



## The Parenting styles and Resilience in Depressed and Non-Depressed 14 -17 Years Students

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**Abstract:** This study aims to compare the parenting styles and resiliency in depressed students and non-depressed 14 - 17 years students of high schools in Persian city. The study was descriptive that has been employed casual-comparative design. The sample included 100 students (50 depressed students, 50 non-depressed students) which were selected by multistage cluster sampling. Parenting styles questionnaire was completed by parents and students completed resilience and CDI questionnaires. The data were analyzed using independent samples t-test, ANOVA and MANOVA. Results of independent samples t-test showed that there is a significant difference between the resilience in depressed students and non-depressed students, so that the non-depressed students have higher resilience. Results of MANOVA showed that parents of depressed students have a significant higher use of authoritarian and permissive parenting styles and parents of non-depressed students have a significant higher use of authoritative parenting style. Results of ANOVA showed that there is a significant difference between the resilience in depressed students with permissive parenting style and authoritative parenting style, so that the depressed students with authoritative parenting style have higher resilience.

**Key Words:** Parenting Styles, Resilience, Depressed Students, Non-Depressed Students.

### INTRODUCTION

Adolescence has received much attention of scientists, psychologists and authors because of its significant role in human life. Several psychologists called adolescence the period of the sentimentalism, emotion-orientation, the period of constructive crises and period of pressure and riot. All these cues and attention indicate the importance of this period of life. All these features cause inflammation, anxieties and changes as well as unconventional and seemingly unusual appearances in adolescents.

Depression is one of the most common mental disorders in adolescence. Prominent symptoms of depression in adolescents may appear as frown and scowl or negativism, withdrawal, complaints from not to be understanding and not to be admired and possibly anti-social behaviors and drug abuse. Recent research has shown that the rate of depression among children and adolescents is between 4 to 8.3%<sup>1</sup>.

Of the issues having a noticeable effect on the psychological status of adolescents in general and appearance of depressive symptoms in this critical period is teen relationships in the family, especially with the parents. The relations between parents and children are of important issues attracted the attention of psychologists and experts of education for several years. Family is first base in which the bond between the child and environment is formed. Children will learn the basic beliefs about the world in the family and grow physically and mentally. They learn talking methods, the basic norms of behavior. Finally, the attitudes, ethics and moralities of children are form; in the other words, they become socialized. Each family employs particular ways for personal and social education of their children called parenting styles. Parenting styles are considered as a set of behaviors or styles describing parent-child interactions over a wide range of situations<sup>2</sup>.

Fathers and mothers differ in terms of a wide range of required characteristics for parenting. The various combinations of paternal and maternal parenting styles are associated with adolescents' adaptation and health. Family environment and parenting styles have significant effects on mental-social development of children. Parenting style is one of global structures which express the general relationship between parents and their children. It is considered as an important factor for the growth and learning of children<sup>3,4,5</sup>.

Thus, parenting styles are tools for describing normal parental differences which is closely related to control issue, so that the majority of scholars believe that the primary role of parents is children's learning and control<sup>6</sup>. The effect of family environment on child development has been often studied by observing the parent-child interactions. These observations usually assessed the behavioral traits of parents using two dimensions: a) Acceptance (warmness) including support and nurture of positive affect between parents and children, b) Control including those behaviors of parents that will guide their child's behavior such as guidance and control, being inhibitor or facilitator<sup>7</sup>.

Parenting styles is an effective and a determinant factor playing an important role in development and psychopathology of children and adolescents. It has a large share in orientating children's behavior as a part of family influences<sup>8</sup>.

Discussing psychological characteristics and problems of children is almost impossible regardless of attitudes, behaviors and parenting styles. Undoubtedly, all parents are challenging with the duty to promote optimal normal

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development and health of their children. The aforementioned challenges are critical for physical growth and mature as well as social, emotional and intellectual development of children.<sup>9</sup> although psychologists and theorists emphasize the role of parents and parenting styles, limited studies have been carried out on parenting styles and its relationship with psychological status of adolescents.

