ORIGINAL ARTICLE

Coping Strategies among Adolescent Children of Depressed and Non Depressed Parents

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ABSTRACT

Objective: The objective of the present study was to find out differences in coping strategies of adolescents of depressed and non-depressed parents.

Study Design: Comparative cross-sectional study.

Place and Duration of Study: The study was conducted at Pakistan Atomic Energy Commission (PAEC) Hospital in Islamabad during the period of April 2014 to June 2014.

Materials and Methods: The sample consisted of 130 adolescents including 50 from families of depressed parents and, 80 from non-depressed parents. The data was collected through purposive sampling technique. Brief COPE scale was used to assess coping strategies of the subjects.

Results: The results indicate significant difference in coping strategies of adolescents of depressed and non-depressed parents. The adolescents of depressed parents used more dysfunctional coping strategies such as active avoidant coping strategy. The results also highlighted significant gender differences.

Conclusion: Results of the study suggest that children of depressed parents use dysfunctional coping strategies as compared to children of non-depressed parents. The findings are important for future research and prevention studies with children of depressed parents to incorporate healthy and functional coping strategies.

Keywords: *Depressed parents, Non-depressed parents, Adolescent children, Coping strategies.*

Introduction

Adolescence is a developmental transition between childhood and adulthood which usually starts at puberty and ends at age 18 or 19. During this period of growth not only physical changes but also psychological, emotional, social and cognitive development bring about an added burden on growing individual and thus a need to cope effectively with this plethora of changes is essential. Young adolescents while adaptating to biological changes of puberty, reformulating relation with parents and peers, developing ability to think in an abstract and hypothetical ways, striving towards identity formation and autonomy and constructing values encounter varying amounts of stress from multiple sources.[1,2] Facing all these challenging developmental tasks it becomes imperative that adolescents develop effectual coping strategies. Therefore, ability to cope effectively with stress has been viewed as a crucial component of resilience among adolescents and important in influencing patterns of positive growth and development.[3]

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Coping refers to an attempt of individual to decrease the sources of stress, to overcome the barriers responsible for frustration, and to resolve conflicts. Lazarus & Folkman[4] defined coping as "Constantly changing cognitive and behavioral efforts to manage specific external and /or internal demands that are appraised as taxing or exceeding the resources of the person". There are hundreds of options available to the individual as one copes with specific stressful events and circumstances. Different experts have identified several coping categories. These are categorized as adaptive/functional and maladaptive/dysfunctional coping strategies. Adaptive coping strategies such as problem-focused coping, positive coping and religious coping can play important role in buffering the effect of stress as these strategies are characterized by attempts to adopt solution-oriented and positive ways of coping. On the other hand maladaptive coping strategies including avoidant coping and denial coping contribute to aggravate the stressful situation. These coping strategies reflect active attempts to avoid the stressor or escape from its effects. Coping in adolescents becomes even more important if they have stressful home environment. Parents exert significant influence on adolescents and their psychological functioning affects the way adolescents deal with stressors of life. Several

studies have indicated that parental depression is a strong predictor of psychological problems in adolescents and creates unpredictably stressful environment for children[5, 6] and depressed parents demonstrate inconsistent patterns of interaction e.g. being emotionally and physically withdrawn, and intrusive with their children.[7,8] Because of the elevated levels of chronic stress in the families of depressed parents, it is essential to understand how their adolescent children cope with this stressful environment. Identification of adaptive and maladaptive coping strategies can help these adolescents for better management of their everyday stresses as well as making maximum use of their potentials. The present research is designed keeping in view the practical significance of the problem. This study aims at investigating coping strategies of adolescent children of depressed and non-depressed parents. Limited studies have been conducted to explore the differences in coping strategies of adolescent children of depressed parents and non-depressed parents in the recent past. Moreover these study designs remained confined to one or two aspects of coping mechanism. All these studies were conducted on sample from western culture. There is no research evidence on coping mechanism of children of depressed parents in Pakistan. Our study will essentially focus on conventional Pakistani families. Further, the coping inventory used in this study is more comprehensive and will identify wide range of coping strategies used by adolescent children of depressed and non-depressed parents. Data analysis will help us to design psychotherapeutic interventions for adolescent children to use healthier coping strategies instead of using maladaptive coping.

