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The Influence of Parent-Adolescent Communication on Adolescent's Depression: Mediation effect of Self-Esteem and Irrational Belief

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This study was to investigate mediator effects in the influence of the parent-adolescent communication on depression. Participants were high school students in Seoul, Busan, and Gyeonggi in Korea. They completed a package of measures; parent-adolescent communication scale, self-esteem scale, irrational beliefs test, Korea depression scale. Participants who did not answer any questionnaire were excluded from the analysis. The final sample size was 339. Female adolescents scored higher on depression and male adolescents scored higher on self-esteem. This study showed that self-esteem and irrational beliefs had a mediating effect between parent-adolescent communication and depression, although parent-adolescent communication didn't have an direct effect on depression. This result suggest that parent-adolescent communication influence depression through self-esteem and irrational beliefs. The self-esteem was the most significant means of predicting adolescent depression. Finally, Implications, limitations of this study and suggestions for the future study were discussed.

keywords: Parent-adolescent Communication, Self-Esteem, Korea depression scale, Irrational belief, adolescent

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Adolescence of all life-stages is arguably the one marked by rapid and potentially tumultuous transition. This is not the domain of biological development, but the progression of both cognitive and psychosocial maturity. While the transition through adolescence is inevitable, the speed and magnitude of these changes overwork the capacity of many young students to cope with. The resulting phenomenon of adolescent stress is now well recognized (Brockman, 2003; Cook & Furstenberg, 2002; Byrne, Davenport & Mazanov, 2007). The period of adolescence is a time of multiple transitions, namely, the transition to puberty and transitions involving parent-child relationships, school, peers, and cognitive and emotional abilities. This period is also characterized by increase in risk-taking behaviors: those linked to careless driving, substance use, unprotected sexual behavior, eating disorders, delinquency, homicidal and suicidal behaviors, and dangerous sports (Muus & Porton, 1998).

Adolescents in Korea have experienced adolescent stress because of excessive competition in entrance examinations and studies. 2007 Adolescents Healthy Online Surveillance by Korea Centers for Disease Control and Prevention reported that students had felt so sad and hopeless 41.3% of participants, and perceived stress 46.5%. Suicide rates have increased every year from 2005 to 2007 (22.6%, 23.4%, and 23.7%). Attempted Suicide rates increased 4.7% (2005), 5.5% (2006), 5.8% (2007). This

surveillance indicated that it is time to make psychological intervention for adolescent mental health.

Many studies have shown that rates of depressive symptoms increase in early adolescence. These symptoms are persistent and are a risk factor for future depressive disorder or suicide attempts (Lang, Ferdinand, & Verhulst, 2007; Gledhill, & Hodes, 2008; Kim, 2004).

The prevalence of depressive disorder increases from childhood to adolescence, with a reported prevalence in community sample of adolescents ranging from 1% to 8%. It is equally common in girls and boys during childhood, but during adolescence the female: male ratio increases to about 2:1. It has been suggested that pubertal status rather than age in adolescent girls is associated with the increase in depressive disorders (Gledhill, & Hodes, 2008; Garber, Kriss, Koch & Lindholm, 1998).

Some studies was found that adolescents with high depression are associated with antisocial behaviour (Ritakallio, Koivisto, Pahlen, Pelkonen, Marttunen, & Kaltiala-Heino, 2008; Kwak & Mun, 1993), suicidal ideation and other comorbid psychiatric disorders (Kubik, Lytle, Birnbaum, Murray & Perry, 2003)

Ritakallio, Koivisto, Pahlen, Pelkonen, Marttunen, and Kaltiala-Heino (2008) found that both depression and antisocial behaviour had considerable continuity, and concurrent comorbidity between these disorders was strong.

In contrast to several previous studies, antisocial behaviour did not predict subsequent depression, but conversely, depression predicted subsequent antisocial behaviour among girls.

The Parent-Adolescent Communication is related to adolescent adjustment. Barnes and Olson (1985) showed that Balanced Families(Circumplex Model) would have more positive parent-adolescent communication than Extreme families. Families with good parent-adolescent communication perceived themselves in terms of the Circumplex Model as higher of family cohesion, family adaptability, and family satisfaction. The Circumplex Model of Marital and Family System provides a typology for classifying families. The model is comprised of two curvilinear dimensions-family cohesion(the emotional bonding between family members)and family adaptability(the ability of the family system to reorganize in responses to situational and developmental stresses).

