

The Review of Parent-child Communication and Adolescent Depression

Ruoxuan Yang^{1, a,} Tiande Zeng^{1, b, *}

¹*Faculty of Educational Sciences, Minnan Normal University, Zhangzhou, Fujian Province, 363000, China*

a. sddzyy688@163.com, b. zengtd65@163.com

**corresponding author*

Abstract: As society continues to develop, people are becoming more aware of depression and it has become a major psychological problem that people are now facing. The incidence of depression is increasing not only among adults but also among adolescents. It is widely recognized that the family plays a key part in the growth of adolescents and that Communication between parents and children can be among the most significant factors in reducing depression in adolescents. This study aimed to systematically summarise the model, relationship, and influencing factors before parent-child communication and adolescent depression. The results showed significant distinctions between parent-child communication and adolescent depression in terms of parental gender, adolescent gender, and age. Open parent-child communication was found to be beneficial in reducing the developing symptoms of depression in adolescents, the influence that parent-child communication has on adolescent depression needs to be further explored in the context of whether or not the parent is ill. These findings will be crucial for continued research into the factors influencing parent-child communication and depression and the treatment of depression among adolescents in the future.

Keywords: Parent-child Communication, Depression, Adolescent Depression

1. Introduction

The World Health Organization (WHO) survey found that mental health and psychological behavioural problems (especially depression) are the most significant burden of illness among young people. One study shows that the prevalence of depression among high school students in China is as high as 24.3% [1]. At the same time, the outbreak of covid-19 has been accompanied by an increase in the detection of depression in adolescents. Compared to the pre-prevalence of COVID-19, adolescents showed more symptoms of depression [2]. Therefore, it is essential to explore the factors that reduce depression in adolescents. Through previous research on adolescent depression, family factors had a significant association with depression in adolescents, with low-quality parent-child communication having a greater impact on adolescent depression. As well, the COVID-19 outbreak has resulted in isolation measures in many countries, which resulted in more time spent at home for adolescents, leading to an increase in the frequency of parent-child communication. One study found that cyanotic communication had a protective effect against depression during the covid-19 pandemic

[3]. This suggests that summarizing parent-child communication and adolescent depression is essential.

Many scholars have their own opinions and definitions of the concept of depression. Angold and Rutter define depression as a state of mind in which mood fluctuates from normal to depressed. That is, the individual experiences a bad mood aspect accompanied by unhappiness, sadness, or mental distress, as a reaction to an adverse situation or event, and is in a relatively persistent and stable state [4]. Depression, can represent not only a low, sullen emotional state but also a variety of depressive symptoms such as suffering from sadness, feelings of worthlessness, reduced interest, lack of pleasure, pessimism, and disappointment. In addition, it can also represent a depressive disorder that reaches clinical levels. The concept of parent-child communication was first introduced by Barnes and Olson, who believed that parent-child communication is a dynamic process and that communication serves as a bond that enhances intimacy between family members and can effectively respond to family conflicts and family contradictions, thereby maintaining normal family functioning [5]. Fitzpatrick and David add the concept of 'exchange' to the idea that parent-child communication is a dynamic process that involves the exchange of information resources available to each parent and child [6]. In the context of the present study, parent-child communication is defined as a dynamic process in which family members exchange information, emotions, and attitudes through concrete behaviours such as talking and arguing to enhance parent-child relationships or resolve parent-child conflicts in the family system, founded on the parent-child relations between parents and children.

The parent-child communication is an important factor influencing adolescent depression, not only studies on adolescent depression but also other adolescent-related studies have added parent-child communication as an important variable to studies exploring adolescent psychology and behaviour. While there are few studies related to depression and parent-child communication, few studies have examined the link between parent-child communication and depression among teens. Therefore, based on a summary of existing studies, the present study compares correlation models, relationships, and influencing factors between parent-child communication and adolescent depression to help reduce the incidence of adolescent depression and promote healthy adolescent psychological development.