Traditionally, the researches on the psychological state of adolescence have focused on pathological symptoms. Such studies have considered mental health equivalent to the lack of such symptoms. But, a new perspective on health-related sciences in general and psychology in particular is forming and developing. This scientific approach focuses on the positive aspects of health.<sup>10</sup> According to new view; the mental health requires understanding the existential challenges of life. In this view, the lack of disease is not enough for being healthy, but having a sense of life satisfaction, adequate development, efficient and effective interaction with the world, positive energy and mood, good bond and relationship with society and community and positive development are considered as the characteristics of a healthy person. One of the variables appearing in positive-orienting approach to humans is resilience. Resilience has an important role in developmental psychology; family psychology and mental health such that the findings associated with this structure significantly increase. Resilience, as a process, has been defined as capability or outcome of successful adaptation with threatening conditions.<sup>11</sup> In other words, resilience is positive adaption in response to adverse conditions<sup>12</sup>.

Resilience is not only resistance against damages or threatening conditions and not a passive state facing with hazardous situations, but it is an active and constructive participation in environment. In other words, resilience is the individual capability for establishing mental-physiological balance in dangerous conditions. In addition, researchers believe that the resilience is a type of self-restoration with positive emotional, emotional and cognitive consequences.<sup>13</sup>

Kumpfer<sup>14</sup> believed that resilience is to return to the initial equilibrium or to reach equilibrium at a higher level in threatening conditions. Thus, it provides successful adaption in life. At the same time, Kumpfer refers to this point that positive coping with life can be considered as an outcome of resilience. It also provides a higher level of resiliency as an antecedent. Given the impacts of parenting styles on mental status of adolescents and the importance of resilience on their psychological health, the present study aims at examining parenting styles and resilience in depressed and non-depressed students aged 14 to 17 years in Persian City. It also compares the resilience of students according to their parenting styles.

## MATERIALS AND METHODS

This is an applied study in terms of objective designed and implemented using descriptive method of causal-comparative type. The descriptive analysis was carried out using the mean and standard deviation. The comparison of two independent means, multivariate analysis of variance (MANOVA) and one-way analysis of variance (ANOVA) were used for inferential analysis.

### Population, sample and sampling

The population consisted of all high school students aged 14 to 17 years in Persian City in educational year 2012-2013. Morgan Table was used to estimate the sample size according to population size. Among the population, 400 students were selected as the prototype using multistage clustering method. Using the CDI test, 50 depressed and 50 non-depressed students were selected as final sample. Among the students, 50% were female and the rest were male. In this study, the following questionnaires were used to obtain the required information:

1. Baumrind Parenting Styles questionnaire was used to measure parenting styles. According to Baumrind theory<sup>4</sup>, it has been adopted from permissive, authoritarian and authoritative behavior patterns to investigate the parenting styles. Bori reported the reliability of permissive, authoritarian and authoritative styles using test-retest method equal to 0.81, 0.92 and 0.92, respectively. Furthermore, Bori found a negative relationship between being permissive and authoritarian (-0.50) and between being authoritative and authoritarian (0.52) in mothers, when examining the validity of questionnaire. Momeni and Amiri<sup>15</sup> reported the reliability of permissive, authoritarian and authoritative styles using test-retest method equal to 0.69, 0.77 and 0.73, respectively. The validity of the questionnaire has been approved by experts in psychology and psychiatry.

2. Connor and Davidson Resiliency Scale were used to measure resilience. This questionnaire has been normalized by Mohammadi<sup>16</sup> in Iran. It is consisted of 25 five-option items. The options are graded from 0 to 4, respectively. In a study by Samani ET AL.<sup>11</sup> the reliability of the scale was obtained equal to 0.87 using Cronbach alpha coefficient. Mohammadi<sup>16</sup> calculated the reliability of the scale using the Cronbach alpha coefficient equal to 0.89. The validity of the scale ranged from 0.41 to 0.64 using the correlation of each item with total score of coefficients.

3. CDI Inventory was used to identify depressed students. Children's self-reported depression inventory was developed by Kovacs and Beck to measure depression in children and adolescents aged 7-17 years. It consisted of five subscales of negative mood, interpersonal problems, ineffectiveness, anhedonia and negative self-esteem. The questionnaire consisted of 27 questions, each consisting of 3 sentences. It is designed to measure symptoms of depression like crying, suicidal thoughts and the ability to focus on homework. The children will select one of three sentences representing their feelings, thoughts, and behavior

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over the past two weeks. Questions are graded from 0 to 2. A score of 0 indicates lack of a symptom, a score of 1 indicates a moderate symptom and score of 2 indicates an obvious symptom. Thus, the scores range from 0 to 54. The higher scores indicate greater depression. The implementation of questionnaire takes less than 15 minutes. The test-retest reliability and internal consistency of CDI is 0.82 and 0.83, respectively.

