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Mediation Between Parental Coercion and Adolescent Depression

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Abstract

In the present literature review, the relationships between parental coercion and adolescent depression are discussed in greater detail. Parental coercion and adolescent depression are suggested to be linked by the mediating factors of adolescent self-esteem, cognitive style, and vulnerable mood. In light of the Symbolic Interaction Model as well as the “Looking-Glass Self” Model, perceived parental coercion may result in lower adolescent self-esteem, which acts as a negative cognitive bias or style. It is hypothesized that low self-esteem, which may be caused by parental coercion, may play a prominent role in adolescent depression, because low-self-esteem creates a negative cognitive lens through which all human interaction is interpreted, leaving the individual vulnerable to depressive mood-states.

Mediation between Parental Coercion and Adolescent Depression

A child's perceived relationship with his or her parent and this relationship's effect on mental health has received substantial attention and focus in the academic world (McAdams, et al., 2017; Meadows, Brown, & Elder, 2006). Studies show that level of parental support and control as perceived by the child may have a lasting impact on a child's mental health and wellbeing (Birkeland, Melkevik, Holsen, & Wold, 2012). Low support and high psychological control (coercion) has repeatedly been shown to be highly correlated with parent-child conflict and various symptoms associated with manifestations of depression (Barber, Stolz, & Olsen, 2005; Kaslow, Deering, & Racusin, 1994). Although the link between perceived strain in the parent-child relationship and adolescent depression has been firmly established (Ge, Best, Conger, & Simons 1996; Jenkins, Goodness, & Buhrmester, 2002), a child's perception of that relationship and the possibility of resultant depression are actually separated by several mediating factors.

Low self-esteem in adolescence, which may be caused by parental coercion and lack of parental support and affection, plays a prominent role in the development of adolescent depression. Low self-esteem may lead to negative cognitive biases that act as an inherently negative, depressive lens through which all human experience is interpreted. Understanding this relationship may lead to a greater focus on family environment and parent-child relationships in future preventative action. A more detailed discussion of insights and relationships between the parent-child relationship and self-esteem, the effect of low self-esteem on the development of negative cognitive styles and biases, and the resultant vulnerability towards depressive symptomology will follow in the proceeding pages.

The Parent-Child Relationship and the Development of Self-Esteem

Although a child's development of self-concept is influenced by many factors, parental influence has been shown to be an important element in the child's development of self-esteem (Boudreault-Boucard, et al., 2013; Conger, et al., 1997; McAdams, et al., 2017; Plunkett, et al., 2007). According to the attachment theory model (Holmes, 1993), beginning in infancy, children must develop an attachment to at least one primary caregiver in order for successful development to occur (p. 69). Children rely on this attachment for physical and emotional support. While attachment to a caregiver is universal, the nature of the resultant relationship is as diverse as the natures of the individual caregivers. Caregiver behavior and responsiveness plays a large role in the child's development of thought, belief, and resultant behavior (Mercer, 2006). The SI model shows the necessity of this arch-relationship is in a child's development of self-esteem.

Symbolic Interactionism and Self-Esteem

While a lack of parental support and affection and the use of parental psychological control influence many aspects of a child's developing global perception and mental health, the effect of parental support and control on adolescent self-esteem has been thoroughly demonstrated (Boudreault-Boucard, et al., 2013; Conger, Conger, & Scaramella, 1997; McAdams, et al., 2017; Plunkett, Henry, Robinson, Behnke, & Falcon III, 2007). Self-esteem can be defined as the inherent beliefs one holds about his or her own value and competence (James, 1985; Rosenberg, 1965). The association of the parent-child relationship with self-esteem can be explained by the theory of symbolic interaction (SI), which states that human interaction and the development of shared symbols (or understanding) serve as the cause for all human action and belief (Mead, 1934; Mann, 2008). Charon (2004) notes that the focus of the SI model is not primarily on individuals or the social environment so much as on the interaction that takes place between them. According to this model, human beings bring their own perceptions

