

Effects of Perceived Parenting Styles on Depressive Symptoms

Jessica Valero*

B.A. Candidate, Department of Psychology and Child Development, California State University Stanislaus, 1 University Circle, Turlock, CA 95382

Received 16 April 2019; accepted 15 May 2018

Abstract

There is extensive research that examines the relationship between gender differences and perceived parenting style on depressive symptomatology among children adolescents, but a dearth of studies among college-aged students. Therefore, students ($N = 156$) from Stanislaus State were recruited through Qualtrics ($n = 37$) and Summer 2018 Student Orientation sessions ($n = 119$). Each student answered 12 questions from the Major Depression Inventory (MDI) scale, which asked how they had been feeling over the last two weeks. Additionally, participants answered a statement, with respect to the scenario that resembled the recollection of their parents' style of rearing, when they were growing up. A one-way, analysis of variance revealed the following: 1) those with uninvolved/neglectful parents reported the most depressive symptoms, whereas those with permissive parents reported the least depressive symptoms; 2) males reported more depressive symptoms than females; 3) females with neglectful parents reported the most depressive symptoms; and 4) males with neglectful parents reported the fewest depressive symptoms. The present study will aid in the prevention of mental health development, due to individuals having the ability to assess their current or to-be parenting style.

Keywords: depression, symptoms, parenting style, gender

Introduction

Depression is common amongst any age group; however, it is predominant in young adulthood. Depression affects an estimated one in 15 adults in any given year and one in six people will experience depression, at some time in their life (American Psychiatric Association, 2017). Depression is a mood disorder, which causes a persistent feeling of sadness and loss of interest from enjoyable activities. Furthermore, depression may be classified based on symptom severity (mild, moderate, or severe). Symptoms of an individual with mild depression may include irritability or anger, insomnia, hopelessness, and self-loathing. On the other hand, moderate depression may include symptoms such as reduced productivity, excessive worrying, and problems with self-esteem. A person with severe depression experiences hallucinations, delusions, and suicidal thoughts or behaviors. However, the prevalence of depression also varies from gender. For instance, the burden of depression is 50% higher for females than males (World Health Organization, 2004, p. 36).

Depression may be a result of factors such as academia, employment, and family or relationship concerns. Nonetheless, depression may also be triggered from a young age, mainly through their parent's thoughts, feelings, and behaviors toward child-

rearing. Diana Baumrind, a developmental psychologist, created four parenting styles. The first, authoritarian, is when parents believe that rules should be followed, without exception. On the other hand, authoritative parenting is when rules and consequences are enforced; however, the opinions of the child are taken into consideration. The third style, permissive, is when parents are lenient with the child and solely intervene if a serious problem arises. Uninvolved/neglectful parents, generally have little to no knowledge of their child's whereabouts and therefore, must raise themselves.

Research has shown depression symptomatology, as a result of an individual's perceived parental style. Children reared by an authoritative parenting style had fewer depressive symptoms, in comparison to children reared by an authoritarian parenting style (Niaraki & Rahimi, 2012). Smetana, Crean, and Campione-Barr (2005) found that individuals with an authoritative parent have less depression in late adolescence. Piko and Balázs (2012) found that depressive symptoms were highest among females with authoritative parents, who were extremely controlling or demanding. According to Olutunde (2017), individuals with a permissive parent have a significant relationship with depression among adolescents. Authoritarian and uninvolved parenting styles were most highly associated with levels of depressive symptoms in adolescence (Lipps, Lowe,

* Corresponding author. Email: jvalero@csustan.edu

Gibson, Halliday, Morris, Clarke, & Wilson, 2012). Furthermore, adults who remembered authoritarian or uninvolved parents reported more depressive symptoms than did adults who remembered authoritative parents (Rothrauff, Teresa, & An, 2009).

The present study was conducted to understand differences in depressive symptomatology, from two variables (perceived parenting style and gender). Research from the study will add to the literature, through the following hypotheses: 1) those with uninvolved/neglectful parents will report the most depressive symptoms, whereas those with authoritative parents will report the lowest depressive symptoms; 2) females will report more depressive symptoms than males; 3) females with permissive parents will report the most depressive symptoms; and 4) males with authoritarian parents will report the fewest depressive symptoms.

