

The Role of Conflict Between Parents and Children in Adolescent Depression

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Abstract: Adolescent depression has become increasingly severe worldwide, yet targeted treatment has been slow to have an effect. From the perspective of family factors, this paper discusses the related factors and mechanisms associated with the occurrence of parent-child conflict affecting depression in adolescents. Among many aspects of family factors, parent-child conflict is more likely to cause adolescents to develop negative self-evaluations. The inaccuracy of diagnoses resulting from disparities between parental and kid reports of parent-child conflict is discussed. This paper also explores the individual factors that influence parent-child conflicts, such as personal characteristics and gender, and how parents need to tailor educational adjustment programs for adolescents at different ages. Overall, parent-child conflict is a significant influence in adolescent depression, parents must be aware of how to make targeted changes. Future research should continue to improve the accuracy of parent-child reports and how to respond appropriately to the needs of adolescents at different ages.

Keywords: parent adolescent conflict, gender, age, personality traits, measurement

1. Introduction

The high incidence of depression among adolescents is increasing year after year because adolescents are in the rapid growth stage of heart shaping and are easily affected by various factors to produce pessimistic moods. Factors that trigger depression and its manifestations, such as the stress of poor academic performance, disorientation after dropping out of school, dependence on drugs, and even suicide attempts, have received global attention [1]. According to the World Health Organization (WHO), 13.4% of the world's 10-19-year-old population facing psychological problems [2]. Depression leads adolescents to a continuously sadness and loss of interest in activities. It can influence how adolescents think, feel, and behave, leading to mental, physical, and emotional difficulties. Depression symptoms may differ between adolescents and adults [3]. Several research have revealed that depressive symptoms have a negative impact on teenagers' present and future psychosocial performance [4], the risk factors for developing depressive symptoms in early adolescence should be determined in advance.

As the foundation of human development, the family is the most basic unit, and children depend on their parents for education, support, and nurturing. As the primordial environment for growing from a child to an adult, depression is closely related to the family atmosphere [5]. According to a survey report from 2022, the main factor among adolescents with depression who diagnosed as suffering from depression is the family, the next in line is then the social factor [5]. Family influence

on adolescents is manifested by parent-child conflict, overly strict family education, a lack of timely or poor communication between parents and children, and the desire to control children, which are common factors that aggravate or cause depression. Also, when faced by their relatives, teenagers with depression often feel guilt. Using the concept of “guilt education”, some parents encourage their children to do well in school by emphasizing their own efforts. The child is stressed and feels that he or she cannot be what the parent expects, and is stuck in a perpetual state of self-doubt, leading to depression and even suicide.

However, despite the abundance of literature on the association between family and adolescent depression, relatively little study has been conducted on the family as a system [5]. In the limited research literature, studies examining the diagnosis of depressed adolescents are often conflicting, with some using self-reports of depressed adolescents and others using reports from others (parents, friends, teachers) [6]. The different reports are described based on their position of knowledge of the patient, which often brings inaccuracies [6]. More importantly, when evaluating the elements that cause the onset of depression, there is an inconsistency in the age and gender of individuals that parents overlook in their daily parenting, as the same parenting style (level of behavioral control, trying to understand everything that is happening to the child) can harm the adolescent. It is affected differently between males and females. Personalities and traits are difficult to regulate, and they can also alter the developmental impact of parent-child conflict. As adolescents develop a sense of independence rapidly, over-controlling parents are most likely to conflict with their children. How to target knowledge in this area becomes a key factor [7]. The objective of this research is to discuss the probable mechanisms in the conflicts between parents and adolescents that cause psychological discomfort to assist in improving the psychological health of the teenagers who are dealing with conflict between their parents and themselves.

2. Effects of Parent-child Conflict on Adolescent Depression

Adolescents can develop negative cognitive schemas and self-evaluations during the parent-child conflict, leading to an increased risk of depression. Parent-child conflict's effect on adolescent depression has become a complex family issue [8]. Adolescents are motivated to seek more autonomy and individualization as a result of biological and cognitive changes that occur during this period. Nevertheless, their parents might not develop a communication style that is more open and have conversations that are more pleasant in order to satisfy their children's requests as quickly as possible. This may exacerbate conflict and reduce their closeness to their parents [9]. Wang and Chen [1] found that those with positive ties within parents had a greater chance to have optimistic predictions for the growth of their peers. However, the conflicts can make adolescents feel unworthy of such peer relationships. Instead, they may resist the environment leading to peer exclusion, which increases the risk of depression and more severe psychological distress ensues.