into an interaction, making the cause of human behavior and belief a synergy between the social environment and the individual—not one or the other (Charon, 2004, p. 31). Plunkett, et al. (2007) drew on this idea, as well as Cooley's (1902) "looking-glass self" to explain that, similar to the same way we see a physical reflection of ourselves in water, self-definition takes place as our identity (manifested through personality, behavior, etc.) is reflected off other individuals with whom we come in contact. In other words, identity, as well as perceived self-worth, are defined by the individual through the medium of perception in his or her interpersonal relationships. It follows that if interpersonal feedback is positive and constructive in nature—if individuals perceive themselves as being held in high-esteem by others—their own self-esteem will be higher as well. If, on the other hand, the individual perceives low esteem from others, a low sense of self-esteem may result. Such introjection may explain the correlation between parental lack of caring and affection, parental psychological control, and an adolescent's low self-esteem (p. 176). .

Confirming such a model, parent-child relationships have been shown to have substantial impact on a child's self-concept, self-esteem (McAdams, et al., 2017), and mental health in adolescence (Plunkett, et al., 2007) and even beyond (Birkeland, et al., 2012). While self-esteem has been shown to be somewhat inheritable (McAdams, et al., 2017), studies indicate that parental approval, signs of affection, support, and expressiveness—in other words positive feedback from primary caregivers—are positively correlated to high self-esteem in adolescence, and negatively correlated to depressive symptoms (McAdams, et al., 2017). Other studies support this trend, showing that high levels of parental psychological control (Boudreault-Boucard, et al., 2013; Oliver & Paull, 1995), verbal abuse (Johnson, et al., 2001), a perceived lack of affection (Oliver & Paull, 1995), etc. (i.e. negative feedback from primary caregivers)

positively correlates to low self-esteem, and/or pathogenic mentalities in adolescence as well as during the transition to adulthood (Oliver & Paull, 1995).

Long-Term Effects of Self-Esteem Developed during Adolescence

It is important to note here the long-range effects of the self-esteem developed at an early age. Gibb, et al. (2006) indicate in their study that negative attributional styles “crystallize” during adolescence, and other research (Birkeland, et al., 2012) has shown that the self-esteem developed in adolescence is a significant indicator of perceived self-esteem after the transition into adulthood. As shown in Figure 1, individuals can be organized roughly into three categories: those who develop high self-esteem early in life are set on a trajectory of continual growth. Those who begin adolescence with slightly lower self-esteem experience a depressive downturn during the teenage years, but with time seem to regain what they have lost. Although people in this group tend to regain some level of self-esteem in early adulthood, they never reach the level of those who begin with a high level of self-esteem. The third category of those who begin adolescence with low self-esteem tend to remain chronically low, gradually losing even more. This group never gains a comparable level of self-esteem to that of the other two groups.