2. Theoretical Models of Parent-child Communication

2.1. Family Communication Schemata

Family communication assumes that family members have internal working patterns of family communication and relationships and that these internal patterns or family communication schemata are knowledge structures that represent the world outside the family and provide the basis for interpreting the words of other household members. Since relationships between family members can be specifically divided into marital and parent-child communication, and even though these are different connections in the family, they were not separate communications but interact with each other and often occur in the same context, the family communication model theory assumes that marriage and parent-child communication convey a common basic set of ideas about the family, and this working model together constitutes the basis of the family communication model. Furthermore, families are classified into four types based on two latitudinal orientations of conformity and conversation orientation: Pluralistic families, Protective families, Consensual families, and Laissez-Faire families [6].

In addition, Fitzpatrick sees the family as a system of resource exchange, and in the metaphor of resource exchange, family communication is conceptualised as a symbolic process through which people bond together in relationships and provide each other with resources. That is, parent-child communication, the process by which parents exchange their thoughts, feelings, and opinions with

each other and their children. For instance, when a parent acquiesces to a child's whining, the child's silence is strengthened by stopping the whining. However, the whining is also controlled. This exchange of low-level aversive incidents is a precursor to high-intensity aggression on the part of the child or parent [7].

2.2. McMaster's Family Functioning Theory Model

McMaster sees family functioning as providing a certain environment for the physical, psychological, and social development of family members. He divides family functioning into six functional latitudes: problem solving, communication, role division, emotional response, emotional involvement, and behavioural control. Communication is one of the important latitudes through which family members achieve problem solving, role division, emotional involvement, and behavioural control when problems arise in the family, and this communication plays an essential role in maintaining parent-child relationships and family functioning [8].

2.3. Olson's Curve Theory Model

Olson sees family functioning as a reflection of the effectiveness of emotional connection, communication, and coping with external events among family members. Olson argues that there are two basic dimensions of family functioning, intimacy, and adaptability, and on this basis proposes a facilitative dimension that plays an important role in family functioning - communication. He believes that communication is divided into open communication and problematic communication. In open communication, parents and both partners are generally satisfied with the communication and the communication is good because parents and children can express the information they need to express and transmit their emotions naturally in an open environment, and such communication is unrestrained; while in problematic communication, parents and children are often not free to express their views and transmit. In problematic communication, parents and children are often unable to express their views and convey their feelings freely and are constrained in some way to communicate effectively. He also points out that intimacy and adaptability are closely linked to the functioning of the family and that too much or too little intimacy and adaptability impairs the functioning of the family [5].

3. Parent-child and Adolescent Depression

Brage and Meredith studied parent-child communication and adolescent mental health. Parent-child communication is closely associated with young people's mental health, and communication between parents and children also has a significant influence on children's emotional problems. Research on family relationships shows that the quality of parent-child communication influences adolescents' emotional state and that low-quality parent-child communication can lead to emotional distress such as depression, which can trigger some risky behaviors [9]. In addition, poor parent-child communication is predictive of depression and social anxiety in adolescents. A survey of children left behind found that there was a lack of parent-child communication and a lack of emotional support from mothers, which had an impact on their anxiety and depression. The frequency of communication, communication topics, and communication initiatives between parents and children when their parents are working outside the home have an impact on left-behind children's frustration, anxiety, and unhappiness; in addition, when children have to face the lack of support and care they should have, especially When they are faced with frustration and stress and cannot find situations that can give them guidance and effective help, They are prone to psychological issues, for instance, anxiety or depression [10].

3.1. Gender and Age

The study reveals how gender and age help moderates the connection between parental communication and adolescent depression. When adolescents are in distress, the mothers provide more secure support in distress, whereas fathers provide more reliable foundational support, suggesting that parents have different roles in the secure attachment of their children and offer different support to their children [11]. Specifically, in terms of gender, previous research has shown that father-child communication and mother-child communication affect depression differently in adolescents. Furthermore, the adolescent's gender moderated the relationship between father-child communication and the adolescent's depressive symptoms, with adolescent girls communicating more often with their mother and being more satisfied with their father [11,12]. Furthermore, a previous study showed that communication between fathers and adolescents predicts symptoms of depression among boys, but not among girls [12].

