

**THE RELATIONSHIP BETWEEN PARENTING STYLE AND
RISKS OF DEPRESSION IN EARLY ADOLESCENT
IN DUSIT DISTRICT, BANGKOK**

PETPAILIN SUBPASU

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OF THE REQUIREMENTS FOR
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THE RELATIONSHIP BETWEEN PARENTING STYLE AND RISKS OF DEPRESSION IN EARLY ADOLESCENT IN DUSIT DISTRICT, BANGKOK.

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ABSTRACT

This study is a descriptive study in order to study the relationship between parenting styles and risks of depression of early adolescents in Dusit District Bangkok. The samples were First Level of Mathayomsuksa aged between 11-15 years old at Yothinburana, Rachavinitmathayom, and Wat Benjamabopit Schools. There were 382 respondents. Self data collection was done in January 2004. There were 3 sections of the questionnaire. One is for general data, second is a survey on child rearing pattern, and third is an evaluation form on depression found. Data analysis were in percentage, mean, and Pearson's Product Moment Correlation Coefficient.

From the result, it has found that severe depression and mild are 20.4% and 19.1% respectively and 60.5% of the respondents did not have depression. Authoritative style was mostly present for 40.1%, permissive, uninvolved, and authoritarian style for 21.7%, 19.6%, and 18.6% respectively. Permissive, authoritarian, and uninvolved style had positive relationship with depression found in early adolescents with statistical significance ($r=.504$, $r= .478$ and $r=.226$ respectively). While authoritative style had a relationship with depression found in early adolescents with no statistical significance. ($r=.134$)

From the research results, some recommendations are made for psychiatric nurses and relevant personnel to be aware of the depression problem. They should make a plan to protect early adolescents from depression by encouraging the family to have an authoritative style and avoid for a permissive, uninvolved, and authoritarian style.

KEY WORDS : PARENTING STYLE / DEPRESSION / ADOLESCENT

DEPRESSION

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ความสัมพันธ์ระหว่างรูปแบบการอบรมเลี้ยงดูกับความเสี่ยงต่อการเกิดภาวะซึมเศร้าในวัยรุ่น
ตอนต้น ในเขตดุสิต กรุงเทพมหานคร (THE RELATIONSHIP BETWEEN PARENTING
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บทคัดย่อ

การศึกษาครั้งนี้เป็นการวิจัยเชิงบรรยาย เพื่อศึกษาความสัมพันธ์ระหว่างรูปแบบการอบรม
เลี้ยงดูกับความเสี่ยงต่อการเกิดภาวะซึมเศร้าในวัยรุ่นตอนต้น ในเขตดุสิต กรุงเทพมหานคร กลุ่ม
ตัวอย่างเป็นนักเรียนชั้นมัธยมศึกษาตอนต้น ที่มีอายุระหว่าง 11- 15 ปี โรงเรียนโยธินบูรณะ
โรงเรียนราชวินิตมัธยมและโรงเรียนมัธยมวัดเบญจมบพิตร จำนวน 382 คน เก็บข้อมูลด้วยตนเอง
เมื่อเดือนมกราคม 2547 โดยใช้แบบสอบถามจำนวน 3 ชุด คือ แบบสอบถามข้อมูลทั่วไป แบบ
สำรวจรูปแบบการอบรมเลี้ยงดู และแบบประเมินภาวะซึมเศร้า วิเคราะห์ข้อมูลโดยคำนวณค่า
ร้อยละ ค่าเฉลี่ย และค่าสัมประสิทธิ์สหสัมพันธ์เพียร์สัน

ผลการศึกษาพบว่า กลุ่มตัวอย่าง มีภาวะซึมเศร้าระดับระดับรุนแรง และ ปานกลางร้อยละ
20.4 และ 19.1 ตามลำดับ ร้อยละ 60.5 ไม่มีภาวะซึมเศร้า ได้รับการอบรมเลี้ยงดูแบบเอาใจใส่มาก
ที่สุด ร้อยละ 40.1 แบบรักตามใจ แบบทอดทิ้งและแบบควบคุม ร้อยละ 21.7 , 19.6 และ 18.6
ตามลำดับ การอบรมเลี้ยงดูแบบตามใจ แบบควบคุมและแบบทอดทิ้ง มีความสัมพันธ์เชิงบวกกับ
ภาวะซึมเศร้าในวัยรุ่นตอนต้นอย่างมีนัยสำคัญทางสถิติที่ระดับ .001 และ .05 ตามลำดับ ($r=.504$,
 $r=.478$ และ $r=.226$ ตามลำดับ) และรูปแบบการอบรมเลี้ยงดูแบบเอาใจใส่มีความสัมพันธ์กับภาวะ
ซึมเศร้าในวัยรุ่นตอนต้นอย่างไม่มีนัยสำคัญทางสถิติ ($r=.134$)

ผลการวิจัยครั้งนี้มีข้อเสนอแนะว่า พยาบาลจิตเวชและบุคลากรที่เกี่ยวข้อง ควรตระหนักถึง
ปัญหาภาวะซึมเศร้าและกำหนดแผนที่เน้นการป้องกันการเกิดภาวะซึมเศร้าในวัยรุ่นตอนต้น โดย
สนับสนุนการอบรมเลี้ยงดูแบบเอาใจใส่ หลีกเลี่ยงการอบรมเลี้ยงดูแบบตามใจ ควบคุมและทอดทิ้ง

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CHAPTER I

INTRODUCTION

Background and Significance of the study

Early adolescent is the period between childhood and adulthood. It is the peak period of physical growth. There are changes in emotion, socialization, studying, working and idealism in life. This age group has the highest risk ratio, if their development is neglected by parents and society (Rojana prapapun, 1998). Since this age group has mood changes easily, and unstability with confusions in their own roles, and lacking skills and experiences in problem solving, this may cause psychological problems if they do not receive appropriate social support (Department of Mental Health, 2000). The major psychological problem often encounter at present is depression (Kasantikul, 1995).