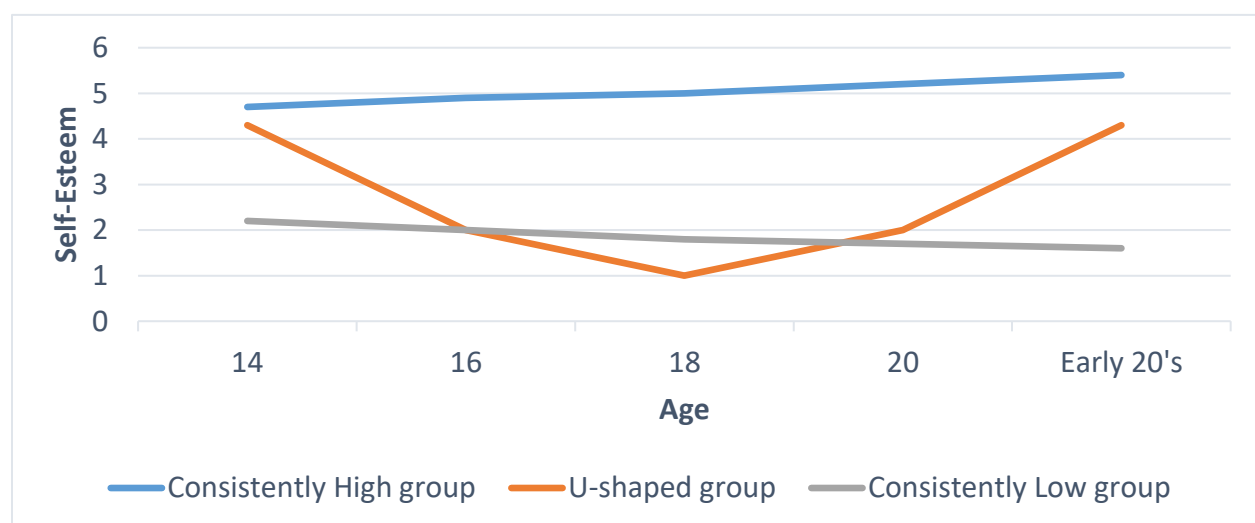


Figure 1. Trajectories of self-esteem from ages 14 to 23. Adapted from “Trajectories of global self-esteem development during adolescence” by M. S. Birkeland, O. Melkevik, I. Holsen, and B. Wold, 2012, *Journal of Adolescence*, 35, 43-54. These and other such findings suggest that if self-esteem is correlated to depression, the parent-child relationship plays a critical role in subsequent depressive symptoms.

Self-Esteem and Depressive Mood

Low self-esteem leads to depressive symptoms through the medium of mood. Perceived loss of self-esteem or life experiences perceived as negative, self-defining moments may lead to negative cognitive styles such as an introjective mood (Kopala-Sibley, & Zuroff, 2010) defined by Blatt, D’Afflitti, and Quinlan (1976) as pervasive and “intense feelings of inferiority, guilt, and worthlessness and by a sense that one has failed to live up to expectations and standards” (p. 383), or even negative changes in personality style such as the development of self-criticism (Kopala-Sibley, et al., 2015).

Although opinions differ as to their relationship from an etiological standpoint (Sowislo, et al., 2014), the correlation between self-esteem and depression has been thoroughly demonstrated (Plunkett, et al., 2007; Rieger, et al., 2016; Sowislo & Orth, 2013; Sowislo, et al., 2014). Research indicates that vulnerable mood and negative cognitive styles mediate the relationship between self-esteem and depressive symptomology and that these negative cognitive styles may self-manifest due to self-esteem’s negative cognitive bias as explained in light of the SI model. The following section demonstrates these relationships.

Etiology of Low Self-Esteem and Depression: The Chicken or the Egg?

Two predominant theories attempt to answer the question regarding the relationship between self-esteem and depression. The “scar” (Coyne, Gallo, Klinkman, & Calarco, 1998) and

“vulnerability” (Beck, 1967) models have produced valid explanations for this relationship, suggesting that the most accurate answer may be synergistic in nature.

The Scar Model of depression and self-esteem. The Scar Model (e.g. Coyne, et al., 1998) suggests that the individual who experiences depressive symptoms carries “scars” or long-term effects from those experiences, and that these “scars” manifest themselves in a lower global self-esteem. In this model, depression is the instigator, and low self-esteem the result. In other words, people struggling with depression slowly begin to feel bad about themselves and their inability to effectively cope with personal negative affect (Sowislo & Orth, 2013).

The Vulnerability Model of depression and self-esteem. The Vulnerability Model (Beck, 1967) posits the opposite; namely, that low self-esteem leads to depressive symptoms. In greater detail, negative beliefs about one’s self may result in the development of negative cognitive styles and/or moods that leave a person particularly vulnerable to depressive symptoms (Sowislo & Orth, 2013). These negative cognitive styles and/or moods are not depression themselves (Abela, Webb, Wagner, Ho, & Adams, 2006; Kopala-Sibley & Zuroff, 2010), but serve as a catalyst to depressive symptomology if triggered by things such as negative life-events, stress (Auerbach, et al., 2014), or, as later discussed, relatively ambiguous social situations (Platt, Water, Schulte-Koerne, Engelmann, & Salemink, 2017; Vassilopoulos & Moberly, 2012).

