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A Bi-Directional Association Between Depression and Romantic Relations in Adolescence

Kaelene L. Fenn

Brigham Young University

Abstract

Depression is associated with higher morbidity rates of suicide ideation and increased suicidal risk in adolescents with the presence of romantic relationships. I review research on the predictors of depression in adolescent romantic relationships, specifically, concerning the bi-directional nature of this association, gender differences, and prevention strategies. The focus of adolescent research in recent years has been mainly on depression that emerges during romantic relationships and may have a negative effect on them. For example, adolescent girls are more likely than adolescent boys to be affected adversely by depression that accompanies romantic relationships, whereas adolescents of both genders are susceptible to rejection sensitivity and self-silencing, which may be symptoms of depression. Although researchers have considered both genders, there is a dearth of literature on depression and romantic relationships in adolescent boys. I recommend further research on this issue as well as further research on the moderators of depression in adolescent romantic relationships.

Bi-Directional Association between Adolescent Depression and Romantic Relations: Gender Differences and Prevention/ Intervention Strategies

Over the past two decades, adolescent depression has emerged as a prevalent social issue (Kessler & Bromet, 2013). In 2012, over two million adolescents in America, or 9%, had experienced at least one episode of depression in the past year (Substance Abuse Mental Health Services Administration, 2012). Indeed, researchers showed that depressive episodes increased rapidly after puberty (Thapar, Collishaw, Pine, & Thapar, 2012). More recently, Norona, Roberson, and Welsh (2016) cited adolescent depression as a major public health issue that affects both families and the community at large (see also, Goodman, Slap, & Huang, 2003). It is also associated with higher morbidity rates of suicide ideation and increased suicidal risk (Thapar et al., 2012). Its rapid rise indicates the need for continued research on possible predictors of depression in adolescents so as to develop more effective prevention and treatment programs (Norona et al., 2016).

Several researchers have identified factors associated with adolescent depression. Betts, Gullone, and Allen (2009) found that depressive symptomatology is associated with mood and temperament, parenting styles, and emotional regulation. Millings, Buck, Montgomery, Spears, and Stallard (2012) found associations between depression and school, peer attachment, and self-esteem. Other associations include negative life events (Johnson, Whisman, Corley, Hewitt, & Rhee, 2012), genetic vulnerabilities (Hansell et al., 2012), stunted neural development (Lichenstein, Verstynen, & Forbes, 2016), and romantic relationships (Ha et al., 2014).

Romantic relationships have become a focus of research on adolescent depression, including its relation to romantic competence, or the ability to have healthy relationships in emerging adulthood (Sandberg-Thoma & Kamp Dush, 2014). Positive effects of such relationships include increased social support (Frech & Williams, 2007), positive feelings of self-worth (Connolly & Konarski, 1994; Kuttler, Le Greca, & Prinstein, 1999), and fewer health problems (Waite & Gallagher, 2000). Negative effects have been identified as well, such as increased depression (Davila, Steinberg, Kachadourian, & Fincham, 2004; Haydon & Halpern, 2010; Haynie, 2003; Soller, 2014).

Greater understanding of how depression affects romantic

relationships during adolescence and vice versa may enhance the efficacy of interventions (Weissberg, Kumpfer, & Seligman, 2003).

A Bi-directional Association

Whether there is a causal direction in the association between adolescent depression and romantic relationships remains in question. Some researchers have examined the correlation between the two phenomena (Chen et al., 2009; Connolly & McIssac, 2011; Little, Welsh, Darling, & Holmes, 2011), and others have examined depression's adverse effects on healthy romantic relationships (Coyne, 1976; Ha et al., 2012). Others have speculated that adolescents who already are depressed seek romantic relationships as a means of alleviating depressive symptoms (Davila, 2008).

Depression as an Effect of Romantic Relationships

Researchers have most recently focused on depression that results from romantic relationships in adolescence. Adolescent girls are more likely to be diagnosed with severe depression and are more prone to interpersonal stress (Haydon & Halpern, 2010; Soller, 2014). After the age of 14, adolescent girls are at a higher risk for negative emotions within romantic relationships, such as insecurity, whereas adolescent boys are at a higher risk for negative behaviors, such as alcohol consumption, which is consistent with the claim that males tend to externalize their emotions and females tend to internalize them (Chen et al., 2009).