Several studies have found that parent-adolescent communication scores from the PACS were positively related significantly to adolescent's school functioning (Masselam, Marcus, & Stunkard, 1990), self-esteem(Brage & Meredith, 1994; Demo, Small, & Savin -Williams, 1987; Enger, Howerton, & Cobbs, 1993), mental health(Collins, Newman, & McKenry, 1995; Hanson, 1986). And Several studies have found that parent-adolescent communication scores from the PACS were negatively related to adolescent

depression and loneliness(Brage, & Meredith, 1994), drug and alcohol use and other problem behavior(Barnes, Farrell, & Banerjee, 1994; Kwon, 2005; Johnson, Su, Gerstein, Shin, & Hoffman, 1995; Hawley, Shear, Stark, & Goodman,. 1984; Kafka & London, 1991; Hartos, & Power, 2000), suicide ideation(Oh, Park & Choi, 2008; Lee, 2004), Eating disorders(Kim, & Yang, 2008).

Kim (1989) revealed that communication between model students and their parents was more open and affirmative and showed fewer problems, while delinquent juveniles have experienced more problems.

Houck, Rodrigue, and Lobato (2006) revealed that openness, but not problems, in communication between adolescents and their parents varied as a function of the parent's health status(healthy or ill) and parent sex. Adolescents reported poorer communication with healthy mothers; however only the quality of communication with healthy parents was related to adolescent psychological symptoms.

Huizinga, Visser, Graaf, Hoekstra and Hoekstra-Weebers (2005) showed that communication patterns specifically affected PTSS(post-traumatic stress syndromes) of daughters. Problem communication with the healthy parent was the strongest predictor of intrusion, while problem communication with the ill parents was the strongest predictor of avoidance. The Problem in Parent-Adolescent Communication assesses the extent of problem in

family communication, and identifies barriers to parent-adolescent communication, I. e. presence of negative feelings about communication, absence of sharing feelings and selectivity of subjects(Barnes & Olson, 1985).

Self-esteem is regarded as an important aspect of one's social and cognitive development, with the early adolescent years being somewhat volatile and yielding substantial shifts from one year to the next(Ciarrochi, Heaven, & Davies, 2007; Pulkkinen, Nygren, & Koko, 2002). This is typically defined as one's overall sense of worthiness as a person (Rosenberg, 1979; Schmitt & Allik, 2005).

Many studies have been examined into the effects of self-esteem on different outcomes during the teenage years including academic performance and overall adjustment. Studies of the influence of self-esteem on academic performance have yielded conflicting results. The different results has been complicated by the fact that researchers have used either cross-sectional or longitudinal designs. Cross-sectional studies have tended to show that self-esteem is related to academic performance(Ciarrochi, Heaven, & Davies, 2007; Baumeister, Campbell, Krue -ger & Vohs, 2003). But, Ross and Broh (2000) found that self-esteem did not predict academic achievement two years later.

Courtney, Gamboz, and Johnson (2008) found that youths with low self-esteem were experienced greater risk for high levels of depressive

symptoms and eating disorder symptoms. Lee and Rhee (2006) found that prison inmates with low self-esteem were at greater risk for high levels of depression and SCL-90-R scores.

Some studies revealed that low self-esteem is significantly related to suicide ideation(e. g. Palmer, 2004), victimization(e. g. Slee & Rigby, 1993), and low happiness(Furnham & Cheng, 2000).

A key aspects of REBT(rational emotive behavior therapy) is that people are not disturbed by events per se but by the views and beliefs they have of the events(Epictetus, cited in Ellis, 1962) Irrational beliefs are illogical, rigid and inconsistent with reality whereas rational beliefs are logical, flexible and consistent with reality. As a consequence of holding irrational beliefs, people develop unhealthy emotion, dysfunctional behaviors and psychological disturbance. By disputing their irrational beliefs, people can acquire more rational and realistic ways of thinking that will produce greater acceptance of the self and greater satisfaction with life(for review, see Dryden & Neenan, 2000; Ellis, 1994; Davies, 2006). According to Corey (2008), a central concept of REBT is the role that absolutist "should", "oughts", " " and "musts" play in people's becoming and remaining emotionally disturbed. According to Ellis(2001a, 2001b), feeling of anxiety, depression, rejection, rage, guilt, and alienation are largely initiated and perpetuated by a belief system based on irrational ideas that were uncritically embraced, often during

early childhood(Corey, 2008).