Materials and Methods

A quantitative cross sectional study was carried out at psychiatric unit of Pakistan Atomic Energy Commission (PAEC) Hospital Islamabad April 2014 to June 2014. The sample was selected through purposive sampling technique. The sample of the study consisted of 130 adolescents of depressed parents and non-depressed parents. Fifty adolescents were from families of depressed parents and 80 from non-depressed parents. Parents' past and current history of depression was assessed with the semi structured case history proforma according to DSM-IV-TR criteria.[9] The age range of parents was 30-64 (M = 43.97, SD= 7.39) and the age range of the children was of 12-18 (M = 14.86, SD= 2.00). Among adolescent children 65 (50%) were males and 65 (50%) were females. The data was collected from adolescents after getting informed consent from their parents. They were briefed about the purpose of the study and assured that the information obtained from their children will be kept strictly confidential. After getting their consent, instruments were administered with the adolescents. Adolescents were instructed to respond on each item of the questionnaire booklet. They were asked to respond to the items by selecting an option which resembles closely to their situation, feelings or behaviours. At the end, participants were thanked for their cooperation. Demographic sheet was administered to collect the data regarding age of parents, gender of child, child age and other information such as family monthly income and parents' education. The Urdu version of Brief COPE[10] was used to identify the coping strategies used by adolescent children. Brief COPE is a briefer form of COPE Inventory [11] consisted of 28 items categorized into 14 subscales. Items are arranged in a 4-point Likert format (1= Never, 2= Very less, 3= Sometimes, and 4= A lot).In the present research the scale is categorized into five subscales namely: Active Avoidance Coping, Problem-Focused Coping, Positive Coping, Religious coping and Denial. The high score on each subscale indicates more use of that particular coping strategy and low score indicates less use of that coping strategy. Data was analyzed through SPSS-18. Descriptive statistics were used to describe the data. Independent Samples t-test was used to compare scores between two groups. P-value < 0.05 was considered as significant.

Results

A total of 130 adolescent children, 50 from depressed parents group and 80 from non-depressed parents group were included in the study. Age of the adolescent children ranged from 12-18 with mean value of 14.86 and the age range of parents ranged from 30-64 with the mean value of 43.97. Among 130 adolescent children fifty percent were boys (65) and fifty percent were girls (65) (See

Table I). Significant differences were found on Avoidance Coping, Problem-focused Coping, Positive Coping and Religious coping. Adolescent children of depressed parents used more avoidant coping strategy (M= 19.53) as compared to adolescent children of non-depressed parents who used more problem-focused (23.16) and positive coping strategies (16.01). Significant differences were also noted on religious coping strategy. The adolescent children of depressed parents used less religious coping style (5.68). The detailed results are presented in (Table II). The results also showed significant gender differences in the coping strategies of boys and girls. The girls scored higher on avoidant coping (M= 20.23) and religious coping (M= 6.74) as compared to boys whose frequently used coping strategy is problem-focused (M= 16.40). No gender differences were noted on positive coping (see Table III).

Table I: Demographic Characteristics of Sample (N=130)

Variables	f	Percentage	Mean (SD)
Adolescent Data			
Adolescent Children of Parents with Depression	50	38.46%	
Adolescent Children of Parents without Depression	80	61.54%	
Age			14.86 (2.00)
Gender			
Boys	65	50.0%	
Girls	65	50.0%	
Parent Data			
Father age			43.15(2.81)
Mother age			37.53(2.44)
Father education			12.94(1.81)
Mother education			11.16(1.77)
Family monthly income			31500 (9551.13)

Discussion

It is well documented in literature that children of psychiatrically disturbed parents face more challenging and stressful environment than the children of non-disturbed parents. Especially children of depressed parents are two to five times more likely to develop behavior problems compared to children of non-depressed parents.[12] Often this stress is intensified by faulty and unhealthy coping

Table II: Mean, SD, and t-value of Adolescent Children of Depressed and Non-depressed Parents on Subscales of Brief COPE (N = 130)

	Adolescents (Depressed Parents) (n = 50)		Adolescents (Non-depressed parents) (n = 80)				95% CI	
Coping Style	M	SD	M	SD	t(128)	p	LL	UL
Active Avoidance	19.53	4.978	17.60	4.853	2.166	.032	3.684	.166
Problem-focused	20.92	4.571	23.16	4.101	2.902	.004	3.772	.713
Positive	12.86	2.232	16.01	3.495	5.690	.000	4.249	2.056
Religious	5.68	1.867	6.81	1.450	3.871	.000	1.711	.554
Denial	5.05	1.231	5.04	1.142	.046	.963	.437	.417