In terms of age, the research found that parent-child communication and depression vary across age groups of adolescents. Compared to seventh graders, ninth graders had lower quality parent-child communication as well as higher levels of adolescent depressive symptoms. In addition, the influence of father-child communication and mother-child communication in adolescent depressive symptoms was highly significantly found among all students, with gender and age acting together in the association between parent-child communication and adolescent depressive symptoms. Specifically, for girls, ninth graders showed stronger effects of father-adolescent communication and mother-adolescent communication on depressive symptoms than seventh graders, whereas, for boys, no significant differences were found in terms of age [11]. Consistent with previous studies, it is possible to find differences in the effectiveness of parent-child communication on adolescent depression in terms of both age and gender.

3.2. Parent-child Communication Styles

Olson divides parent-child communication into two dimensions: open communication and problematic communication. Open communication is the expression of freedom between family members High level of open communication in families [7]. Parent-adolescent communication with open communication is negatively associated with adolescent mental health symptoms and depression [13]. Conversely, problematic communication was positively associated with depression in adolescents. Whether one race or not, depressive symptoms in parents can negatively impact the children's reported level of parental closeness and openness to parental communication [14]. The association between parent-child communication style and satisfaction with school life had a significant effect on both depression and suicidal ideation in adolescents [15]. In addition, existing research suggests that over time, open communication with fathers can reduce anxiety and depressive symptoms [13]. Through the above studies, we can easily find that open parent-child communication by parents can better promote the parent-child relationship and reduce the occurrence of depression in adolescents. Therefore, parents should be encouraged to use more open parent-child communication with their teenagers, and open communication can be incorporated into measures to prevent and reduce depression in adolescents.

3.3. Health of Parents

In some cases, the health of the parents can also affect the quality of parent-child communication, which in turn can have an impact on the adolescent's depression. Some studies suggest that the adolescent may have perceived the healthy parent as having more time or being more mentally stable relative to the sick parent, thus promoting more open communication with the healthy parents. Healthy parents can communicate more easily with their adolescents and enhance psychosocial

functioning by cushioning the stress caused by sick parents [16]. In addition to this, studies have shown that the openness of communication between adolescents and their parents, rather than the problem, depends on the health status of the parents (healthy or sick) and the gender of the parents. The adolescent reported that the quality of parent-adolescent communication was linked to parental health, particularly that of the mother. Communication between adolescents and healthy mothers was the least positive. In addition, connecting with healthy parents was significantly associated with sick parents, but was not associated with adolescent behavioural problems reported by healthy parents [17]. This may be because adolescents have more concerns about their parents' illnesses and more intimate interactions with them when they are with their ill parents than with their healthy parents. The parent's illness leads to deeper feelings towards the parent, better parent-child relationships, and better parent-child communication, resulting in adolescents showing fewer symptoms of depression. There is a dearth of research on the effect of parent-child communication, and hence adolescent depression, on the presence or absence of parental illness. In the future, this factor could be added to research on adolescent parent-child communication to investigate the mechanisms by which parental illness affects adolescent depression and could be added to interventions for adolescent depression to reduce its occurrence.

4. Conclusions

Through this paper, the model of parent-child communication, The association between parent-child communication and adolescent depression is analyzed, and several aspects of parent-child communication affecting adolescent depression are sorted out and summarized. It can be found in the gender of both parents, the youth's gender, and the youth's age, it is not the same in these aspects. The communication style of the parents and the health status of the parents all influence the occurrence of depression in adolescents. As a special people, young people are in a critical period of physical and psychological development in their total life. The growth of young people's mental health plays a vital role in helping them to form a sound personality, and cultivate self-confidence and self-improvement. It can also help them to build aspirations and goals on their way up and in their lives.

This study, on the one hand, enriches the theoretical basis of research on the investigation of the relationship between parent-child communication and adolescent depression was carried out by collating and classifying existing studies. On the other hand, it provides ideas for helping them to create a good, healthy, and stable psychological environment. Moreover, it provides a direction for future research on effective intervention programs for parent-child communication and effective ways to cultivate positive psychological qualities in adolescents, which are conducive to reducing family conflicts, establishing a good family atmosphere, and promoting family intimacy. Finally, the currently unfinished epidemic is in a post-epidemic context, and adolescents may be at risk of being isolated at home at any time. Adolescents in isolation at home want to spend more time with their parents, bringing about an increase in the frequency of parent-child communication. Discussions and responses to public health emergencies with parents may also increase. Therefore, this study provides both a theoretical basis for the exploration of depression-related responses to adolescent depression during public health emergencies, as well as practical advice for parents and adolescents facing increased parent-child time together.