Depression is a public health problem with an increasing rate. World Health Organization estimated that in 2020, depression will be a major public health problem, second only to ischemic heart disease(Churujiporn, 1999). Among adolescents, depression is found in 14-62% (Kelleher, Taylor and Rick, 1992, cited in Puskar et. al., 1999). In the United States of America, 15% of depression is found in psychiatric clinic, and it is found in female adolescents twice as much as male adolescents (Lueboontawatchai, 2000).

Studying depression among Thai adolescents found that those who were in youth facility in Bangkok metropolitan area and Nontaburi province, 62.62% had depression (Tengpongsatorn, 1990). More over, it was found that 49.8% of Mathayom 3 students in Samutprakarn province had depression, 22.52% had high level of depression (Baongern, 1995) and 40.8% among junior high schools in Bangkok metropolitan area (Trangkasombat and Likanapichitkul, 1996).

From survey study among 781 senior high school students in Chonburi province, it was found that 22.04% had depression (Teewatat, 1992). Surveying 330

early adolescent, age 10-15 years old from high schools in urban area of Bangkok metropolitan, 36.6% had depression (Piyasilp and Meemarayart, 2001).

From the previously mentioned study, there is an increasing frequency of adolescent depression, which will become a major mental health problem if these adolescents are not taken care of and receive appropriate support. Adolescent depression will effect ability in studying, understanding, problem solving, and decision-making, which will result in poor grades, lack of attention, inappropriate decision, and poor relationship with friends, teachers, and especially family members (Department of Mental Health ,2000). More over, adolescent depression will lead to behavioral problems such as absenteeism, and using addictive substances (Mellencemp, 1981, cited in Chitvorn, 2003).

The most important result of depression is adolescent suicide, which is a loss to family, society and country. Since there was a report that depression was a main clinical cause for suicide, there was a research study in the United States which found that more than 90% of adolescents who tried to commit suicide, had depressive condition (Sukanich, 1997). This had similar result to psycho-pathological condition study of 257 Mathayom 1-3 students in Wat Srakeo, Ang Tong province, who had suicidal behavior.

It was found that the most commonly found psycho-pathological condition was depression. Therefore, it can be said that depression is a major risk factor of suicidal behavior among adolescents (Trangkasombat and Nookeo, 1993). The symptoms of adolescent depression are not as obvious as adults, and may expressed in various forms such as anger, aggressiveness and delinquency behaviors (Trangkasombat and Likanapichitkul, 1996). These behaviors will be expressed as mask depression (Orawan Nookeo, 2535:2) and often found in male adolescents.

Reports from guidance and disciplinary teachers of Taveewatana school, in Bangkok, indicated that there were various behavioral problems expressed by students such as, uninterested in school, absenteeism, not following uniform code, speaking impolitely, having aggressive behavior toward fellow students such as fighting, stealing, separate or isolate themselves from group of friends, and using addictive substances. These behaviors are expression of depressive conditions among adolescents (Chitavorn, 2003).

Most depressive adolescents are pessimistic about themselves, society and the future. Therefore, unavailing results which follow are having low self-confidence, seeing themselves as worthless, feeling discouraged and hopeless (Kasantikul, 1995). More than 80% of depressive adolescents will express their thoughts and physiological conditions more than expression on melancholic moods directly such as looking at themselves negatively, not very confidence in the future and feeling that they are not effective (Trangkasombat and Likanapichitkul, 1996). More over, adolescents usually tell about their feelings or emotions that, "they are not very good person, being guilty, ashamed, and not having self-confidence" (Sukanich, 1997).

Factors effecting adolescent depression may come from internal factors such as changes in development of adolescents, or external factors from environment, of which family is considered the most important environment to support adolescents to have quality growth and development. There is a report that major factors effecting adolescent depression are low grade in studying, not feeling good in studying, looking negatively on themselves, not having good relationship with friends, low education and income of parents, not having been raised up by parents, parental psychological problems, especially bad relationship with parents, family break up and problematic family condition (Trangkasombat and Likanapichitkul, 1996, Piyasilp, 1999 and Chitvorn, 1003), including marital status of parents, relationship with parents, relationship with siblings, style of raising up children (Teevatat, 1992). More over, gender (Orawan Nookeo, 1993:49), parental educational level (Bao-ngern, 1995), ties and communication between family members (U-pramarn, 1995), all are related to adolescent depression.

From all these research studies, it can be summarized that causal factors related to adolescent depression condition are the following 3 main factors:

1. Parental factors, especially family relationship and style of raising up children.
2. Peer factors. It was found that if relationship with friends is high, depression condition is low.
3. Personal characteristics related to self-perception and attitude such as self-confidence or lifestyle (Carlson and team, 1982, cited in U-pramarn, 1995)

It can be seen that causal factors related to adolescent depression have

different dimensions ,especially family factor. At present, there are researchers who study about adolescent depression related to epidemiological dimension, frequency, family relationships, help-seeking, or family responsibility only. Another causal factor which is important and very interesting is raising up children style of parents, especially in Thai social context at present with advanced technology influenced, and different lifestyle from traditional way of life. This may influence changes in family relationship and style of raising up children.

Style of raising up children refer to the way parents or guardian treat adolescents, directly and indirectly, verbally and behaviorally, such as teaching and influencing adolescents, taking care of adolescents physically, mentally, socially, which directly influence adolescents perceptions and feelings. Diana Baumrind (1971) differentiate 4 types of raising up adolescents style as followed: authoritative, authoritarian, permissive, and uninvolved.

Authoritative refer to parents show loving kindness and encouragement for adolescents to have freedom in thinking, decision-making, and problem-solving by themselves. Parents will explain and give reasons for not allowing certain behaviors or action. Adolescents will have equality in doing various things.

Authoritarian refer to adolescents are being controlled by parents behaviorally, thinking, attitude and feelings, directly. Parents will order the adolescents to do as they want them to do. If adolescents do not obey, they will be punished.