Stroud and Davila (2008) identified three developmental patterns in adolescence: early maturing, on-time maturing, and late maturing. With a sample consisting of 83 adolescent girls, the authors examined the association between pubertal onset and depressive symptoms in adolescence. Only girls, in the on-time maturing category, manifested an increase in depressive symptoms. In addition, in the same group, the researchers found a positive association between the number of romantic experiences a girl reported and the severity of depressive symptoms. These findings contrasted with Davila's (2008) argument that girls who follow normative developmental trajectories are less likely to be diagnosed with depression. However, additional factors, such as the quality of parent-child relationships and neurodevelopmental variables, may play a role.

Inauthentic relationships are another predictor of depression

in adolescent girls. Soller (2014) reported a study involving 5,316 adolescent girls in which an inauthentic relationship was defined as one in which the girl's idealized version of romantic relationships deviated from reality. This definition was similar to that in Rogers's (1959) theory of congruence. Rogers suggested that having an ideal version of the self, perceiving that one's ideal-self is manifested in one's self-image, may increase one's feelings of self-worth. A discrepancy between the ideal-self and one's self-image was defined as incongruence. Sollar modified Rogers's theory to focus on divergence between ideal self and actual self-image in romantic relationships. The degree of divergence was directly correlated with reported depression, suicide attempts, and suicide ideation.

In a study conducted in a non-Western culture, Bajoghli, Joshaghani, Mohammadi, Holsboer-Trachsler, and Brand (2011) found that Iranian adolescent girls' romantic relationships were unrelated to depressive symptoms. Instead, there was a positive correlation between the symptoms of hypomania, or mildly increased elation and physical activity, and romantic relationships, as well as between the length of relationships and the duration of hypomania. The contrasts between these findings and Soller's suggest that, in adolescent girls, the relationship between romantic relationships and psychopathology is influenced by social norms.

Predictors Affecting Both Genders

Many predictors of depression, such as negative self-esteem, parental distress, sexual relations, self-silencing (inhibited verbal expression with a romantic partner), age, and psychological maltreatment by one's partner, occur in both genders during adolescence (Chen et al., 2009; Gallaty & Zimmer-Gembeck, 2008; Harper, Dickson, & Welsh, 2006; Ksobiech, Chiao, & Yi, 2014; Norona et al., 2016). In youth with comorbid risk factors, a negative relationship and an emotional cycle may occur. Negative self-esteem and parental distress are initial catalysts of stressful experiences in romantic relationships (Ksobiech et al., 2014). This finding was congruent with Davila's (2008) stress-and-coping model in which stressors within the romantic relationships of adolescents predict stronger depressive symptoms in those with poorer coping skills.

Rejection sensitivity often goes hand-in-hand with negative self-esteem. Researchers have reported that higher rejection sensitivity in

adolescent boys is associated with higher depression in their female partner. By contrast, higher rejection sensitivity in adolescent girls is associated with increased self-silencing in both themselves and their male partners (Norona et al., 2016). Self-silencing may also lead to an increased likelihood of a sexual relationship (Little et al., 2011), which may increase self-silencing in a negative cycle, which worsens over time (Harper et al. 2006).

Haydon and Halpern (2010) studied age differences in adolescent relationships and found an increased risk of depression when the romantic partner was two or more years older. Specifically, the younger partner was more likely to participate in high-risk behaviors and substance abuse stemming from the older partner's pressure and thus became more susceptible to depression.

Gallaty and Zimmer-Gembeck (2008) conducted a study of the romantic partners being psychologically abusive. They defined abuse as being belittled, being the recipient of jealous behaviors, undergoing negative societal and emotional control, being abused verbally, and being disrespected. The authors found the abuse of one partner by the other tended to erode friendships outside the partnership, further increasing the symptoms of depression in the abused partner (Gallaty & Zimmer-Gembeck, 2008).

A close (non-romantic) relationship with another person may moderate the association between depression and romantic relationships in adolescence. Such relationships may lessen the emotional dependence on the romantic partner (Chow, Ruhl, & Buhrmester, 2015). Ksobiech et al (2014) found additional moderators of the association, namely, living with both parents and having high family cohesion.

Depression's Impairment of Healthy Romantic Relationships

Depression can impair healthy romantic relationships in several ways. One is shortening the relationship (Ha et al., 2012; Steinberg & Davila, 2008), thereby reducing romantic competence and the success of future romantic relationships.

