CHAPTER-I

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Depression, loneliness, suicide, despair, frustration, anxiety, trauma, a sense of defeat, tension, stress, fear and vengeance are increasing at an alarming rate and trigger the deathwish. Awareness of these problems including depression has certainly increased, although, resistance to their cure remains strong. And while depression has become a catch-all hold-all phrase for all manner of mental illnesses—including schizoid behaviour - it is also something that people are realizing it can no longer be cured by a burst of shopping, spring cleaning or even going out with the boys or girls. Rooted in the changing social structure and the ever-increasing pressure to perform in a fast-paced world, these are concerns that demand to be addressed by researchers and professionals.

Mental illness, which now affects between 10 to 25 percent of the nation’s population, could be a case of depression, a psychotic illness, substance abuse or a personality breakdown. Depression, which constitutes almost 70 percent of all mental illnesses, has taken an alarming proportions, nudging the medical world awake (Mendonca, Prasad, & Ragunatha, 1993).

According to Dr. D. Mohan, Head of the Department of Psychiatry, All-India Institute of Medical Sciences, New Delhi, Depression, the disease, has been present for ages.
The only reason why it is more visible now, is because the social structure is changing and the nuclear family cannot give the support that the joint family could. Today, the social support network is much smaller. With competition becoming the main driving force in today’s world, everyone is busy trying to be one-up over the other and striving to keep an image afloat. This can wreak havoc in personal lives, especially now, in an age of eroded trust. With coping skills at a premium, stress, anxiety and depression could be natural outcomes. If not solved in time, the acuteness may be exacerbated. One can talk a person out of general depression by patient listening, understanding and advice, but depression, the disease, is not so easy to get rid of (cf. Sunday Magazine: Indian Express, April 18, 1993).

The prevalence of depression coupled with its association with suicide, has made it the target of extensive research efforts in different parts of the world into its causes, treatment and possible prevention. In India, while there has been some research in the area, especially at Dr. A. Venkoba Rao’s Hospital in Madurai; at King George’s Hospital in Lucknow; at the All India Institute of Medical Sciences, New Delhi; National Institute of Mental Health and Neuro-Sciences, Bangalore; P.G.I., Chandigarh; and S.M.S. Medical College, Jaipur, most of it is epidemiological. The studies demonstrate that depression is one of the most common mental disorders.
found in the general population and that this problem is more common among some social groups than others. It is equally imperative to examine the role of psychological factors in depression among adolescents since depression is affecting this age group markedly because of the pressure-cooker atmosphere of modern life. Adolescence is a time of increased risk for emotional problems, with depression, suicidal ideation, and depressive symptoms being of most concern from the mental health and policy perspectives.

The prevalence of depressive disorders with high economic and emotional costs and the possibility of its continuing as a major mental health problem for years to come, demand the attention of researchers as well as professionals, particularly in the context of psychiatrically normal adults, adolescents and children. The purpose of the current research is to examine depressive symptomatology among psychiatrically normal male and female adolescents, using multiple depressive measures.

More precisely speaking, the purpose of this study is to investigate depression with special emphasis on: (A) adolescents (males and females separately), (B) correlates, attribution and coping, (C) use of multivariate techniques, and (D) multiple measures of depression. The rationale for laying emphasis on the above mentioned four aspects is given below.
Why a study of Depression in Adolescence?

In presenting this study of adolescent's depression, it seems prudent to start by a brief mention of reasons for selecting period of adolescence. Although, scholars have written about adolescents for centuries, and a developmental phase called adolescence was identified at the beginning of this century, research on adolescence has been meager (Petersen, 1988; p. 583). Despite, the paucity of research on this topic, most people believe they know what adolescence is like and are unreceptive to findings that challenge their beliefs (Brooks-Gunn & Petersen, 1984).

A number of authors (Petersen, 1988; Santrock, 1987; Van Hasselt & Hersen, 1987; Steinberg, 1985; Conger & Petersen, 1984; Adelson, 1980) have made a comprehensive review to communicate the flavor of current research on adolescence. According to Petersen (1988), three major areas in which there has been a great deal of recent psychological research on adolescence include: (a) adjustment or turmoil, (b) puberty and its effects, and (c) adolescent-family relations. All three areas have long traditions of work, though, in each case the current work is of a different nature, in part because of technological advances. For example, research on the biological changes of puberty was advanced by the development of radioimmunoassay as a technique for measuring hormones; Psychological research on puberty was
then stimulated by the exciting biological findings. Similarly, parents-adolescent interaction research has been aided by audio and video technology, especially when accompanied by computer monitoring and storage of information on-line.

(Given the belief that adolescence is characterized by moodiness, it is odd that there is a little research on this topic. Larson, Csikszentmihalyi, & Graef (1980), using the method of random time sampling with automatic paging devices, found more mood variability among high school students than among adults.

In recent years, there has been an increased interest in the phenomenon of adolescent depression in terms of both theoretical and clinical perspectives. However, most of the investigators showing interest in the phenomenon of adolescent’s depression, have based their conceptualizations of adolescent depression on clinical samples. We, thus, do not know to what extent the multitude of findings that have emerged from the adult literature in the recent past and clinical samples of adolescents are generalizable to non-clinical populations. The data of depressive symptomatology among clinical samples of adolescents, are limited in their generalizability to nonclinical population of adolescents.