Permissive style refer to parents allow adolescents to do anything as they please, without following rules. Even if they are wrong or guilty, they will not be punished. Adolescents feel that parents give them freedom without providing guidance or appropriate advice in solving problems.

Uninvolved style refer to parents are not paying attention to adolescents. They are not caring, and not helping when necessary. They are critical and will punish severely when adolescents make a mistake.

These various styles have influences on personality development and mental health of adolescents unavoidably. Research results indicated that raising up adolescents in democratic style, or authoritative style is appropriate because it will

form desired behaviors. The other styles will cause emotional problem, moody adolescents and behavioral problem (Rakvijai, 1990).

Different styles are reflecting family relationship in the household. Literature review indicated that the main cause/factors of adolescent depression was family factor. At present, no one has study the correlation between style of raising up children and adolescent depression.

Therefore, the researcher is interested in studying the correlation between raising up children style and early adolescent depression. The research will enable us to find out how they are correlated and in which direction. This will benefit those who are working with adolescents, and use it as guidelines in planning appropriate style in raising up adolescents, in order to prevent and solving early adolescent depression.

Research question: What was the relationship between parenting style and risks of depression in early adolescent ?

Purposes of the Study

1. To study depression in early adolescents.
2. To study style of raising adolescents by parents.
3. To study the relationship between various styles of raising up adolescents (authoritative, authoritarian, permissive and uninvolved) with depression in early adolescent.

Conceptual framework

From literature review related to depression in early adolescent, there were many factors which are related significantly with depression in early adolescent, such as family relationship (Trangkasombut and Likanapichitkul 1996,Piyasilp, 1999), self-esteem (Rojanaprapapun, 1998,Poomsawai, 2000), and style of parents in raising up adolescents (Sirivannabutsaya, and team, 2002). This follows the theory of depression occurrence related to cognitive theory, on the topic of Family and social hypothesis. This theory explains that depression is learned form of helplessness. Model of helplessness in family may be family break up, family relationship or changes in

mother-child relationship in the beginning of life, results in that person's weakness in getting depression (Areepak, 1989)

This study uses conceptual framework on parenting styles of Diana Baumrind (1971), which is widely used at present. The parenting styles are divided into 4 styles: authoritative, authoritarian, permissive, and uninvolved. Each styles has indication for family relationship characteristics, which results in a child's personalities.

It is also found that democratic style, or authoritative style is appropriate because it will form desired behaviors. Other forms of parenting style will cause problems in mental health, emotions and behaviors of adolescents, and will lead to depression in adolescents finally. Therefore, if early adolescent receives different parenting styles, which influence adolescents and result in mental health, including personality development in different dimensions such as social adjustment, and self-esteem (Rakvijai, 1990). Those who has mood swing, negative self-perception, and anti-social behaviors, are indications of a person who has depression (Beck, 1973). Maria Kovas (1985) studied adolescent depression and create a depression instrument to measure the condition in adolescents called Children's Depression Inventory (CDI), which is widely accepted and very popular.

CDI can divide depression into 5 major areas: negative mood, interpersonal problem, ineffectiveness, anhedonia, and negative self-esteem (Figure 1). It can be seen that depression can have many causes, both from the person or environment. Therefore, it can be expected that family relations, and parenting style, can have influences on adolescent depression.

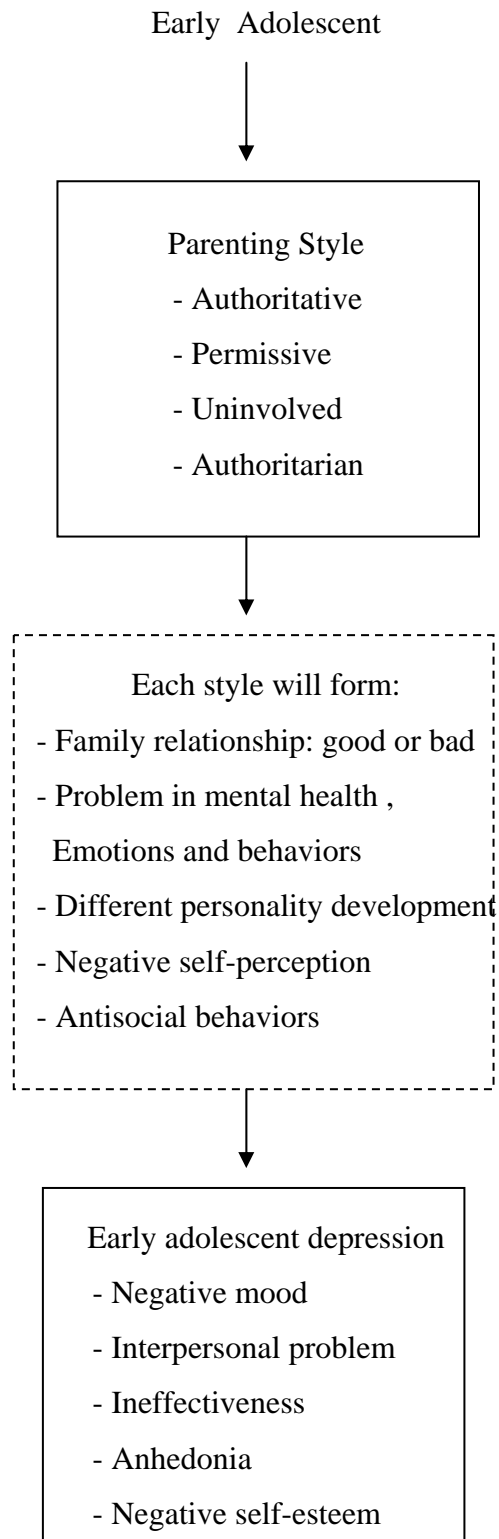


Figure 1 Conceptual Framework

Hypothesis of the study

1. Authoritative Parenting Style had positive correlation with early adolescent depression
2. Permissive Parenting Style had negative correlation with early adolescent depression
3. Uninvolved Parenting Style had negative correlation with early adolescent depression
4. Authoritarian Parenting Style had negative correlation with early adolescent depression

Scope of the Study

This research is a study on correlation between parenting style and early adolescent (between 11-15 years old, studying in Mathayom 1-3, 2546 B.E. fiscal year) depression, in schools of General Education Department, Ministry of Education, Dusit district, Bangkok metropolitan.