Additional impairments take the form of increased negative emotions, decreased romantic and sexual intimacy, lower positive communication, higher isolation, decreased energy and motivation, and higher dependence and uncertainty within romantic relationships. These symptoms lower the quality of romantic relationships (Steinberg

& Davila, 2008); however, higher emotional intimacy was reported as a positive outcome of depression (Knobloch, Sharabi, Delaney, & Suranne, 2016).

Bi-directional associations between romantic relationships and depression in adolescence may have lasting impact on subsequent romantic relationships. Sandberg-Thoma & Kamp Dush (2014) found that adolescents engaged in romantic relations and diagnosed with depression are more likely to cohabit and less likely to marry. Depression then may become a barrier for the continued development of relationships. Moreover, Vujeva and Furman (2011) found that the quality of the romantic relationships in emerging adulthood was lower for those who were diagnosed with depression in adolescent romantic relationships.

Prevention and Treatment

Gallaty and Zimmer-Gembeck (2008) and Haydon and Halpern (2010) emphasized the need for research that focuses on the prevention of mental disorders within adolescent romantic relationships. Current prevention programs are focused on teaching sexual-safety strategies, such as abstinence, the use of contraceptives, and sexually transmitted disease (STD) prevention, as well as potential risks. (Byers, O'Sullivan, & Brotto, 2016; Fantasia & Fontenot, 2011; Widman, Golin, Noar, Massey, & Prinstein, 2016). While these provide many benefits, they are inadequate in helping youth have the knowledge and skills to prevent the development of major depression. Other programs, such as interpersonal psychotherapy, mindfulness-based intervention, and cognitive restructuring provide treatment for depression.

Interpersonal psychotherapy can be highly beneficial (Young, Kranzler, Gallop, & Mufson, 2012) when focused on romantic competence in adolescence. Parental training on the attachment process and parent-child interpersonal skills training may also be helpful (Anderson, Salk, & Hyde, 2015). Group therapy and behavioral activation (i.e. introduction of new behaviors) in romantic experiences are additional treatment approaches (Nault-Brière, Rohde, Stice, & Morizot, 2016; Petts, Foster, Douleh, & Gaynor, 2016).

Mindfulness-based intervention is intended to help people identify and accept their thoughts and emotions in positive ways. It may enhance positive emotional regulation, which is the ability to respond

to emotions with socially acceptable and healthy behaviors and to delay responses as needed, thereby countering depression (Kendell et al., 2014; Teper et al., 2013).

Cognitive restructuring is a therapeutic technique in which emotions and thoughts perceived as threats are restructured as challenges to be overcome (Teper et al., 2013). One effect of such restructuring is the reduction of affective polarization (i.e., the experiencing of emotions only in the extreme; Kendell et al., 2014).

Conclusion

In this review, I considered the bi-directional association of adolescent depression and romantic relationships, predictors of depression in these relationships, and treatment and prevention programs for depression that are available. Much of the research has involved adolescent girls, who have a high probability of depression in their romantic relationships, starting at age 14 (Haydon & Halpern, 2010). They are also more likely to be vulnerable to interpersonal stressors and to have specific scripts for ideal romantic relationships (Soller, 2014).

An important but understudied area of research is the association between depression in adolescent boys and romantic relationships. Researchers have shown that depression in adolescent boys increases the likelihood of negative behavioral effects within their relationships, including romantic relationships (Haydon & Halpern, 2010).

While it was also found that the presence of depression impairs healthy relationships in many ways, higher emotional intimacy was reported as a positive side effect within a relationship. This indicates a need for further study clarifying this finding (Knobloch, Sharabi, Delaney, & Suranne, 2016). Additionally, depression in adolescents may be a significant indicator of the likelihood of cohabitation later in life (Sandberg-Thoma & Kamp Dush, 2014).

Most of the studies I have cited had small sample sizes and qualitative research. A wide variety of constructs were employed, resulting in a range of definitions. Only a few studies of non-Western adolescents were available. Although their findings may not generalize to adolescents in the US, cultural differences in the development of adolescent psychopathology within romantic relationships are important in providing a larger context.

Current programs provide important knowledge on sexual safety in relationships but are insufficient in teaching emotional safety. There are programs and resources which teach relationship skills as well as many treatment and prevention programs for depression. These are helpful when focused on relationship competency and emotional regulation. Making these, as well as parental training programs, readily available to adolescents would be highly beneficial in reducing the prevalence of depression in adolescent romantic relationships.

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