Some studies revealed that the irrational beliefs was associated with depression (Nelson, 1977; Shin, & Won, 1991), anxiety(Deffenbacher, 1984, 1986; Shin, & Won, 1991), Schizotypal Personality(Lee & Yang, 1997; Raine, 1991).

Papageoriou, Panagiotakos, Pitsavos, Tsetsekou, Koutangelos, Stefanadis and Soldatos (2006) revealed that the number of irrational beliefs would be associated with inflammatory factors. In particular, they showed that individuals who score highly on irrational thinking exhibit increased plasma levels of C-reactive protein, interleukin-6, tumor necrosis factor- α and white blood cell counts than do people who score less highly on these measure of irrational thinking.

Davies (2006) found that irrational beliefs were positively correlated with Big-5 Neuroticism and negatively with Openness.

Shin and Won (1991) found that depression was positively associated with 'anxious over-concern', 'problem avoidance', 'helplessness', and 'high self expectation'. And found that depression was negatively associated with 'perfectionism'. They showed that 'anxious over-concern($r=.38, p<.01$)' and 'helplessness over the past($r=.31, p<.01$)' is an important predictor on depression.

Adolescents in korea have experienced adolescent stress and depression because of excessive competition in entrance examinations and studies. There can be no doubt that the experience of

adolescent stress and depression attaches importance to the broader understanding of adolescent health. A good relationship with parents may buffer adolescent stress and depression. Communication between adolescent and parents is considered an predictor of the quality of their relationship.

Therefore, the aims of this study is focused on examining the relationship between parent-adolescent communication and adolescent depression and examining the relationship between self-esteem and irrational beliefs.

Second, this study was to investigate the intervening variables for parent-adolescent communication and depression by using self-esteem and irrational beliefs variables. Figure1 presents the research model.

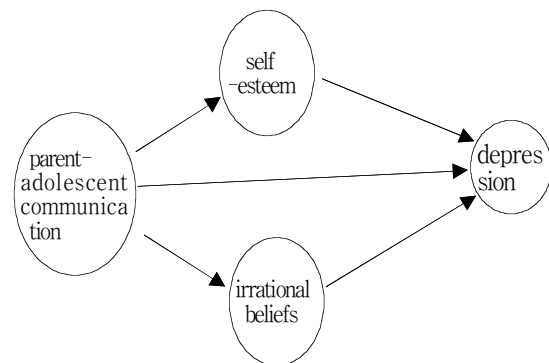


Figure 1. Research model

Method

Participants

Participants were 339 high school students(175

males, 155 females) in Gyeonggi provincial, Busan city, Seoul-city in Korea. The mean age of the participants was 16.87 years($sd=.997$) and the ages of our participants ranged from 15 to 19 years old. The participants were grades 10 through 12. Their grade was 10 grade (95 students, 28%), 11 grade (90, 26.8%), 12 grade (125, 36.9%).

Measures

Parent-Adolescent Communication Scale. The Parent-Adolescent Communication Scale (PACS) was used to measure communication as perceived by adolescents(Barnes & Olson, 1982, 1985; Olson, Russel & Sprenkle, 1980, 1983). Parent-adolescent communication score was adjusted from Barnes and Olson (1982) by Kim (1989). The PACS is composed of two scales. The Openness of Parent-Adolescent Communication (10 items) subscale measures the degree of openness in family communication, and assesses the quality of exchanging information and investigates freedom in communication, and comprehension and satisfaction about communication. An example of an item is: 'it is easy for me to express all my true feelings to my father/mother', 'My mother/father tries to understand my point of view'.