### RESULTS

Baumrind<sup>4</sup> parenting styles questionnaire was performed on parents while resilience and depression tests were performed on children. The results were analyzed using descriptive and inferential statistics. Table 1 shows the descriptive characteristics of the data collected from questionnaires for each group.

**Table 1.** Descriptive characteristics of variables

Group	Non-depressed		Depressed	
	Standard Deviation	Mean	Standard Deviation	Mean
<b>Resilience</b>	11.61463	68.2800	13.86869	45.3600
<b>Authoritarian style</b>	4.49222	13.9400	4.68589	16.9600
<b>Permissive style</b>	4.16932	14.3800	4.06684	17.5400
<b>Authoritative style</b>	3.57091	33.0600	5.35347	27.4400
<b>Depression</b>	2.47510	5.5800	5.67400	27.6400

As seen in Table 1, the means and standard deviations of resilience in depressed students is 45.36 and 13.84, respectively, while corresponding values in non-depressed students is 68.28 and 11.61, respectively. The mean and standard deviation of authoritarian style in depressed students is 16.96 and 4.68, respectively, while corresponding values in non-depressed students is 13.94 and 4.49, respectively. The means and standard deviations of permissive style in depressed students is 17.54 and 4.06, respectively, while the corresponding values in non-depressed students is 14.38 and 4.16, respectively. The means and standard deviations of authoritarian style in depressed students is 27.44 and 5.35, respectively, while the corresponding values in non-depressed students is 33.06 and 3.57, respectively. The mean and standard deviation of depression in depressed students is 27.67 and 5.67, respectively, while the corresponding values in non-depressed students is 5.58 and 2.47, respectively.

The comparing of two independent means was used to compare resilience in depressed and non-depressed students. Before performing the test, the normality of distribution and homogeneity of variances were examined. The results showed that Kolmogorov-Smirnov test ( $P=0.423$ ,  $Z=0.69$ ) and Levene's test ( $P=0.311$ ,  $F=1.038$ ) are not significant. Thus, the distribution is normal and variances are homogenous. Therefore, the two independent means comparison

can be implemented. Table 2 shows the mean resilience scores of depressed and non-depressed participants, along with descriptive information.

**Table 2.** Comparison of resilience scores in depressed and non-depressed students

Group	Significance Level	DF	T	Standard Deviation	Mean
Depressed	0.001	98	-967.8	84869.13	3600.45
Non-depressed				61463.11	2800.65

According to Table 2, it can be concluded there is a significant relationship between resilience scores of 14 to 17 years old depressed and non-depressed students ( $p < 0.05$ ,  $DF = 98$ ,  $t = -967.8$ ), so that non-depressed students have a higher resilience score.

Multivariate analysis of variance (MANOVA) test was used to compare the parenting styles of depressed and non-depressed students. Before performing the test, assumption of normal distribution and homogeneity of variances were examined. The results showed that Kolmogorov-Smirnov test for permissive style ( $P = 0.399$ ,  $Z = 0.86$ ), authoritarian and authoritative styles ( $P = 0.94$ ,  $Z = 1.29$ ) and Box test ( $P = 0.185$ ,  $F = 1.468$ ) are not significant. Thus, the distribution is normal and variances are homogenous. Therefore, multivariate analysis of variance test can be implemented. Table 3 shows the parenting styles scores of depressed and non-depressed participants.

**Table 3.** Comparison of parenting styles of depressed and non-depressed students

Change Sources	Variables	Statistical Power	Impact Factor	P-value	F	DF
	Permissive style	967.0	131.0	0.001	14.718	1
<b>Group</b>	Authoritarian style	903.0	131.0	0.001	10.822	1
	Authoritative style	0.1	280.0	0.001	38.135	1
	Permissive style					98
<b>Error</b>	Authoritarian style					98
	Authoritative style					98
	Permissive style					100
<b>Total</b>	Authoritarian style					100
	Authoritative style					100

According to Table 3 (the results of MANOVA), it can be concluded that there is a significant difference between permissive parenting style of depressed and non-depressed students' parents ( $p < 0.50$ ,  $F_{1,98} = 14.718$ ), so that the parents of depressed students use a higher level of permissive parenting style. There is a significant difference between the authoritarian style among 14 to 17 years old

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depressed and non-depressed students' parents in Persian City ( $p < 0.50$ ,  $F_{1,98} = 10.822$ ), so that the parents of depressed students use a higher level of this parenting style. Also, there is a significant difference between the use of authoritarian parenting style among 14 to 17 years old depressed and non-depressed students' parents ( $p < 0.50$ ,  $F_{1,98} = 38.135$ ), so that the parents of depressed students use a higher level of this parenting style.