Although, there has been far fewer prevalence or incidence studies of depression in non-clinical
populations, the growing literature on psychiatrically normal population in the last few years suggests that adolescents are substantially more depressed than children (Angold, 1988; Rutter, 1986), and that they may be more depressed than adults (Garrison, Shoenbach, & Kaplen, 1985; Shoenbach, Kaplen, Grimson, & Wagner, 1982). From a preventive perspective, given the sharp rise in adolescent suicide (e.g., Frederick, 1985) and the finding that being depressed substantially increases the likelihood of having further episodes (Amenson & Lewinsohn, 1981), it is critically important that clinical investigators turn their attention to the study of depression in this age group.

Further, this is particularly important because of the rising rates of adolescent suicide, substance abuse, school failure, and juvenile delinquency, all of which have been linked to adolescent depression (Gibbs, 1981; Chiles, Miller, & Cox, 1980; Greuling & DeBlassie, 1980; Lesse, 1979; Offer, 1979; Finch & Poznanski, 1971; Chwast, 1967).

**Sex Differences and Depression**

Recent epidemiologic surveys demonstrate that depression is one of the most common mental disorders found in the general population and that this disorder is more common among some social groups than others. The most consistent finding with regard to group differences in depression is the substantially higher rate of disorder
found among women than among men (Weissman & Klerman, 1977). Other sociodemographic factors related to the occurrence of depressive symptomatology or disorder include social class, education, or income and minority group status (e.g., Neff & Husaini, 1987).

Weissman & Klerman (1977) thoroughly documented sex differences in primary affective disorders. The authors concluded that the sex differences in depression in the Western Society are, in fact, real and not an artifact of reporting on health care behaviour (p. 109).

A number of other studies (Upmanyu & Upmanyu, 1993; Nelson, Politano, Finch, Wendel, & Mayhall, 1987; Kashani, Carlson, et al., 1987; Baron & Perron, 1986; Kandel & Davies, 1982; Teri, 1982) of depression in nonclinical populations of adolescents have also revealed that females were more likely to report depression than males. However, few studies (Kaplan, Nussbaum, Skomorowsky, Shenker, & Ramsey, 1980; Hammen & Padesky, 1977) failed to reveal any significant difference between males and females.

Given the greater incidence of depression and higher rates of treatment use among women (Amenson & Lewinsohn, 1981; Weissman & Klerman, 1977), it is not surprising that most of the relevant research is based on samples composed predominantly of women. For instance, studies of the relative incidence of negative life events on the social resources of depressives, are based primarily on
female subjects (e.g., Costello, 1982; Paykel, 1979; Brown & Harris, 1978; Roy, 1978; Weissman & Paykel, 1974).

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 & Herb, 1974; Gove & Tudor, 1973), 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 the individual (e.g., Nolen-Hoeksema, 1987; Weissman & Klerman, 1977). These findings have led several investigators to focus on adolescence as the best age period in which to identify the factors and processes that might explain the greater likelihood that depression would emerge in girls than in boys.

The failure to examine qualitative gender differences in depression, is an important omission in earlier studies aiming to study depressive symptomatology among adolescents.*

In the light of existing literature, this study is designed to explore psychological factors, underlying

* Studies investigating gender differences in depression have mostly laid emphasis on quantitative differences. Few studies have investigated qualitative gender differences in depression, i.e., correlates of depressive symptoms among males and females.
these measures of depression; thirdly, the different construction of these scales, and their individual characteristics of item array, cause serious difficulties in comparing one study using one scale with another using a different scale. Given some contentual differences among the scales, there may be distinctive patterns of correlation of these scales with several other measures representing psychopathology. Their use would further facilitate comparison of results with other studies.

Use of Multivariate Techniques

Previous studies have computed bivariate correlations for determining the correlates of depression. The failure to use multivariate techniques is also an important omission. Given the overwhelming likelihood that depression in adolescence involves multiple, interacting and intercorrelated precipitating and predispositional factors, the use of multivariate technique is imperative, keeping in view the importance of several factors underlying the construct of depression.

Coping and Depression

Despite considerable theoretical and empirical attention, many gaps still remain in our understanding of the coping process and in how it is affected by demographic and individual difference variables. One question that has proven particularly difficult to answer is whether men and women cope with depressive symptoms in different ways. Many studies have addressed gender
differences in coping, but a consistent pattern of results is yet to emerge. The investigation of possible gender differences in coping is important, not only because coping differences may be an important consequence of gender-linked socialization experiences, but also because differences in coping may help mediate gender differences that have been shown to exist in the incidence of various stress-related physical and psychological disorders (Solomon & Rothblum, 1986; Myers et al., 1984). Such findings have prompted several investigators to speculate that differences in coping may play a causal role in the relative frequency with which men and women experience specific psychological and physical disorders (e.g., Miller & Kirsch, 1987; Billings & Moos, 1981; Pearlin & Schooler, 1978).

Keeping in view what has been said in the preceding paragraphs, the present study was designed with the following objectives;

1. To ascertain the incidence of depression among male and female adolescents.
2. To examine gender differences in depressive tendencies in adolescence.
3. To examine correlates of depressive tendencies among males and females, and
4. To study attribution and coping strategies from the viewpoint of depressive symptoms.