The Problem in Parent-Adolescent Communication (10 items) assesses the extent of problem in family communication, and identifies

barriers to parent-adolescent communication, I. e. presence of negative feelings about communication, absence of sharing feelings and selectivity of subjects. An example item is: 'My father/mother has a tendency to say things to me which would be better left unsaid', 'When we having a problem, I often give my mother/father the silent treatment'. Answers were given on a 5-point rating scale, ranging from 'strongly disagree' to 'strongly agree'(possible range 10-50). This was done together for the communication with the mother/father. Higher score on the Open Communication subscale indicate more open communication. Scores on the Problem Communication subscale indicated perceived problem communication. Cronbach's alphas in present study were .882 for open communication, and .817 for problem communication.

Self-esteem Scale. The Self-esteem Scale was adjusted from Rosenberg(1965) by Jun (1974). The Rosenberg Self-esteem Scale (Rosenberg, 1965) is a 10-items instrument designed to measure a person's overall evaluation of his or her worthiness as a human being (Rosenberg, 1979). Responses were coded on a 4-point scale ranging from 1(strongly disagree) to 4(strongly agree). The RSES contains equal number of positively(e. g., people feeling satisfied with life) and negatively(e. g., people feelings they are failures) worded items. Cronbach's alphas in present study were .793.

Irrational Beliefs Test. The Irrational Beliefs Test (IBT) was adjusted from Jones (1969) by Shin and Won (1991). This consisted of 9 factors: high self expectation, demand for approval, anxious over-concern, blame proneness, emotional irresponsibility perfectionism, dependency, problem avoidance, helplessness. IBT is a 77-items 5-point rating scale designed to measure the degree to which respondents hold Ellis's 10 principle irrational beliefs. Cronbach's alphas in present study were .620 for anxious over-concern, .518 for problem avoidance, .515 for helplessness, and .790 for total IBT, respectively.

Korea Depression Scale. The Korea Depression Scale (KDS) developed by Lee and Rhe (2003) is a 30-item instrument designed to measure the Korean Depression which reflects Korean culture and custom. Items were scored on a 5-point rating scale, ranging from strongly disagree (0) to strongly agree (4). The KDS was proved to be a reliable instrument (Cronbach's alpha .95) and consisted of 6 factors; Negative thinking toward the future, Negative thinking toward the self, Worry and agitation, Depressed mood, Somatization, and Loss of volition. Patients' KDS score mean was higher than normal group's significantly. Diagnostic efficiency was 73.1% and the male's full scale cutoff score was 65, female 70.

Analysis

The data were analyzed with structure equation model by using SPSS 15.0 program and AMOS 5.0. Partially disaggregated models use the sum or average of subsets of items from a measure to form indicators for a latent variable, with these indicators referred to as parcels (Williams, & O'Boyle Jr, 2008). Item-to-construct balance (Little, Cunningham, Shahar, & Widaman, 2002) or factorial algorithm (Rogers & Schmitt, 2004) is based on a goal of using parcels that are equally balanced in terms of their difficulty and discrimination. Rogers and Schmitt (2004) presented an example of this approach for a case of 12 indicators ranked based on factors loadings and assigned to three parcels, such that parcel #1 would have indicators ranked 1, 6, 7 and 12, parcel #2 would have indicators 2, 5, 8 and 11, and parcel #3 would have indicators ranked 3, 4, 9, and 10. Therefore, first, this study ranked self-esteem 10 items based on factors loadings and assigned to two parcels. Parcel #1 would have indicators 6, 2, 1, 7, 4 and parcel #2 would have indicators 9, 3, 10, 5. One item (number 8) excluded because this has a very little factors loadings. Second, this study ranked Depression 6 sub-scales based on factors loadings and assigned to two parcels. Parcel #1 would have indicators 6, 4, 2 and parcel #2 would have indicators 5, 3, 1. This study ranked Irrational belief 3 sub-scales based on factors loadings and sub-scales inter-correlations. We make use of 3 sub-scale: anxious over-concern, for problem avoidance, for

helplessness as Irrational Belief.

concerning depression. Results indicated that female adolescents scored higher on depression and male adolescents scored higher on self-esteem.