One-way ANOVA test was used to compare the depressed students' resilience according to their parenting styles. Table 4 shows the mean resilience scores of depressed subjects according to their parenting styles.

**Table 4.** The resilience of depressed subjects according to their parenting styles

	Change Sources	Significance Level	F	Mean Squares	DF	Sum of Squares
	Intergroup	0.041	3.248	598.096	2	1196.191
<b>Resilience</b>	Intragroup			174.496	47	8201.329
	Total				49	9397.520

According to Table 4, there is a significant difference between the degrees of resilience in depressed students with different parenting styles ( $p < 0.05$ ,  $f(47.2) = 428.3$ ). Tukey's post hoc test was used for more accurate comparison of resilience in depressed students with different parenting styles. The results showed a significant difference between depressed students with permissive and authoritative parenting styles in terms of resilience ( $p < 0.5$ ), so that the depressed students with authoritative parenting style report much more resilience. There is no significant difference between depressed students with permissive and authoritarian parenting style in terms of resilience. Moreover, no significant difference was found between depressed students with authoritarian and authoritative parenting styles in terms of resilience.

One-way ANOVA test was used to compare the resilience of non-depressed students according to their parenting styles. Table 5 shows the mean resilience scores of non-depressed subjects according to their parenting styles.

**Table 5.** The resilience of non-depressed subjects according to their parenting styles

	Change Sources	Significance Level	F	Mean Squares	DF	Sum of Squares
	Intergroup	0.243	1.460	193.300	2	386.601
Resilience	Intragroup			132.414	47	6223.479
	Total				49	6610.080

According to Table 5, there is no significant difference between the resilience scores of the non-depressed students with different parenting styles ( $p > 0.5$ ,  $f(47.2) = 460.1$ ).

## DISCUSSION

The objective of the present study was to compare parenting styles and resilience of depressed and non-depressed high school students aged 14 to 17 years in Persian City. The results showed a significant difference between the resilience of 14 to years old depressed and non-depressed students in Persian City, so that non-depressed students had a higher resilience score. This is consistent with the results of Rostami<sup>17</sup>, Azadi<sup>18</sup>, Samani<sup>11</sup>, Besharat<sup>19</sup>, Besharat<sup>20</sup>, Damankeshan<sup>21</sup>, Part<sup>22</sup> and Lazarus<sup>23</sup> who found differences between resilience in depressed and normal subjects or the impact of resilience on reducing depression.

The results also suggested that there is a significant difference between the use of permissive, authoritarian and authoritative parenting styles in depressed and non-depressed students' parents, so that the parents of depressed students used a higher level of permissive and authoritarian parenting styles than non-depressed students' parents. Furthermore, the parents of non-depressed students use a higher level of authoritative parenting style than depressed students' parents. This finding is consistent with the results of Mazidi and Alborzi<sup>24</sup>, Heidari, Dehghani, Khodapanahi<sup>25</sup>, Seifi Gandomany ET AL.<sup>26</sup>, Seyed Mousavi ET AL.<sup>27</sup> and Yousefi<sup>28</sup> who noted the impacts of parenting styles on children's depression.

The results of the present study showed a significant difference between the resilience of depressed students with different parenting styles, such that depressed students with authoritarian parenting style had much more resilience than depressed students with permissive parenting style. This finding is consistent with the results of Keshtkaran<sup>29</sup>, Mohammadi<sup>16</sup>, Nemati<sup>30</sup>, Masten and Paul<sup>31</sup>, Miller and Gerard<sup>32</sup> who emphasized the influence of parenting style on adolescents' resilience.

The results of the present study, consistent with other studies, shows the effect of parenting styles on capabilities, features and numerous psychological damages in adolescents. Most studies emphasized on the positive effects of authoritative parenting style compared with permissive and authoritarian parenting styles. Due to its features (love and intimacy, respect for ideas, participation in decision making, the emphasis on autonomy, encouraging innovation, etc.), the authoritative parenting style not only does not disturb the adolescent growth process, but it provides a ground for manifestation of talents and adaption abilities and also prevents the development of depression.

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