CHAPTER -V

SUMMARY

Depression is a part and parcel of human existence ever since the dawn of human consciousness. It has accompanied him throughout his history and the world’s literature had chronicled it with the intensity and care that so ancient and so widespread a condition warrants, Reports of depression have been found in most ancient literary texts. Thousands of years ago, the Book of Job recorded psychopathological depression and in a more contemporary vein, the poetry of Gerard Manley Hopkins gives an immediacy and poignant horror to the anguish of depression (cf. Mendals, 1970).

According to Dr. D. Mohan, 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 their image afloat. This can wreck 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: The Indian Express, April 18, 1993).

There is sufficient evidence of a growing interest in this topic outside psychiatry. Apart from the enormous disability and economic cost of depression, as well established treatability makes it a priority topic for attention in any public health strategy programme that aims to deliver efficiency (financial) as well as efficacy (clinical, social and economical functioning).

In recent years the psychoanalytic theory has been losing ground in favour of the cognitive theories of depression (Lewinsohn & Rosenbaum, 1987). One of the
early cognitivists, Becker (1962) postulated that depressives self-abusive cognitions and guilt feelings stem in part from their parents’ extensive use of guilt-inducing socialization practices. Beck (1967) has advanced a cognitive theory of depression that attaches central importance to negative cognitive schemata that dominate depressed person’s evaluations of themselves, their environment and their future. Beck (1967) was explicit in stating that these schemata develop as a consequence of parental behaviour. That is, depressed persons are assumed to have had parents who were critical and non-approving of their self-worth. These evaluations were internalized and formed the building stones for a negative schema.

Thus, both psychoanalytic theory and certain cognitive theories of depression view parental non-acceptance and rejection as precursors of adult depression (Lewinsohn & Rosenbaum, 1987). Indeed, one can logically infer from these theories that depressed persons, in comparison with non-depressed persons, will remember their parents as having been more rejecting and more negative in their behaviour, as Blatt, Wein, Chevron, & Quinlan (1979), arguing from the psychoanalytic point of view, and Crook, Raskin, & Elliot (1981), arguing from Beck’s cognitive–theory point of view, have done.

The cognitive view of behaviour assigns primary importance to the self-evident fact that people think. It assumes that the nature and characteristics of thinking and resultant conclusions determine what people feel and do and how they act and react. This view of behaviour and psychopathology has a long history that bridges the disciplines of clinical psychiatry, clinical and academic psychology, and philosophy (Wason, Johnson-Laird, 1972; Broadbent, 1971; Adler, 1969; Beck, 1967; Neisser, 1967; Kelly, 1955). The increasing emphasis on the role of cognition in behaviour has been termed the “Cognitive revolution” (Dember, 1974). It can be noted that cognition has played an increasingly important role in recent theories of personality and psychopathology (e.g. Meichenbaum, 1977; Mahoney, 1974; Mischel, 1973; Kelly, 1955). Depression is one area of theory and research in which cognitive factors, that is, the manner of perceiving, construing, consequences have been emphasized. In this context much of the impetus has come from the theoretical
and empirical work of Aaron Beck (1967, 1974), Martin Seligman (1974, 1975), and Peter Lewinsohn (1976). Indeed, the recent empirical literature on the psychology of depression is dominated by studies addressing Beck’s cognitive theory; Seligman’s learned helplessness model or Lewinsohn’s theory, which attributes depressive state to a low rate of response contingent positive reinforcement.

Emil Kraepelin (1856-1926) distinguished manic-depressive insanity, an episodic nondeteriorating disorder, from dementia praecox – later called “Schizophrenia” – a more progressive deteriorating disorder. Eugen Bleuler (1857-1939), a Swiss neurologist, further differentiated the concept of manic-depressive insanity. He coined the term “affective disorders”, in which he included manic-depressive insanity, psychoneurotic depressive reactions, and involutional melancholia. He was, however, unable to delineate clearly the specific subtypes of affective disorder, a problem of separation that persists even today.