Although the scar and vulnerability models of depression and self-esteem are both supported by research, a meta-analysis of the data (Sowislo & Orth, 2013) shows more substantial evidence for the vulnerability model. This suggests that together they may create a more holistic answer; namely, that a lowering of self-esteem gives rise to depressive symptoms which, in turn, may leave a lasting impact on the individual by increasing loss of affectual

control, hopelessness, and an even further lowering of self-esteem, possibly creating a depressive, downward spiral.

Cognitive Bias and Perception

Beliefs may predispose individuals to certain behaviors, interpretations, or even moods. As stated earlier, self-esteem may be defined as the inherent beliefs one holds about his or her own value and competence (James, 1985; Rosenberg, 1965). If one's belief about his or her own value is negative in nature, the result may be a negatively biased perception of reality. A recent analysis (Platt, et al., 2017) of studies in cognitive bias in youth discovered strong correlations between negative cognitive biases and youth depression. Recent studies suggest that the inherent, negative beliefs an adolescent brings to any given situation may influence him or her through attention bias (Dalglish, et al., 2003; Harrison and Gibb, 2014) as well as interpretation bias (Eley, et al., 2008).

Cognitive bias. Inherent beliefs influence our choice of the stimuli to which individuals give our attention. Using a common test known as a "Dot-probe" test (MacLeod, Mathews, & Tata, 1986), researchers are able to measure the reaction time of participants in the recognition of negative versus neutral stimuli. Studies done in this manner show a strong correlation between a cognitive bias towards negative stimuli, depressed youth (Hankin, Gibb, Abela, & Flory, 2010), and youth with vulnerability to depression (Joormann, Talbot, & Gotlib, 2007). Children who experienced depressive symptoms, as well as non-depressed children of depressed parents ("vulnerable children") showed a much quicker reaction time in the recognition of negative stimuli. This bias towards negative stimuli plays a large role in the social stimuli to which both depressed and vulnerable youth give their attention.

Interpretation bias. Similar studies suggest that cognitive bias plays a role in how individuals interpret stimuli as well (Eley, et al., 2008; Reid, et al., 2006). The most common measurements of negative cognitive bias are the ambiguous stories task and the ambiguous words task (Mathews & Mackintosh, 2000), in which participants are given ambiguous words, sentences, or stories and are then asked to interpret them. Negative interpretations are correlated with a negative cognitive bias. Eley, et al. (2008) found significant positive correlation between negative interpretation scores and depressive symptomology. Another study (Dearing & Gotlib, 2009) suggests that negative interpretation bias may play a role in vulnerable, but not depressed youth. In other words, whether the words or stories were interpreted in a negative, neutral, or positive light depended to a large extent on the pre-existing beliefs of the individual that was asked to interpret them.

Attentive and Interpretive bias in light of self-esteem. Low self-esteem may act as a negative cognitive bias, creating an interpretive lens that may lead to pervasive, negative attitudes or moods. Although very little research has been done studying self-esteem as a cognitive bias, at least one study (Dineen & Hadwin, 2004) shows that negative self-judgement (i.e. low self-esteem) is positively correlated to depressive symptomology. In light of the present, general research in regards to negative cognitive biases, a low sense of self-esteem could cause youth to give undue attention to negative stimuli, exhibit an overly extreme perception of negative stimuli and/or choose a negative interpretation of ambiguous or even benign situations. Low self-esteem could act as both a false interpreter of benign situations, and an intensifier of negative events, leading to even lower self-esteem. Such intense feelings of low self-worth have been described as introjection (intense feelings of inferiority, guilt, and worthlessness), as well as

anaclitic (fears of being abandoned, and by wishes to be cared for, loved, and protected) mood states (Blatt, et al., 1967).