Method

Participants

56 men and 63 females were recruited from five California State University, Stanislaus, Summer 2018 New Student Orientation (NSO) sessions. 6 men and 31 females were also recruited through the use of Qualtrics. A Qualtrics link was created and distributed to the Program for Academic and Career Excellence (PACE), McNair/Honor, and Educational Opportunity Program (EOP) students from California State University, Stanislaus. Participants were allowed to opt out at any given time throughout the study and if they wished to do so, did not receive any compensation. All of the participants were treated in accordance with the "Ethical Principles of Psychologists and Code of Conduct" (American Psychological Association, 2002).

Materials

Four custom materials were created for the present study: two informed consent forms, a survey, and a debriefing form. The survey consisted of demographic questions, questions from the Major Depression Inventory (MDI) scale, statements about each parenting style, and questions about daily experiences. The MDI scale used in the survey consists of 12 questions about how the participant has been feeling over the last two weeks. The participant had the option to choose from six statements (e.g., all of the time, most of the time, slightly more than half of the time, slightly less than half of the time, some of the time, and at no time). Raffle tickets were distributed at the end of the study, in which the participant provided their contact information to be entered into a drawing for a gift basket.

An outside, anonymous link on Qualtrics was used to resemble the in-person raffle tickets. A coffee mug, notebook, scantrons, index cards, and planner were purchased from the campus bookstore. The purchased items were then assembled into a gift basket, with the winner being randomly selected after the data analysis.

Procedure

First-year students/freshman and transfers were recruited from the McNair Scholars Program booth during Summer 2018 NSO sessions. I introduced myself to the students and asked if they would like to participate in a research study. If the student conveyed interest, I briefly explained the study to them and answered any questions they had. If the student wished to continue, I handed them a clipboard which contained a pen, two consent forms, and a survey. The participant read and signed one of the two consent forms. The second consent form remained unsigned, as it was solely for his or her record. The participant then proceeded to fill out an anonymous survey, which between 15 to 20 minutes to complete. After the survey was completed, the participant was handed a debriefing form. Participants then received a raffle ticket. The filled-out raffle ticket was then placed into a bucket and saved until the day of the drawing for the gift basket. After the participant finished and left the booth, I sorted and placed the documents in a manila envelope.

Additionally, Qualtrics was used to create and distribute a consent form, survey, and debriefing form to other California State University, Stanislaus students. The participant either clicked "I agree to participate" or "I do not agree to participate" on the consent form. The participant had the option to print out the consent form for his or her record. If they agreed to participate, they proceeded to complete a survey which also took between 15 to 20 minutes to finish. Following the survey was a debriefing form. Participants were then directed to an outside, anonymous link where they provided their contact information, to be entered into the same raffle drawing from the NSO sessions.

Data analysis

A one-way, 2 x 4 analysis of variance (ANOVA) was conducted, with an alpha level of .05. The dependent variable was the depression scale, MDI, developed by the World Health Organization's Collaborating Center in Mental Health. The independent variables were the participant's gender and style of parenting in which the participant was raised, as perceived by the participant. There were two genders (female and male) and four parenting styles (authoritative, authoritarian, permissive, and neglectful).

Data collected from 156 useable surveys were entered, aggregated, and transferred to the Statistical Package for the Social Sciences (SPSS) Software. The MDI scores were totaled and compared with the averages (means) of each parenting style and gender group.

Results

After the data analysis, the result of the one-way ANOVA between parental style and gender was, $F(3, 148) = 1.05, p = .37, \eta^2 = 0.02$. Therefore, there was not a significant relationship between both variables. Results also indicated that individuals with uninvolved/neglectful parents reported the most depressive symptoms ($M = 60.33, SD = 11.48$). On the other hand, those with permissive parents reported the lowest depressive symptoms ($M = 52.57, SD = 14.48$). Compared to females ($M = 55.60, SD = 13.31$), males ($M = 57.43, SD = 9.56$) reported the most depressive symptoms. Females with uninvolved/neglectful parents reported the most depressive symptoms ($M = 62.80, SD = 10.92$). On the contrary, males with neglectful parents reported the fewest depressive symptoms ($M = 48.00$). However, there was only one in and therefore, the next group of males with the lowest depressive symptoms were those with permissive parents ($M = 55.00, SD = 13.86$).