In more recent times, the concept of depression has been broadened to include milder forms. Clinicians and researchers have debated whether the concept of depression refers to a single disease that varies from mild to severe along a continuum or whether it consists of a set of discrete subtypes that differ in phenomenology, pathophysiology, and ultimately etiology (Everett, 1981; Kendell, 1968, 1976; Eysenck, 1970; Hamilton & White, 1959; & Lewis, 1938). This debate has yielded a number of different methods for subtyping depressive disorders, such as endogenous vs. reactive, psychotic vs. neurotic, and primary vs. secondary (Nelson & Charney, 1980; Akiskal, Rosenthal, Rosenthal, Kashgarian, Khani, & Puzantian, 1979; Andreasen & Winokur, 1979a; Bhrolchain, 1979; Bhrolchain, Brown, & harris, 1979; Akiskal, Bitar, Puzantian, Rosenthal, & Walker, 1978; Winokar, Behar, VanValkenburg, & Lowry, 1978; Lewis, 1971; Kendell & Gourlay, 1970; McConaghy, Joffe, & Murphy, 1967; Rosenthal & Klerman, 1966; Kiloh & Garside, 1963).

In spite of considerable agreement on the phenomenology of the clinical syndrome of depression, no completely satisfactory explanation has yet been offered to account for the mechanisms underlying the wide variations in symptomatology
and course. The identification of psychosocial factors that may cause depression has 
proven to be an arduous task. The difficulty of demonstrating causal relationships in 
naturalistic research has been compounded by an over reliance on cross-sectional 
methodology. Cross-sectional research has been successful in demonstrating 
differences between depressed and non-depressed individuals; that is, it has 
identified abnormalities in the functioning of depressed individuals that are present 
during depressive episodes. Many of these abnormalities, such as dysfunctional 
cognitions, distressed relationships, anaclitic personality types, and deficits in social 
behaviors, have been implicated in the etiology of depression by theorists of various orientations (e.g., Abramson, Seligman, & Teasdale, 1978; Brown & Harris, 1978; 
Beck, 1976; Hirschfeld, Klerman, Chodoff, Korchin, & Barrett, 1976; Lewinsohn, 
1976). However, some of these problems in functioning may be symptoms, or 
concomitants, of depression that appear with the onset of a depressive episode and 
disappear with remission.

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. 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 aspect of self-esteem.

In the context of the salience of negative cognition in depression, the present 
study made an attempt to examine the intervening role of negative cognition in the 
effect of social support and body image on depression, separately for male and 
female adolescents, and separately for two self-report measures of depression, 
namely Beck Depression Inventory and Zung Self-rating Depression Scale.
OBJECTIVES OF THE STUDY

1. To study the effect of social support on depression.
2. To study the effect of body image on depression.
3. To examine gender differences in depression.
4. To examine the intervening role of negative cognition in the effect of body image and social support on depression.

HYPOTHESES

The study starts with the following hypotheses:

1. It is hypothesized that a negative cognition would be positively correlated with depression for both males and females. This hypothesis derives its rationale from several studies reviewed earlier with respect to the role of dysfunctional cognitive patterns in the development and maintenance of depressive symptoms in both males and females.

2. Depression would be associated negatively with social support in both males and females. This hypothesis derived its rationale from the earlier researches which have revealed that either through direct protective effects or by buffering the adverse consequences of life stresses, social support is associated with a decreased likelihood of developing depressive disorder.

3. It is further hypothesized that poor body image would be more strongly correlated (positively) with depression in case of female adolescents than male adolescents.

   This hypothesis derived its rationale from a number of recent studies which suggests that positive body-image is an important correlate of depression in high school and college students (Cash, Winstead, & Jonda, 1986; Noles, Cash, & Winstead, 1985; Teri, 1982) and it is during adolescence that girls begin to report lower body-image than boys (Simmons & Blyth, 1987; Rosenberg & Simmons, 1975; Simmons, Rosehberg & Rosenberg 1973).

4. It is hypothesized that given gender difference in symptom expression, modest gender difference in mean level of depressive symptoms are expected, with girls likely to score some what higher than boys.
The earlier researchers clearly show that although depression is quite prevalent in the adult population its existence during childhood, though now recognized, is relatively uncommon. Somewhere between childhood and adulthood, its prevalence is assumed to increase dramatically (Rutter, 1986; Rutter, Graham, Chadwick, & Yule, 1976). Moreover, Weissman & Klerman (1977) pointed out that girls do not appear to predominate among the depressed very early in the life span, yet, woman clearly are preponderate among depressed young adults (Lewinsohn, Duncan, Stanton, & Hautzinger, 1986).