Definition of Terms

Parenting style refer to the way parents treat early adolescent, directly and indirectly, verbally and behaviorally, such as teaching, caring, taking care of physically, mentally, and socially. This has influence on perceptions and feelings of early adolescent, which can be evaluated from questionnaire by Puntip Siriwanabutsaya and team (2002). The questionnaire was constructed from conceptual framework of Dianna Baumrind (1971), which has the following 4 styles:

1. Authoritative refer to parents show loving kindness, and encourage early adolescents to have freedom of thoughts, decision-making, and solving problems by themselves. Parents will explain the reasons in encouraging or prohibiting various activities. Early adolescent will have equality in doing various activities.
2. Authoritarian refer to early adolescents are controlled directly by parents in thinking, attitude, behaviors and feelings. Parents always tell, or order early adolescent what to do, and they have to follow the order or else they will be punished.
3. Permissive refer to parents allowing early adolescent to do anything as they want, without following rules. Even if early adolescents do something wrong,

they will not be punished. They feel that their parents let them do anything without giving appropriate advice in solving problems.

4. Uninvolved refer to parents are not interested in, do not care, do not provide help when necessary, but they are critical and will punish severely when early adolescents do something wrong.

Depression refer to the expressions of melancholy, unhappiness, discouragement, boring and hopeless in early adolescents, between 10-15 years old.

This study evaluated early depression by using Children's Depression Inventory (CDI). Trangkasombut (1996) translated Maria Kovac 's CDI into Thai version, characterized into 5 areas as follow : negative mood, interpersonal problem, ineffectiveness, anhedonia, and negative self-esteem.

Expected Outcomes and Benefits

1. Information to help family to have appropriate parenting style, in order to prevent depression in early adolescent.

2. Information for psychiatric nursing, school counselor and those who are involved in planning to promote mental health and prevent depression in early adolescents.

3. Information can be used as guidelines in developing good family relationship, and developing appropriate parenting for early adolescents in the present Thai context.

CHAPTER II

LITERATURE REVIEW

This research is a study on correlation between parenting style and depression in early adolescents. The researcher studied and research documents, articles, and related researches as guidelines for this study as follow:

1. Concepts related to parenting
 - 1.1 The Definition of parenting
 - 1.2 Parenting style
 - 1.3 Effects of various parenting styles on early adolescent personality
2. Concepts on depression
 - 2.1 The Definition of depression
 - 2.2 The causes of the Depression
 - 2.3 The causes of the Depression in early adolescent
 - 2.4 Clinical symptoms and conditions of adolescent depression
 - 2.5 Methods of evaluating depression
 - 2.6 Factors related to depression in early adolescent
3. Parenting styles and depression in early adolescent

1. Concepts related to parenting

In order for early adolescents to have good development both physically and mentally, besides the influence of genetics, environment is another important factor. Both psychologists and educators agreed that family is very important for early adolescent development, especially parenting style which has influence on present behaviors of early adolescent and potential of action in the future (Pisalpong, 1983).

1.1 Definition of parenting

Sai-ngarm (1996) gave definition of "parenting" as the Way parents/guardians treat early adolescent by teaching, giving instructions, providing help, giving protection, providing love and kindness, and responsive to the need both physically and mentally, in order for early adolescents to live and grow up to be good members of society as expected.

Pantumnavin and team (cited in Rojanaprapapun, 1998) gave definition of parenting as parents/guardians and early adolescents have contact or connection which are guidelines for parents/guardians to give reward or punishment to early adolescents. More over, early adolescents have opportunity to observe characters and actions of parents/guardians. Parents/guardians will encourage, or prohibit any behaviors of early adolescents, depend on values/tradition of society or group that they belong to. It can be assumed that parents/guardians will transfer various characteristics in the society to early adolescents.

Chusri (1993) gave a definition of parenting as treatments of parents/guardians toward children. The treatments are responsive to the needs of children, from birth to present, which allow parents/guardians the rights to reward or punish any actions/behaviors of children. More over, children have opportunities to learn about various actions/treatments which parents/guardians treat them, in order to understand the parenting style.

Rojanaprapapun (1998) gave a definition of parenting as parents/guardians have responsibilities to pay attention on the development of physical health and teaching various skills for a living. These teachings will have influences on adolescents' personalities. Whether the adolescents will have positive or negative personality, it depends on techniques, knowledge and attitude of parents toward adolescents.

Adulwattanasiri and team (1995) gave a definition of parenting as parents/guardians have connection with adolescents both in verbal and actions, which communicate meaning in feelings and emotions of the parents/guardians. This includes guidelines for parents/guardians to be able to give rewards or punishment. More over, adolescents have the opportunities to observe the behaviors in parenting style of parents/guardians.

Poomsawai (2000) gave the definition of parenting as acknowledging or receptiveness of adolescents on the techniques that parents/guardians treating adolescents in raising them up, including being role models for adolescents.

In summary, parenting means teaching, or advice given by parents/guardians, in order to take care and respond to the needs of adolescents physically, mentally, emotionally and socially, both directly and indirectly. These include verbal and actions, which have influences on perceptions and feelings of adolescents. Parents/guardians can give reward or punishment, according to adolescents' behaviors.

1.2 The Parenting styles

There are various styles of parenting, which theorists can categorize. The important Models of parenting are the following:

1. Schaefer (1959) model
2. Becker (1964) model
3. Maccoby and Martin (1983) model
4. Diana Baumrind model

1. Schaefer model (1959:232 cited in Siriwanabutsaya and team ,2002) analyses factors of parenting and found 2 independent dimensions. This model categorize parenting styles into 10 styles.