Result

Descriptive Statistics

Means and SDs for the variables used in the hypothesized models are shown in Table1. Gender of adolescent may be of importance

Intercorrelation among Variables

Zero-order Person correlations among the variables are shown in Table 2. All variables:

Table 1 Descriptive Statistic

	Total(n=312) Mean(SD)	Male(n=157) Mean(SD)	Female(n=155) Mean(SD)	F
self-esteem parcel 1	13.07(3.67)	13.77(3.51)	12.36(3.59)	12.292**
self-esteem parcel 2	12.37(2.34)	12.53(2.23)	12.19(2.47)	1.645
self-esteem total	25.4(5.33)	26.30(5.23)	24.55(5.19)	8.809*
irrational Belief	9.38(1.30)	9.30(1.24)	9.52(1.40)	2.133
open communication	32.23(7.45)	32.20(7.14)	32.50(7.94)	.118
problem communication	34.22(6.57)	34.53(6.00)	33.92(7.32)	.642
depression parcel 1	4.54(2.39)	4.15(2.27)	4.93(2.43)	8.809*
depression parcel 2	4.42(2.39)	3.95(2.30)	4.90(2.50)	12.125**
depression total	8.96(4.73)	8.10(4.47)	9.82(4.85)	10.661**

* p<.01, ** p<.001

Table 2. Zero-order Pearson Correlation among Variables

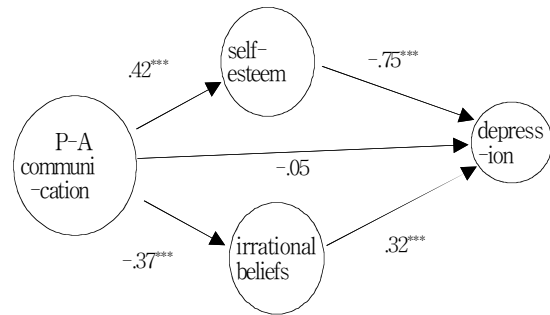
Variables	Irrational Belief①	communication		self-esteem		depression	
		②open	③problem	④parcel1	⑤parcel2	⑥parcel1	⑦parcel2
①	1						
②	-.177**	1					
③	-.278**	.703**	1				
④	-.355**	.250**	.272**	1			
⑤	-.352**	.231**	.323**	.550**	1		
⑥	.471**	-.286**	-.430**	-.608**	-.613**	1	
⑦	.507**	-.283**	-.434**	-.620**	-.623**	.926**	1
⑧	.498**	-.290**	-.440**	-.626**	-.630**	.981**	.982**

** p<.001(two tailed tests)

④ self-esteem1 is item 6,2,1,7,4. ⑤ self-esteem2 is item 9,3,10,5.

⑥ depression1 is sub-scale 6,2,5. ⑦ depression2 is sub-scale 3,4,1. ⑧ is total depression(⑥+⑦).

self-esteem, Communication, and Irrational Belief were significantly correlated for depression. Communication and self-esteem variables were negatively correlated for depression. Irrational Belief variable was positively correlated for depression. Irrational Belief variable was negatively correlated for self-esteem.



*** $p < .0001$

Figure 2. Path coefficients

Model Fit

Hu and Bentler (1995) presented most reasonable Model fit : CFI(Comparative Fit Index), TLI(Tucker-Lewis Index) $\geq .90$, RMSEA(Root Mean Square Error of Approximation) $\leq .08$. This study showed reasonable Model Fit: GFI .960, AGFI .922, RMR .306, RMSEA .076, CFI .970 , TLI .954.

Path Analysis: mediation effect

Path analysis was developed by Wright (1960) as a method for studying the direct and indirect effects of variables hypothesized as causes of variables treated as effects. Total effects is the direct effects plus the indirect effects. Effect decomposition is divided total effects into the direct effects and the indirect effects.

Figure 2. showed that parent-adolescent communication influences self-esteem and self-esteem influences depression, and showed that parent-adolescent communication influences Irrational beliefs and Irrational beliefs influences depression. But, parent-adolescent communication

not influences depression. In other words, when parent-adolescent communication is open and positive, students showed higher level of self-esteem and less level of depression(indirect effects $\beta = -.33$).

When parent-adolescent communication is open and positive, students showed less level of irrational beliefs and higher level of depression(indirect effects $\beta = -.12$). Self-esteem's mediating effect between parent-adolescent communication and depression showed more strong than irrational beliefs mediating effect. Moreover, our study suggests that self-esteem's impact on depression was more strong than that of the irrational belief. Adolescent' self esteem in life was the strongest predictor of adolescent' depression or mental health.