References

- [1] Tang, X., Tang, S., Ren, Z., & Wong, D.F.K. (2019). Prevalence of depressive symptoms among adolescents in secondary school in mainland China: A systematic review and meta-analysis. *Journal of Affective Disorders*, 245, 498-507.

- [2] Samji, H., Wu, J., Ladak, A., Vossen, C., Stewart, E., Dove, N., ... & Snell, G. (2022). *Mental health impacts of the COVID-19 pandemic on children and youth—a systematic review*. *Child and adolescent mental health*, 27(2), 173-189.
- [3] Panchal, U., Salazar de Pablo, G., Franco, M., Moreno, C., Parellada, M., Arango, C., & Fusar-Poli, P. (2021). *The impact of COVID-19 lockdown on child and adolescent mental health: systematic review*. *European child & adolescent psychiatry*, 1-27
- [4] Angold, A. , & Rutter, M. (1992). *Effects of age and pubertal status on depression in a large clinical sample*. *Development & Psychopathology*, 4(01), 5-28.
- [5] Barnes, H.L., & Olson, D.H. (1985). *Parent-Adolescent Communication and the Circumplex Model*. *Child Development*, 56(2), 438–447.
- [6] Fitzpatrick, M. A., & Ritchie, L.D. (1994). *Communication schemata within the family: Multiple perspectives on family interaction*. *Human Communication Research*, 20(3), 275-301.
- [7] Fitzpatrick, M.A., & Ritchie, L.D. (2009). *Communication theory and the family*. In *Sourcebook of family theories and methods* (pp. 565-589). Springer, Boston, MA.
- [8] Morrison, G.M., & Zetlin, A. (1988). *Perceptions of communication, cohesion, and adaptability in families of adolescents with and without learning handicaps*. *Journal of abnormal child psychology*, 16(6), 675-685.
- [9] Brage, D., & Meredith, W. (1994). *A causal model of adolescent depression*. *Journal of Psychology*, 128(4), 455-68.
- [10] Yan, Z. (2013). *Parent-adolescent communication in children left-behind by psychological intervention*. *China Journal of Health Psychology*.
- [11] Zhang, Q., Pan, Y., Zhang, L., & Lu, H. (2021). *Parent-adolescent communication and early adolescent depressive symptoms: The roles of gender and adolescents' age*. *Frontiers in Psychology*, 12, 647596.
- [12] Pantaleao, A., and Ohannessian, C.M. (2019). *Does coping mediate the relationship between adolescent–parent communication and adolescent internalizing symptoms?* *J. Child Fam. Stud.* 28, 479–489.
- [13] Ioffe, M., Pittman, L.D., Kochanova, K., & Pabis, J. M. (2020). *Parent–adolescent communication influences on anxious and depressive symptoms in early adolescence*. *Journal of youth and adolescence*, 49(8), 1716-1730.
- [14] De Luca, S. M., Yueqi, Y., DiCorcia, D., & Padilla, Y. (2018). *A longitudinal study of Latino and non-Hispanic mothers' and fathers' depressive symptoms and its association with parent-child communication*. *Journal of affective disorders*, 227, 580-587.
- [15] Kim, H.W., & Cho, S.Y. (2011). *The moderated effect of parent-adolescent communication style and school life satisfaction on the relationship between depression and suicidal ideation among adolescents*. *Journal of Families and Better Life*, 29(2), 127-142.
- [16] Lewis, F.M., Hammond, M. A., & Woods, N.F. (1993). *The family's functioning with newly diagnosed breastcancer in the mother: The development of anexplanatory model*. *Journal of Behavioral Medicine*, 16,351–370.
- [17] Houck, C.D., Rodrigue, J.R., & Lobato, D. (2007). *Parent–adolescent communication and psychological symptoms among adolescents with chronically ill parents*. *Journal of Pediatric Psychology*, 32(5), 596-604.