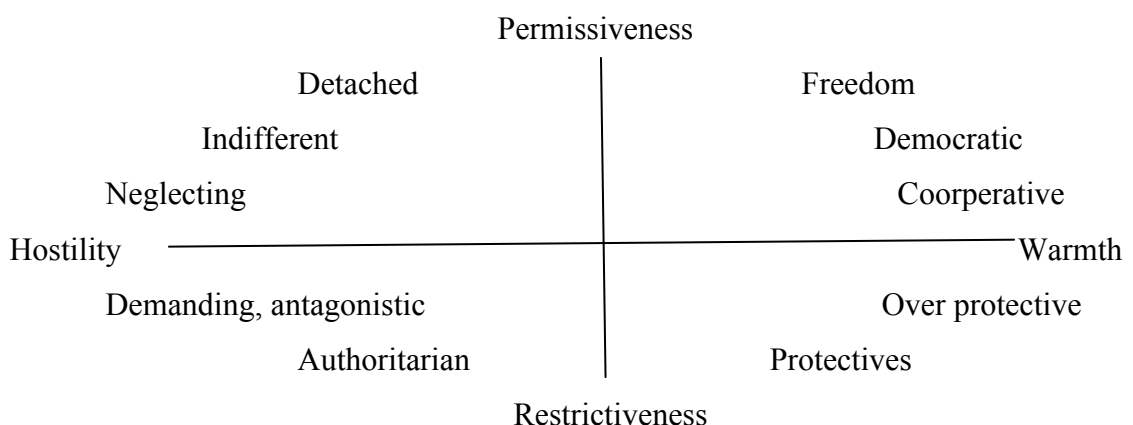


Figure 2 Schaefer Model of Parenting (1959)

From figure 2, Schaefer explained basic thoughts of 2 dimensions as follow. Warmth/Hostility and Restrictiveness/Permissiveness. These 2 axis/dimensions are

independent. Parents who give protective style will be between the dimension/axis of warmth and restrictiveness. Democratic parenting style will be between dimension/axis of warmth and permissiveness. Schaefer did not indicate clear cut parenting styles, but they were within these two dimensions/axis.

2. Becker model(1964) summarizes parenting style into 3 dimensions/axis as follow: strict-spoiled, emotional-unemotional, and warmth-hostility (as shown in figure 3).

The dimension/axis Warmth consisted of acceptable, satisfaction, agreeable, understandable and emphasizes on the importance of adolescents. Parents will explain and give reasoning in disciplinary action, giving complements, and do not use punishment. The dimension/axis Hostility has the opposite characteristics of Warmth. Restrictive dimension/axis, parents are very strict in rules/regulation, giving orders and required obedience. Permissive dimension/axis has the opposite characteristics with Restrictive dimension/axis. Emotional dimension/axis will include behaviors of parenting and giving protection to adolescents. Becker believed that mother's parenting style would come from integrating all 3 dimension/axis

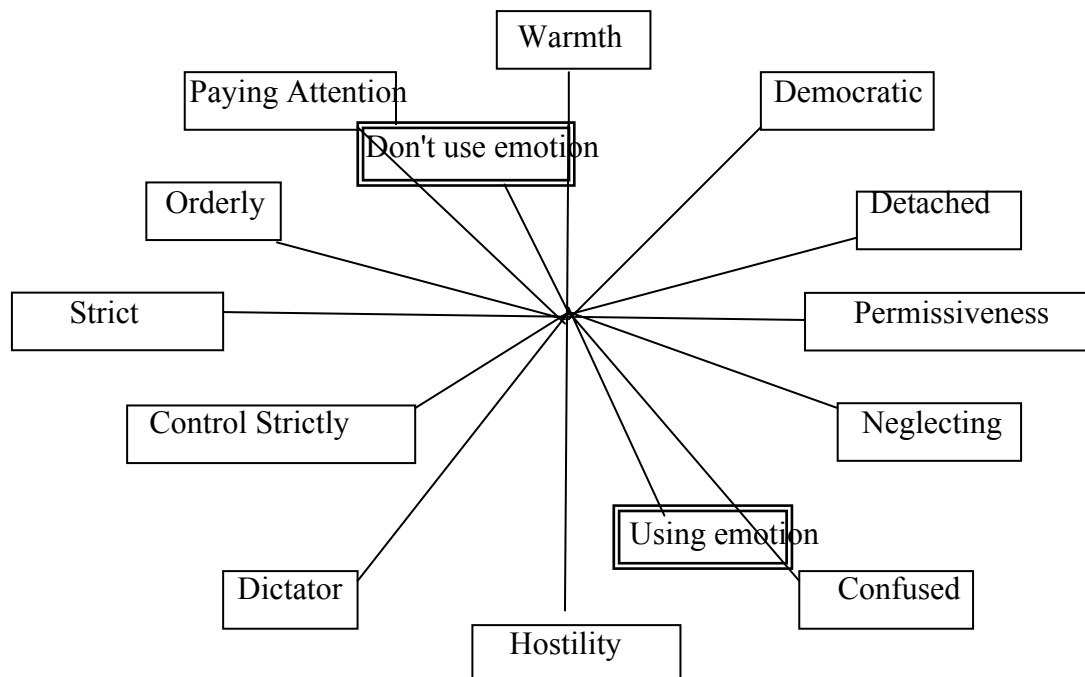


Figure 3. Parenting Style according to Becker (1964)

3.Maccoby and Martin Model of Parenting Styles (1983) mentioned about commonly found parenting style. This model divides into 4 parenting styles, by looking from 2 dimensions/axis as follow: Acceptance (Warmth) -Rejection (Hostility) and Restrictive (Controlled)-Freedom.