Discussion

The present study aimed to understand individuals' level of depression, as a result of their gender and style of parenting, in which they were raised with. Three of the four hypotheses were proven to be incorrect; meanwhile, the remaining hypothesis was partially correct. Limitations included the sample size not being representative of the target population and recruitment method/environment. The proposed goal of the study was for there to be 60 individuals (30 females and 30 males) in each parenting style; however, that was not the case for any of the four groups. For instance, there were merely 6 participants (5 females and 1 male) in the neglectful group, in comparison to the 112 participants (60 females and 52 males) who had authoritative parents. Additionally, recruitment from NSO sessions was a significant limitation to the group inconsistency. At the NSO sessions, both incoming freshmen and transfer students were easily distracted due to the noise level and time constraint from scheduled activities. Moreover, many students were not interested in participating, predominantly first-year students who were not familiar with the importance or significance of a research study.

Future Research

Future research could focus on the correlation between depression symptomatology and perceived parenting style from both parents, instead of as a whole. However, the phrase could be reworded to, "Think about when you were growing up and select the one (1) scenario that best describes your relationship with both your mother/father and mother/father." Additionally, suggested improvements include recruitment from solely one platform and two hypotheses. Amazon Mechanical Turk would suffice for recruitment, particularly because there is the option to limit how many individuals can be in a particular group. Gender differences are vital and therefore, the hypothesis that can be used again is, "Females will report more depressive symptoms than males." Depression levels amongst participants are an essential variable and hence, the hypothesis to also keep is, "Those with uninvolved/neglectful parents will report the most depressive symptoms, whereas those with authoritative parents will report the lowest depressive symptoms."

Acknowledgements

I would like to thank the California State University, Stanislaus McNair Scholars staff, Araceli Garcia and Becky Temple for their support throughout this research, Dr. June Newman for the research topic development and lastly, Dr. Andrew Dorsey for providing critical insight and guidance in this journal article.

References

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth edition*. 2013.
2. American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073. doi:10.1037/0003-066X.57.12.1060
3. Lipps, G., Lowe, G. A., Gibson, R. C., Halliday, S., Morris, A., Clarke, N., & Wilson, R. N. (2012). Parenting and depressive symptoms among adolescents in four Caribbean societies. *Child and Adolescent Psychiatry and Mental Health*, 6(31), 1-12.
4. Morin, A. (2015, March 25). 4 types of parenting styles and their effects on kids. Retrieved from <https://www.verywellfamily.com/types-of-parenting-styles-1095045>
5. Niaraki, F. R. & Rahimi, H. (2012). The impact of authoritative, permissive, and authoritarian behavior of parents on self-concept, psychological health, and life quality. *European Online Journal of Natural and Social Sciences*, 2(1), 78-85.
6. Olutunde, O. S. (2017). The relationship between parental style and depression among adolescents. *Journal of Educational Research*, 2(6), 55-66.
7. Piko, B. F. & Balázs, M. Á. (2012). Control or involvement? Relationship between authoritative parenting style and

adolescent depressive symptomatology. *European Child and Adolescence Psychiatry*, 21, 149-155.

8. Rothrauff, T. C., Cooney, T. M., & An, J. S. (2009). Remembered parenting styles and adjustment in middle and late adulthood. *Journal of Gerontology: Social Sciences*, 64B(1), 137-146.
9. Smetana, J., Crean, H. F., & Campione-Barr, N. (2005). Adolescents' and parents' changing conceptions of parental authority. *New Directions for Child and Adolescent Development*, 31-46.
10. World Health Organization. The global burden of disease: 2004 update. Geneva, Switzerland: WHO Press, 2008.