Mood and Resultant Vulnerability Towards Depression

While these negative moods and/or cognitive styles are not symptoms of clinical depression, they are, in some cases, its predecessors (Kopala-Sibley & Zuroff, 2010). Among those who have never experienced depression, levels of vulnerability across the population are not universally equal (Platt, et al., 2017). Within the category of non-depressed adolescents exists a sub-category of individuals who are more vulnerable to future depressive symptomology (Platt, et al., 2017). While adolescence is a particular time when depression usually begins to arise (Auerbach, et al., 2014), these negative cognitive biases can and do exist even earlier (Kopala-Sibley & Zuroff, 2010). The effects of negative cognitive style on interpersonal relationships, stress, and self-esteem, as well as the role of vulnerability as the mediator between negative cognitive style and depression will be discussed in the following sections.

Depressogenic Vulnerability: Fertile Soil for Seeds of Stress

While all individuals experience stress on a daily basis, the effect stressors have depends a great deal on the stressor's perceived level of severity (Fernandez & Sheffield, 1996). As discussed earlier, one's perception is heavily influenced by the cognitive biases created over a lifetime through individual experience and learning. It follows that negative cognitive styles can manifest themselves by creating a pervasively negative perception. Individuals who manifest a negative cognitive style are considered more "vulnerable" or prone to later depression because they are more prone to pay closer attention to negative feedback and stimuli, as well as interpret situations in a negative light (Abela, et al., 2006; Kopala-Sibley & Zuroff, 2010).

Negative Cognitive Styles and Effect on Interpersonal Relationships.

Negative cognitive vulnerabilities have been shown to increase the amount of stress in interpersonal relationships (Abela, et al., 2006; Auerbach, et al., 2014). Referring back to the SI and looking-glass model, our thoughts, beliefs, perceptions, and, eventually, our behavior are all derived from interpersonal relationships. Negative perceptions of interpersonal relationships lead to greater levels of stress. Auerbach et al. (2014) aptly state in their study of adolescent self-criticism, hassles, and youth depression that “depressogenic cognitive vulnerabilities appear to continuously influence one’s perceptions, expectations, and responses to interpersonal relationships and thereby increase susceptibility to depression” (p. 922). Seen holistically, depressing, interpersonal experiences may lead to more depressing, interpersonal experiences, because with each new experience viewed from a negative cognitive bias, the perceptions, expectations, and responses of the person become more depressogenic in nature.

Self-Criticism and Depression

Self-criticism or self-blame has received particular attention as a negative cognitive style (Auerbach, et al., 2014). A strong characteristic of self-criticism is the attachment of worth to achievement, with lack of expected achievement (both reasonable and unreasonable) resulting in a perceived loss of self-worth (Aurbach, et al., 2014; James, 1985). With “well-being” dependent on often unrealistic expectations, adolescents who blame themselves for lack of achievement or for a failed relationship with a parent or significant other are more vulnerable to future depression. Negative cognitive styles or moods, while not depression in and of themselves, serve as a depressive functional framework leaving one vulnerable to later, clinical levels of depression.

Conclusion

Depression is a multi-faceted, complex condition with many contributing factors and manifestations. While causation is plural in nature, depressogenic vulnerabilities in the form of negative mood, negative cognitive bias, and overall negative style serve as key components of later depressive symptoms. These vulnerable cognitive styles begin to form early on in adolescent life, crystallizing before adulthood. Although many factors in a child's life can influence the formation of these cognitive styles, a low sense of self-worth or self-esteem has been shown to be a leading cause of their development. While self-esteem forms through social interaction in general, the parent-child relationship plays a critical role in its development during the adolescent years. Seeing that parental support and affection have a direct and positive relationship with the development of high self-esteem and are negatively correlated with depressive symptomology, preventative action should focus on strengthening the parent-child relationship to be one of mutual respect, affection, and support. In increasing mutual regard for each other, adolescent self-esteem may rise, and the probability of at least partially mitigating depressive symptomology may increase.

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