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit

Table III: Mean, SD, and t-value of Boys and Girls on Subscales of Brief COPE (N = 130)

	Boys (n = 65)		Girls (n = 65)				95% CI	
Coping Style	M	SD	M	SD	t(128)	p	LL	UL
Active Avoidance	17.34	4.525	20.23	5.068	3.432	.001	4.560	1.225
Problem-focused	16.40	3.468	13.20	2.538	6.003	.000	2.797	.243
Positive	22.94	4.069	21.66	4.668	1.662	.099	4.255	2.145
Religious	6.02	1.875	6.74	1.450	2.460	.015	1.305	.141
Denial	5.00	1.061	5.09	1.320	.440	.661	.508	.323

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit.

efforts that increase conflict in the family making children vulnerable to use dysfunctional patterns to deal with their environment. Keeping in view the literature it was hypothesized that children of depressed parents would exhibit significantly different coping strategies as compared to children of non-depressed parents. The findings of the present research are consistent with the past studies. The results indicated difference in the mean scores of adolescent children of depressed and non-depressed parents on the subscales of Brief COPE. The adolescent children of depressed parents reported more maladaptive coping strategies including active avoidance coping as compared to adolescent children of non-depressed parents. The adolescent children of depressed parents reported more use of active avoidance coping. On the other hand, adolescent children of non-depressed parents

reported more use of problem-focused coping, positive coping and religious coping that are healthier and adaptive forms of coping. It can be inferred from the results that the adolescent children of depressed parents experience more stressful environment at home and the coping strategies they employ to deal with problems are more flawed and defective. The results also maintain the notion that coping strategies of adolescent children vary with the psychological health and functioning of the parents. The more disturbing state of the parents is, the more dysfunctional and maladaptive the coping strategies children would use. The possible explanation regarding the difference in the coping strategies of the both groups could be that depression is a debilitating and chronic condition and it causes significant impairment along with substantial and wide-ranging negative effects in an individual's life.[13] That's why depressed parents demonstrate impaired and maladaptive patterns of interaction with their children.[14,15] It becomes very difficult for adolescent children to exercise healthy patterns of coping in relation to the uncontrollable stress associated with parental depression. Another objective of the study was to explore gender differences in coping strategies of boys and girls. The results showed significant differences in coping strategies employed by boys and girls. The boys reported more use of problem-focused coping than do girls whose frequently employed coping strategy is active avoidance. Research has reported that females are more vulnerable than males to stressful events, perceive a situation in more negative and threatening way and use different strategies to cope with them.[16,17,18] Likewise they use more dysfunctional forms of coping such as wishful thinking, emotional ventilation, resigned attitude and withdrawal, whereas boys experience the changes as a challenge and use more problem-oriented coping strategies, applying direct actions to solve their problems.[19,20,21] The results also demonstrate that girls used more religious coping than boys, the results are in line with previous research conducted with Pakistani adolescent population.[22] In Pakistani culture, religion is the most frequently used coping strategy due to religious faith. Religion plays significant role in people's lives and people tend to sought solution of their problems in religion; they turn to Almighty ALLAH for solution of their problems. Hence religious coping is a mean to deal with everyday stressful situations and is a source for stress reduction. These gender differences in coping can be interpreted as evidence for gender role socialization processes that contribute to gender stereotypes. Usually in our culture the masculine role has been depicted as 'instrumental' emphasizing rationality and autonomy, whereas the feminine role has been accepted as 'expressive' characterized by supportiveness and emotional orientations.[23] Thus males and females learn that there are different social and cultural expectations of them and act accordingly. Another possible reason between differences in coping strategies in girls and boys could be the fact that girls tend to spend more time at home with their psychiatrically disturbed parents as socialization role in Pakistani culture puts primary responsibility on them for home care thus they are more subjected to the challenges associated with their parents' psychopathology. The findings of the present study imply that the social context has an important relevance regarding gender differences in coping strategies of adolescents and must be kept in mind while conducting future studies. However, the findings of the present research could be culture specific, and more research is required to examine it in depth on a larger sample for validation and verification of this work.