Discussion

Adolescents have the period of rapid and potentially tumultuous transition. They experienced emotion control problem. Adolescents in Korea

experienced adolescent stress because of Excessive competition in entrance examinations and studies. We can infer Adolescent stress from 2007 Adolescents Healthy Online Surveillance by Korea Centers for Disease Control and Prevention. The result of this Online Surveillance underscore the need for many research detecting variables influencing mental health of Korean adolescents. This surveillance indicated that it is time to make psychological intervention for adolescent mental health.

The purpose of this study was to investigate influence of Parent-adolescent communication on depression. In addition, we revealed that self-esteem and irrational beliefs have a mediating effect between parent-adolescent communication and depression.

Overall, three significant findings were found in this study. First, parent-adolescent communication affected the self-esteem and irrational beliefs. Parent-adolescent communication was positively correlated for self-esteem and negatively correlated for irrational belief.

The influence of open communication on the self-esteem is higher than that of open communication on the irrational beliefs. This means that the adolescent of open communication family may be higher self-esteem and less irrational belief than problem communication.

Second, the self-esteem's path regression coefficient measured negatively by depression and that of the irrational beliefs measured positively

by depression. If this were so, adolescents with higher levels of self-esteem would be expected to report less levels of depression. And adolescents with higher levels of irrational beliefs would be expected to report higher levels of depression.

Third, the anxious over-concern, problem avoidance, helplessness of Ellis's 10 beliefs were affected depression of the Korean adolescent. This makes sense when taking previous research into consideration(Shin & Won, 1991). This means that the anxious over-concern, problem avoidance, helplessness were make use of Korean adolescent's irrational belief. The changing of 3 irrational belief level have importance to the Korean adolescent health.

Fourth, the parent-adolescent communication affected not directly depression but indirectly. Self-esteem and irrational beliefs have a mediating effect between parent-adolescent communication and depression. The influence of open communication on the self-esteem is higher than that of open communication on the irrational beliefs.

The result of this study proposed that intervention program to adolescent's depression have items for changing from irrational beliefs to rational beliefs and items for promoting self-esteem level. Therapists needed to teach parent-adolescent communication method by the wisdom of promoting self-esteem level and changing the irrational beliefs. And teacher and therapists needed to emphasize influences of

self-esteem on adolescents.

The way and preference of communication differed according to individual quality. The next study need to investigate the father-adolescent communication method, mother-adolescent communication method, parent-adolescent communication of the different age groups, and difference between male groups and female groups. Because of being small in sampling area limited the generalization of study. The next will study in view of this limited.

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부모-청소년 의사소통이 청소년의 우울에 미치는 영향 : 자아존중감과 비합리적 신념의 매개효과

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이 연구의 목적은 부모-청소년 의사소통이 청소년의 우울에 미치는 영향을 조사하는 것이다. 그리고 부모-청소년 의사소통이 우울에 영향을 미칠 때 자아존중감과 비합리적 신념이 어떤 영향을 미치는지를 밝히는 것이다. 참가자들은 경기, 부산, 서울의 고등학생이고 부모-청소년 의사소통 척도, 자아존중감 척도, 비합리적 신념척도, 한국우울척도(KDS) 등을 실시하였다. 질문지에 성실하게 응답하지 않은 참가자는 분석에서 제외하였고 최종 실험참가인원 339명이었다. 우울은 여자청소년보다 남자청소년이 낮게 나타났고 자아존중감은 남자청소년이 여자청소년보다 높게 나타났다. 자아존중감은 부모-청소년 의사소통이 우울에 직접적으로 영향을 미치지 않았다. 부모-청소년 의사소통이 우울에 영향을 미칠 때 자아존중감과 비합리적 신념이 매개효과를 나타냈다. 부모-청소년 의사소통은 자아존중감과 비합리적 신념에 영향을 주고 자아존중감과 비합리적 신념은 청소년의 우울에 영향을 미쳤다. 그리고 부모-청소년 의사소통이 청소년우울을 미치는 과정에서 비합리적 신념보다 자아존중감이 더 중요한 매개요인이었다. 마지막으로 장래연구를 위한 이 연구의 의미와 제한점을 논의하였다.

주요어: 부모-청소년 의사소통, 자아존중감, 한국우울척도(KDS), 비합리적 신념, 청소년