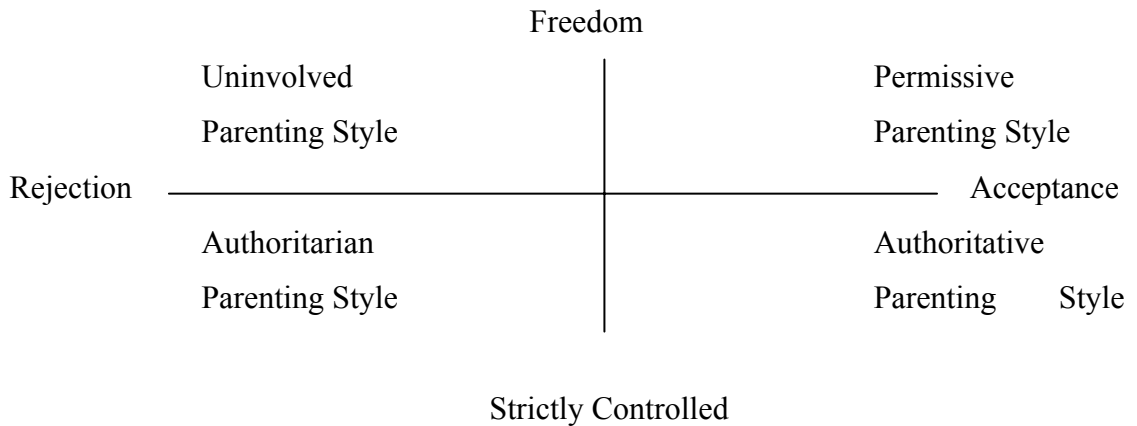


Figure 4. Maccoby and Martin Model of Parenting Style

4.Diana Baumrind Model of Parenting Style (1991) Baumrind studied and investigate parenting styles for over 10 years. More over, Baumrind studied about correlation between children's behavior and different parenting styles, including studying parents' attitude which had influence on behaviors of parenting style. These developed into Diana Baumrind's Parenting Style.

In studying the work of Baumrind, written by Baumrind (1980) and written by Maccoby, E. and Martin, J.A. (1983), there was a division of development on Baumrind's parenting style into 2 major dimensions/axis as follow:

Parenting Style

Respond of Children's Feelings	controlled	Controlling/Demand	Uncontrolling/ Undemand
	Respond Dimension		
	Responsive & Warm	1.Authoritative Parenting style	3.Permissive Parenting style
	Aloof &Unresponsive	2.Authoritarian Parenting style	4.Uninvolved Parenting style

Figure 5. Two Major Dimensions of Diana Baumrind's Parenting Style

From figure 5, Diana Baumrind analyzed 4 parenting styles from combination of parenting styles from 2 dimensions according to her concepts as follow.

1. Controlling/Demand dimension is the way parents indicate/stipulate standard or rules for children, and demand that they follow the standard/rules. This indicate the high level of parents' controlling behavior. Parents expect the children to obey and follow the rules/standard. Controlling/Demand dimension is found in Authoritarian parenting style and also Authoritative parenting style.

2. Responsive dimension is the way parents respond to the needs of children. Parents will allow children to participate in exchanging ideas, and feelings. Children will receive responses with warmth and understanding. Level of parents' responsiveness will result in parenting styles that Baumrind studied.

Parenting style which has high level of responds is authoritative and permissive parenting styles. From the level of the 2 dimensions, Diana Baumrind (1971) developed 4 parenting styles as follow:

1. Authoritative parenting style is appropriate parenting style for children's maturity development. Parents will allow the children to have freedom according to children's maturity. At the same time, parents will indicate the boundary of children's behaviors, and require obedience to follow the guidelines the parents indicated.

Parents will show loving kindness, attention, and warmth toward children. They are interested in listening to children's opinions, and willing to encourage children to participate in decision-making about family's concerns. Parents will allow equality and democratic atmosphere, accepting/acknowledging each others' rights, reasonably guiding children, explain the reasons of demanding children to follow rules, and punishment. Parents will use authority when necessary and with good reasons for children's better development. Parents will have clear rules and standards, but allowing for adjustment and flexibility appropriately. Baumrind (1991) indicated that children who grew up with this type of parenting will grow up to be a giving person, and well adjusted/adapted to society. He/she will have good self-control, and being a reliable person.

2. Authoritarian parenting style is when parents are strict in demands, but not responsive to the needs of children at all (Maccoby, 1983) There is an organized system in controlling and establishing rules for children to follow strictly. There is little or no explanation at all. Children will always have to accept parents' standard that it was correct and appropriate. There is control by using power/authority to force and punish when children do not follow parents' expectation.

Baumrind found that children with this parenting style were not happy, always avoid socialization, always worry and do not feel secure, always under pressure and lacking enthusiasm, do not have motivation, lack flexibility, being conservative, being too perfectionist, and most likely not able to blend in/or adapt socially.

3. Permissive parenting style is the way parents allow children to do anything they want without having any rules. There are very few punishment, no demanding or controlling children behaviors by parents. Children can express their feelings and emotions openly. Parents may give advice or trying to reason with children, but lacking power in controlling children's behaviors. Parents always have love, warmth, and being responsive to the need of children. Children always have opportunity to express their opinion or participate in family rules. Baumrind (1991) explained that children with this type of parenting style usually do not have enough potential according to maturity. Children have low self-controlled, highly depend on others, and having problems in controlling emotions.

4. Uninvolved parenting style is when parents do not pay attention or being responsive to the need of children. There is very little caring for children, may be because parents reject children from the beginning, or concentrating on problems and pressure in personal daily living until parents do not have time to take care of children. Parents ignored children as much as not demanding, or requiring any behavioral standard for children to follow. Children with this type of parenting style will be aggressive and anti-social, which may lead to using addictive substances and/or criminal activities (Maccoby and Martin, 1983)

More over, Baumrind (1991) mentioned that all 4 parenting styles will consist of 4 characteristics which parents treat children as follow.

1. Control or parents trying to have influence on children's behaviors, which make children express dependent behaviors. Parents will let the children know about the needs and standard of parents.

2. Maturity demand or trying and pressuring children to have high ability and intelligence.

3. Clarity of parent-child communications such as using reasons in explaining, asking for opinions and feelings of children.

4. Love and warmth of parents toward children (Parent nurturance) means showing love, understanding, taking care of and giving compliments when children have good behaviors.

