evaluations (negative view of self) have emerged as core correlates.*

* Admittedly, in this present study it may not be possible to evaluate the appropriateness of the causal inferences. Cognitive dysfunction may lead to depression, but at the same time, depressed adolescents may blame themselves (negative self-evaluations) for social failures and thus reinforce their own low self-opinion and hopelessness. Despite this circular reasoning, this study indicates that a pessimistic view of the future (hopelessness) along with negative self-evaluation are sufficient causes of depressive tendencies in midadolescence.

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of depressive tendencies in adolescence. Both of these negative cognitions are likely to (a) increase the chance that experiences will be interpreted in ways that will foster depression, and (b) reduce the motivation to engage in actions that might reduce depressive symptoms or the life situations contributing to them. Thus, the results of the present study suggest that it may be useful to alter the self-evaluative and hopeless patterns of thinking in males and females in midadolescence with a view both to assisting recovery from the current episode (if any) and preventing future psychopathology. This, of course, is the aim of cognitive behaviour therapy for depression (Beck, Rush, Shaw, & Emery, 1979).

Cognitive interventions that are geared toward reduction of cognitive distortion might prove useful for helping adolescents to alleviate depression. Such cognitive interventions would train the adolescent to recognize maladaptive self-statements and cognitive processes that contribute to depressive feelings. The adolescent should be taught coping responses, self-instructions, and means of restructuring his or her cognitions in order to reduce these aversive feelings of depression.

Because cognitive stress-reduction training programs have been effective with adults, and because other similar cognitive-behavioural procedures have been used
effectively in later adolescence, such training may be a valuable approach for helping adolescents in school years deal with maladaptive cognitions that contribute to depression. Continued research is needed to assess the effectiveness of this cognitive approach with diagnosed clinical cases or those adolescents in school years displaying depressive tendencies.

Limitations of the Research (Phase I)

Three important cautions need to be kept in mind in considering the implications of results. First, because the author did not use clinically depressed individuals in this research, it may be inappropriate to generalize the findings to the clinical syndrome of depression in the absence of a replication of the study with a clinically depressed sample of adolescents. Perhaps clinically depressed individuals would actually exhibit a negative social-comparison bias rather than similar predictions for themselves and others. Second, depression is a heterogeneous phenomenon (e.g. Abramson et al. 1986), and thus it is possible that different subtypes of depressives, irrespective of severity, manifest different patterns of prediction and information use. In as much as Abramson et al. (1986) have proposed the existence of a hopelessness subtype of depression, future research on depression and predictive pessimism may require specific efforts to identify this subgroup of depressed individuals. Third, the present study made use of self-
report measures of depression. Clearly, future research will be needed to determine the generality of the present findings with psychiatrically normal male and female adolescents.