Nevertheless, previous studies have confirmed mixed results when facing parent-child conflict [1]. Some teenagers who experienced parent-child conflict reported severe psychological distress, whereas others displayed few or no symptoms [1]. This shows that this association may be moderated by a number of variables. Parent-adolescent relationships experience heightened stress during adolescence, which frequently results in conflict. Frequently, researchers rely on reports to quantify conflict. However, there is a conflict in the final reporting format of the measurement, with some studies use self-report by the child while some of the others being reported by parents or friends [10]. Parent-child conflict is a discordant or heated encounter in which both parties display unpleasant behaviors and feelings. With poor parent-child connections are highly susceptible to psychological discomfort. A growing amount of evidence demonstrates a correlation between parent-child conflict and teenage psychological discomfort [11]. Given the diversity of adolescent responses to parental conflict, Parent-child tensions are linked to emotional suffering, yet this correlation may not be

entirely causal. Although arguments between parents and their teenagers are common, both sides may disagree about the level of intensity of the disagreement. It is feasible to anticipate that adolescent psychological discomfort may be influenced both directly and indirectly by familial circumstances and other variables (e.g., parent-child conflict), the degree of variance in the perceived intensity of conflict that may be influenced by the personality characteristics of parents and adolescents, and gender differences (e.g., adolescents have different conflict intensities across age groups), but also by the interactions among them. Although non interpersonal stressors such as academic difficulties or negative life events (e.g., family death, divorce and moving) are thought to explain the exacerbation of depressive symptoms in childhood, adolescent depression is thought to be driven by interpersonal stress, making the parent-child interaction particularly crucial.

3. Inconsistency Between Parents and Children in the Reported Diagnosis of Adolescent Depression

It is vital to discover effective and reliable approaches for diagnosing depression in teenagers so that they can receive the necessary support. The Diagnostic and Statistical Manual of Mental Disorders (DSM), the most generally used diagnostic manual, confirms the diagnosis of depression by requiring the young person to have had reduced functioning and at least five of the nine potential states within two weeks [10]. Generic evaluation instruments include of interviews and rating measures. Rating scales are used to assess the intensity of a patient's symptoms, but they are not suggested as a sole method of diagnosis. The multiple informant report is the ideal tool for assessing adolescent health at this time, as it can provide a more comprehensive understanding of the adolescent's difficulties.

Nevertheless, for this approach, in a study by Orchard et al. [10] specifically on the differences between report from parents and report from children depression, parents in the clinical population reported much fewer depression symptoms for their child but their children reported them self has a higher depression symptom. In addition, they found no significant linked pairwise relationships between parent and adolescent reports of symptom severity in tests [10]. The divergent differences in multiple informants' reports reflect differences in providers' perspectives and backgrounds regarding adolescents' symptom scores [11]. However, the fact is that it is usually the parents who seek medical help for their child's problems, so the initial assessment or screening of the child's problems is usually done by the parents instead of the child at the beginning [10]. Parents of adolescents believe that the number of symptoms their child has will influence the eventual treatment of their child. Some parents and teenagers have divergent viewpoints about their conflict, due in part to their ineffective communication about it. For example, when a teenager is upset with a parent but cannot have an open discussion, the teenager may not be able to express his or her feelings. In turn, the parents may not understand how the adolescent feels or what solution would resolve the disagreement. Thus, when parents and adolescents separately report the extent to which they disagree about the issue, they are likely to report it differently because they do not communicate openly [8]. Significant features of family functioning may be reflected in differences between parents' and adolescents' perspectives on family functioning. Therefore, there is a need to examine informant inconsistencies in parenting reports. Using a multiple-informant report approach, when differences in parent and adolescent reports emerge, researchers should consider how these differences may serve as indicators of parent-adolescent communication quality rather than measurement error.

4. Factors Influencing Interparent-child Conflict

4.1. Personality Traits Influence Perceptions of Parent-child Conflict Intensity

The personality traits of fathers and mothers interact with children's personality traits and influence the degree of difference in the perception of conflict intensity [12]. Personality traits are defined as

behavioral tendencies that individuals will exhibit relatively consistently at different times and in different situations, respectively [13]. This trait is somewhat effective in predicting individual behavior. Within the person-centered personality approach, Block and Block's RUO suggested three types, resilient, under-controlled, and over-controlled [11]. Resilient individuals quickly find ways to resolve or at least improve the situation. Low-control adolescents or adults are characterized by low dutifulness, while over-controllers are more prone to conflict and have low emotional stability [11]. Adolescents or parents with low or excessive control tend to be more prone to conflict. A survey by Cadman et al. [12] based on 6925 families (mean age: 11–24 years) confirmed the prediction of these personal characteristic factors on actual individual behavior. In addition, personality traits also influence differences in perceptions of the surrounding environment [12]. Thus, adolescents or parents with low or excessive control may view their interpersonal relationships differently. This is also an important factor influencing how depression is reported and diagnosed in adolescents. It is not only the root of parent-adolescent conflict that affects adolescents as they mature with age, but also the parent-adolescent alliance [14]. In resilient households, the level of parent-child conflict is lower, suggesting that the alliance patterns of resilient parents and adolescents may be shorter. These findings have crucial implications for the diagnosis and treatment of adolescent depression at this stage, allowing for a better understanding and re-alignment of the parent-adolescent connection [12].