Conclusion

The findings from the present study have shown that adolescent children of depressed parents use dysfunctional and maladaptive coping strategies. Gender differences revealed that adolescent girls use more dysfunctional strategies such as active avoidance coping strategy. These findings can provide us a direction to further explore the family dynamics in shaping such behaviors for effective psychotherapeutic interventions in the long run.

Acknowledgments

We are grateful to psychiatry department of Pakistan Atomic Energy Commission (PAEC) Hospital, Islamabad as well as the participants of the study for their cooperation.

REFERENCES

1. Christie D, Viner R. Adolescent Development. BMJ. 2005; 330:301-4.
2. Smetana J G, Campione-Barr N, Metzger A. Adolescent Development in Interpersonal and Societal Contexts. Annu. Rev. Psychol. 2006; 57:255-84.
3. Compas BE, Connor-Smith JK, Saltzman H, Thomsen AH, Wadsworth ME. Coping with stress during childhood and adolescence: Progress, problems, and potential in theory and research. Psychological Bulletin. 2001; 127:87-127.
4. Schaffer W. Stress management for wellness. 2nd ed. Austin: Harcourt Brace, Publishers; 1992.
5. Goodman SH, Gotlib IH. Risk for psychopathology in the children of depressed mothers: A developmental model for understanding mechanisms of transmission. Psychological Review. 1999; 106:458-90.
6. Weissman MM, Olfson M. Translating intergenerational research into clinical practice. Journal of American Medical Association. 2009; 302(24):2695-6.
7. Hammen C, Brennan PA, Shih JH. Family discord and stress predictors of depression and other disorders in adolescent children of depressed and nondepressed women. Journal of the American Academy of Child and Adolescent Psychiatry. 2004; 43:994-1002.
8. Jaser SS, Fear JM, Reeslund KL, Champion JE, Reising MM, Compas BE. Maternal sadness and adolescents' responses to stress in offspring of mothers with and without a history of depression. Journal of Clinical Child and Adolescent Psychology. 2008; 37:736-46.
9. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th ed-text revision). Washington, DC: Author; 2000.
10. Akhtar M. Coping strategies and its relationship with stress and time demands among university students. Unpublished M.Phil Thesis, National Institute of Psychology, Quaid-i-Azam University Islamabad; 2005.
11. Carver CS. You want to measure coping but your protocols too long: Consider the Brief COPE, International Journal of Behavioral Medicine, 1997; 4(1): 92-100.
12. Goodman SH, Rouse MH, Connell AM, Broth MR, Hall CM, Heyward D. Maternal depression and child psychopathology: A meta-analytic review. Clinical Child and Family Psychology Review. 2011; 14:1-27.
13. Wilson S, Durbin CE. Effects of paternal depression on fathers' parenting behaviors: A meta-analytic review. Clinical Psychology Review. 2010; 30:167-180.
14. Lovejoy M C, Graczyk PA, O'Hare E, Neuman G. Maternal depression and parenting behavior: A meta-analytic review. Clinical Psychology Review. 2000; 20: 561-92.
15. Weissman MM, JensenP. What research suggests for depressed women with children. Journal of Clinical Psychiatry. 2002; 63(7):641-7.
16. Gjerde PF, Block J. Preadolescent antecedents of depressive symptomatology at age 18: a prospective study. Journal of Youth and Adolescence. 1991; 20:217-32.
17. Frydenberg E. Adolescent coping. Age and Gender Effects on Coping in Children and Adolescents. London and New York: Routledge; 1997.
18. Hampel P, Petermann F. Journal of Youth and Adolescence. 2005; 34(2):73-83.
19. Folkman S, Lazarus R S. An analysis of coping in a middle-aged community sample. Journal of Health and Social Behaviour. 1980; 21:219-39.
20. Copeland EP, Hess RS. Differences in young adolescents' coping strategies based on gender and ethnicity. Journal of Early Adolescence. 1995; 15:203-19.
21. Frydenberg E, LewiS R. Boys play sport and girls turn to others: Age, gender and ethnicity as determinants of coping. Journal of Adolescence. 1993; 16:252-66.
22. Saeed I. Daily stressors, coping Strategies and adjustment of adolescents. Unpublished M.Phil Thesis, National Institute of Psychology, Quaid-i-Azam University Islamabad; 2010.
23. Bem S. The measurement of psychological androgyny. Journal of Consulting and Clinical Psychology. 1974; 42:155-62.