In Thailand, there are educators, and psychologists, who are interested in studying about parenting styles for the past four years. They try to study concepts and theories of foreign psychologists, and research studies done in Thailand. They adapt concepts, and theories to make them appropriate for Thai society and cultures as follow.

Rodkumdee (1987) categorized parenting styles into 3 styles as follow:

1. Authoritarian, which is a style that parents are in control. If parents do not agree with the needs of children, they will not be responsive. Parents will not show loving kindness toward children.

2. Laizsez-Faire, which is not consistent with existing rules and regulations.

Sometimes parents spoiled children, and let them do anything they want, but sometimes they are very strict and demanding. Parents usually believe that "children will be good or bad, it depends on themselves".

3. Democratic, which is everyone has equal rights to participate in decision-making. Parents allow the children to have opportunities in creative thinking, decide to do everything by themselves, and receive attention consistently, both physically and mentally.

Amornviwat, Kammanee, Tirajitr and Kulpijitr (1989, cited in Rojanaprapapun, 1998) surveyed parenting styles for Thai children, and found that Thai children received 10 parenting styles as follow.

1. Freedom with certain control, which is giving a lot of freedom to children in making decision for themselves such as choosing foods, clothings, and participating in various activities.

2. Limited control, which is similar to controlling adult, but not strictly throughout the process. For example, if children were told to do, or not to do certain behaviors, and the children ignored, parents let them be.

3. Acceptance without expression, means parents accept children without clearly expressed behaviors. Adults in rural area do not usually express love toward children by hugging, except they are less than 3 years of age. When children grow up, physical bonding between adults and children will be less and less. Expression of love and acceptance will change from physical bonding to verbal expression and action such as, when children behave very well, to adult satisfaction, they do not get compliments. If children behave badly, unsatisfactory to adults, parents will reprimand or scold.

4. Being a role model. Adult behaviors will be imitated by children, both positively and negatively. Adult positive behaviors, such as, being respectful to older persons, working diligently, making merits, sharing, helping each other among neighbors, etc. Adult negative behaviors such as lying, quarelling, smoking, gambling, etc.

5. Allowing adolescents to experience and participate in natural learning according to environment such as persons, environment, spiritual, and various media.

6. Using verbal more than reasoning. Adults are used to ordering warning,

deceiving, threatening, cajoling, and scolding adolescents.

7. Using authority/power in taking care of adolescents. Adults employed power both verbally and took toward adolescents such as ordering adolescents without concerning about their readiness. If adolescents are not doing what they are told, they will be punished and scolded.

8. Inconsistency. This parenting style depends on verbal and action of adults such as , if adults are in good mood, parenting style is one way. If adults are moody, the expression will be another way.

9. Having several guardians. Thai family structure consisted of extended family, therefore, there are several adults taking care of adolescents.

10. Responses of parents changed according to age, maturity and gender of adolescents.

Sutasanee (1987) divided parenting styles in order to studying factors which have causal correlation with aggressive behaviors, by using concept of Schaefer (1959) and Becker (1964). They are divided into 7 patterns as follow.

1. Authoritarian means parenting style such that adolescents reported that they were controlled directly in behavior, thinking, attitude and feelings, directly and openly from parents who always order them to do things. If they were not following the order, they would be punished.

2. Firm discipline means adolescents reported that parents were very strict, watchful, and advised them to follow rules and standard of social and culture. Adolescents were told not to behave outside of social norm. If adolescents were not following rules and social norm, they will be punished.

3. Physical punishment means adolescents report that parents punish by hitting, spanking, whipping, when they do something wrong, or having undesirable behaviors.

4. Overprotection means adolescents report that parents show too much love and concerns, parents help them more than necessary. Parents interfere with every issues until adolescents feel that they are not free to do anything by themselves.

5. Democracy parenting style means adolescents report that parents show love and promote adolescents' freedom in thinking, decision-making, and problem solving. Adolescents will have equality in doing various things.

6. Permissiveness parenting style means adolescents report that parents allow/permit them to do anything as they want, without following rules and social norm. Even when adolescents make mistake, they are not punished. They feel that parents are not concerns. Parents do not give appropriate advise in every problems.

7. Rejection means adolescents report that parents are not paying attention, not taking care of children, and they do not give help when children need it. When adolescents do something wrong, they are strongly criticized and receive severe punishment.

Summary of parenting style.

In this study, the researcher employed parenting style concepts of Diana Baumrind's Parenting Style (1991). Since Diana Baumrind studied and investigated parenting style more than 10 years, and she studied about the correlation between adolescents' behavior and various different parenting styles. She also studied parents' attitude which result in parenting style. She developed 4 parenting styles which are authoritative, authoritarian, permissive, and uninvolved. Baumrind's parenting style concepts are similar to parenting styles in Thai society.

1.3 Effects of various parenting styles on adolescent's personality

Parenting is important on personal development, which is to say, whatever development an individual has, it is the result of parenting style. Santrock (1996) mentioned about influences of parenting styles which have influences on personality development of adolescents, as follow.

1. Democratic parenting style. Parents will support children to have freedom, but there are also certain controls. There are polite words exchanged, giving opportunity for adolescents to express their opinions. When adolescents do something wrong, there will be advises for the adolescents to find better solutions. This parenting style will result in making the adolescents to become socially acceptable, respectable and socially responsible.

2. Uninvolved parenting style. Parents do not usually have interested in adolescents' daily life, which result in lacking personal warmth severely. This parenting style will result in adolescents becoming socially unacceptable, having low

self-esteem, and not capable of maintaining individual self freely, in other words, the adolescents are highly dependable on other persons.

3. Permissive parenting style. Parents have very close relationship with adolescents, and spoiled them by allowing them to do anything as they wish. The parents do not control very much, which related to children becoming socially incapable. They have low self-control. This parenting style will result in the adolescents having to learn how to please others and have difficulty controlling themselves.