Further, the following four sets of findings deserve attention with respect to the hypotheses mentioned above. Firstly, adolescence is a more stressful developmental period for girls than for boys (Hops, Sherman, & Biglan, 1989; Rutter, 1986); secondly, it is during adolescence that girls begin to report lower body image than boys (Simmons, Rosenberg, & Rosenberg, 1973), thirdly, girls reported higher self-consciousness than boys (Rosenberg & Simmons, 1975); and fourthly, with menarche girls tend to drop culturally prescribed masculine attributes (Hill & Lynch, 1983) associated with lower depression.

5. The relationship of depression with social support and body image would be moderated by negative cognition.

SAMPLE

250 males and 250 females participated in the study. Sample of 250 males (aged 13-18 years) and 250 females (aged 13-18 years) were selected from various schools and colleges in Haryana, Punjab, Himachal Pradesh and Chandigarh.

The majorities of the participants were from upper/middle class families and lived with both parents. The subjects to be included in this study were also required to be showing:

1. No evidence of drug addiction or alcoholism, and
2. Not currently in treatment for any diagnosed psychiatric disorder.

Several demographic characteristics, for example, marital status, employment status, education and place of residence (urban/rural) were controlled in the sense
that participants were unmarried, unemployed and belonged to urban areas. Moreover, they were school/college students. The sample was limited to participants also who were available to participate in this study, thus limiting the assumption of randomization.

**TESTS USED**

The following tests were used in the present study:

1. **Beck Depression Inventory (BDI: Beck, Ward, Mendelson, Mock, & Erbaugh, 1961).**
2. **The Zung Self-Rating Depression Scale (ZSRS: Zung, 1965).**
3. **Automatic Thought Questionnaire (ATQ: Hollon & Kendall, 1980).**
4. **Social Support Questionnaire (SSQ: Sarason, Levine, Basham, & Sarason, 1983).**
5. **Multidimensional Body Self-Relation Questionnaire (MBSRQ: Cash, 1991).**

**ADMINISTRATION OF TESTS**

The following tests were administered in a random sequence:

1. **Beck Depression Inventory (BDI: Beck, Ward, Mendelson, Mock, & Erbaugh, 1961).**
2. **The Zung Self-Rating Depression Scale (ZSRS: Zung, 1965).**
3. **Automatic Thought Questionnaire (ATQ: Hollon & Kendall, 1980).**
4. **Social Support Questionnaire (SSQ: Sarason, Levine, Basham & Sarason, 1983).**
5. **Multidimensional Body Self-Relation Questionnaire (MBSRQ: Cash, 1991).**

**SCORING OF TESTS**

The tests were scored strictly in accordance with the procedures suggested by the authors. Hand scoring was done by using separate keys for respective tests in the study. Social Support Questionnaire was scored for two measures of social support: SSN and SSQ. The Zung Self-rating Depression Scale was used as a measure of depression. The Beck Depression Inventory was scored for measure of depression. Like wise Negative Automatic Thought Questionnaire was scored for the measures
of negative thoughts. Multidimensional Body Self Relation Questionnaire was scored for the measure of body image.

These tests were scored in accordance with the instructions given by the authors of different tests.

ANALYSIS

The following statistical techniques were used for the purpose of analysis of the data:

1. Descriptive statistics like mean, median, mode, standard deviation, skewness & kurtosis.
2. 2X2X2 analysis of variance was used keeping in view the objectives and hypothesis of the present study. The three variables included in 2X2X2. Analysis of variance referred to negative cognition, social support and body image. These variables were manipulated at two levels referring to high versus low negative cognition, high versus low social support and high versus low body image.

CONCLUSION

The current study was designed with the objective to ascertain the intervening role of negative cognition in examining the effect of Body Image and Social support on Depression for male and female adolescents, separately for the two measures of depression namely Beck Depression Inventory and Zung Self Rating Depression Scale. Several hypotheses were formulated. The study failed to find out the intervening role of negative cognition, though the effect of negative cognition on depression was well established regardless of gender and self report measures of depression. The beneficial role of social support has also been found for both male and female adolescents regardless of self report instruments of depression. It is significant to emphasize that poor body image has emerged to be relevant from the viewpoint of depression for female adolescents only. The body image had no effect on depression for male adolescents.