4.2. Different Age Groups and Gender

Understanding the diagnostic standards of parent-child conflicts and how personal characteristics affect parent-child conflicts can help identify and cope with the development of young depression [15]. The age range from the middle to the middle of childhood is considered to be 8–16 years old, and individual autonomy and personality will develop with age. During this period, young people are prone to depression symptoms [16]. Parents' ways of raising children in childhood may be considered an invasion of privacy or excessive control during adolescence. Parents usually do not realize and adjust the education method in time. According to a study by Wang et al. [17], the investigators collected self-reports of students of different ages from 1999, 2006, 2006, 200, and 2016 (a total of 3345 students). Students in the senior grades (grades 10, 11,) have a higher rate of depression than those in the lower grades (grades 7, 8) [17]. In addition to academic pressure being more significant than before, senior students also reported higher interpersonal conflicts. The key is to correctly recognize that the inner thoughts of adolescents of different ages can have proper communication to guide the eternal health of young people.

Furthermore, different gender (men and women) teenagers at different ages will have different inner feelings about their parents, which will also affect the development of depression [18]. Female adolescents are more correlated with depression than men. Parents usually try to shape and cultivate their children's future development direction based on their ideas, such as looking for children to promote long talks or controlling their children and formulating planning goals. Under ideal circumstances, in past studies, parents and schools directly asked their children through their children's friends and schools to strengthen their understanding of their children and help set behavior directions to prevent children from mistakenly entering. It enhanced the connection for both parents and their child [18]. However, based on the parents' ideas, they usually include the expectations of traditional gender characters [18]. Parents usually control women's behavior during childhood and try to understand all their children's information more than young men.

Therefore, when women tried to understand all their information in adolescence, they rarely exhibited resistance. Therefore, unlike boys, the interaction between social psychological factors and physiological changes causes depression in women in adolescence instead of direct parent-child conflicts [18]. When regulating the psychological problems of women's adolescents, the mother is considered a better participant than her father [15]. The mother can provide more appropriate

emotional and social support. Therefore, mothers do not play a significant influence in determining whether or not boys and young people would experience depressive symptoms. Adolescent boys, as a result of the increased sense of autonomy and individuality that comes with this stage of development, tend to be more protective of their privacy and self-identity. Therefore, parents will be more likely to cause parent-child conflicts if they are not targeted in childhood. The manifestations of male and female teenagers also have different symptoms when they have depression. Most of the anger and frustration are manifested when young males have depression, while quiet and independent behaviors are manifested in young women. Therefore, the symptoms of depression in male youth are relatively easy to observe [17]. The above discovery expresses the importance of knowing the gender and age necessary to communicate with their children and prevent or alleviate depression. However, according to the research of Wang et al. [17], males and adolescents did not significantly affect their depression symptoms compared to the first or third days. The depression symptoms on the third day were significantly more severe than on the first day. The reason may be that in the traditional sense of men, it is considered to be dealt with by themselves, and women are more for the help of parents when they encounter difficulties. Facing more academic pressure in the third year, women also need more emotional support. Parents did not adjust or pay attention to this aspect in time, leading to more significant parent-child conflicts [17]. More encouragement and adjustment of education are what parents should do during their children's growth, and diagnostic doctors should consider the specific needs required by patients of different genders and ages when facing depression patients.

5. Conclusion

This paper analyzes the existing literature on the effects associated with depression in adolescents. Family factors, as the first and most important factor, are the ones that directly influence the incidence of depression and the rate of significant illness in children, and parent-child conflict often leads to depression in children more than other social factors. Secondly, inconsistency in parent and child reports is essential to slow treatment progress. Parents' and teachers' reports of others are often much less descriptive of the child's depressive symptoms than the child's self-report. Multiple informant reports may seem to provide different perspectives and contextual differences but do not take into account that it is usually the parents who primarily help the child seek help for treatment. The causes of parent-child conflict are also perceived differently by parents and children. Communication quality as a critical factor should be studied more in the future than measurement error. It is important to note that the right communication style can be the proper guidance, and the different age stages of adolescence and gender as factors to be considered in communication have been highlighted in the literature. This paper contributes to social work practice. In practice, the article can guide intervention and prevention programs for adolescent depression. The paper shows, first and foremost, that positive, open dialogue between parents and children is an excellent means of preventing depression in adolescents. Therefore, stakeholders can help parents identify or adjust their parenting methods to promote parent-child relationships and thus reduce or prevent adolescent depression. In addition, the reported inconsistent parent-child philosophy has some clinical implications, and physicians can gain a more comprehensive understanding by surveying parent-child thoughts based on the philosophy assessment. This paper explored the depth of the parent-child conflict, the mechanisms by which it occurs, and the factors that influence it. Most of the literature summarized in this article is cross-sectional, and therefore causal relationships are difficult to determine. Further research should be conducted in future research to summarize whether the variables affecting parent-child interactions can remain consistent over time.

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