4. Power-controlled parenting style. Parents will indicate what the children would do according to the guidelines very strictly. This type of parenting style will result in children being worried about following social trend. They would be failures in interacting in others, and lacking communication skills. Studies found that children who are controlled by parents from young age will result in becoming aggressive.

Rakvijai (1990) indicated that the result of various parenting styles will have on Personalities of a child as follow.

Authoritative parenting style will influence children to have the following characteristics.

1. opened minded person, being themselves, and reasonable
2. being responsible
3. having a sense of humor, being optimistic and being cheerful
4. being a fast learner
5. being flexible and adaptable, express him/herself confidently,
having self-confident
6. being able to depend/rely on themselves and good at solving
problems at hand
7. having good leadership characteristics
8. being cooperative in working with others, having a stable emotions
9. having high level of understanding oneself, and feeling of self-
worthiness
10. being reasonable, respecting the rights of others and of him/herself

Uninvolved parenting style will influence children to have the following characteristics.

1. being aggressive, being liar , and being quarrelsome
2. having bad attitudes toward parents, sometimes hating their own parents, and not obeying their parents
3. being depressed, having difficulty in adapting themselves, having stress, more likely to call for attention from others all the time due to lack of love and kindness. They often have mental health problems, and can not control their own emotions
4. they often become juvenile delinquent, always absent from school, and involving in petty theft

Permissive parenting style will influence children to have the following characteristics.

1. being spoiled, lack of creativeness intuition, and lack of self-confident
2. depending on others all the time, can not rely on themselves
3. can not solve their own problems, having difficulty in adjusting themselves to live in society
4. most likely to have bad mental health, and having psychotic conditions

Authoritarian parenting style will influence children to have the following characteristics.

1. being moody, having difficulty adapting to society
2. lacking self-confidence
3. can not discover their own talents, and being a failure
4. not being themselves, dare not to make a decision by themselves
5. very obedient, and follow parents' advises, being able to adapt themselves to fit in with older people and make the elders being fond of themselves
6. lacking creativeness
7. depending on older people

In summary, various parenting styles have influences on, and resulting in personality development of children in various aspects, self-adjustments, including self-esteem, and mental health conditions. From research study result indicated that

authoritative parenting style is the most appropriate parenting style, because it would result in desired behaviors.

Uninvolved parenting style, permissive parenting style, and authoritarian parenting style are causing mental health problems, emotional problems and behavioral problems.

2. Concepts on depression

2.1 The Definition of depression

Trankasombat and Likapanichitkul (1996) gave a definition of depression as changes in mental health which has important characteristics such as dysphoric mood and loss of interest or pleasure. These may include other symptoms such as physiological changes, or changes in thinking and feelings. Depression can be divided into 2 major groups as follow.

1. Only depressive symptoms, and not to the level of disorder. This means the afflicted person has some depressive symptoms which are not severe, and nothing abnormal in daily living, or in interpersonal relationship, such as only irritated feelings, sad, or crying.

2. Depressive disorder which means severe depressive condition, and interfering with normal daily living. It can be characterized by American Psychiatric Association into 3 conditions as follow.

- 2.1 Adjustment disorder with depress mood.

- 2.2 Dysthymia

- 2.3 Major depression

The fourth edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV), there are 3 definitions (APA, 1994 cited by Akiskal, In Kaplan & Sadock, Eds., 1998).

1. Depression is defined as dysphoric mood or loss of interest of pleasure in the person's usual activities characterized by persistent symptoms such as hopelessness, irritability, or feeling blue or sad.

2. Depression considered as syndrome (rather than discrete disease) that consists of a cluster of signs and symptoms which are sustained over a period of weeks

to months, represent a marked departure from a person's habitual functioning, and tend to recur, often in periodic or cyclical fashion.

3. Depression as depressive disorders. They are depressive syndromes that meet the DSM-IV diagnosis criteria, which are classified under the main heading of affective disorders, divided into categories of major affective disorders, and further classified as either bipolar disorders or major depression. The depressive syndromes that do not fit the DSM diagnostic system are called minor depressive disorders.

The studying of adolescent depression, distinctions are made between depressed mood, depressive syndrome, and clinical depression (Peterson, et al., 1993 cited by Santrock, 1996, Carlson & Canwell, 1980 cited by Angold, 1988)

In conclusion, depression has at least 3 definitions that are depressed mood, depressive syndrome, and depressive disorder. The depressive syndrome is the definition formed in this study.

Summary of the meaning of depression

Depression refers to symptoms which are expressive of being depressed, melancholic condition, unhappiness, boring, hopelessness, lacking of creativeness, feeling of unworthiness.

2.2 The causes of the Depression

There are many theories attempting to explain the cause of depression. The common theories of depression are herein discussed; biological, and psychosocial theories.

2.2.1 Biological theories; genetic theories and biochemical factors

1) Genetic theories. Genetic factors play a role in the development of depressive disorders (Vancarolis, 1994). The studies of identical twins found that if one twin had a depressive disorder, there was 72% chance that the other twin would also develop depressive disorder. However, when compared with fraternal twins, as with siblings, parents or children of the afflicted person; the risk decreased to 25%.

2) Biochemical factors. It is currently believed that depression is a biologically heterogeneous disorder. The neurotransmitter abnormalities may be the result of inherited or environmental factors or even other medical conditions, such as

cerebral infraction, hypothyroidism, acquired immunodeficiency syndrome, drug use, and so on. There are two main neurotransmitters in the brain which believed to be related to altered mood state. They are serotonin and norepinephrine. It was previously long thought that low levels of these two neurotransmitters at the synaptic receptor sites in the brain caused depression and that high level triggered mania. However, it is now considered that a catecholamine deficiency was the actual cause instead.

2.2.2 Psychosocial theories: Psychosocial theories emphasize the intrapsychic, behavioral, cognitive, and interpersonal underpinnings of depression (Johnson, 1995). They include psychoanalytic, cognitive, learning, and object loss theories.

1).Psychoanalytic theory: Psychoanalytical theory emphasizes unconscious conflicts. This theory proposes that depression is the result of a harsh and punitive superego. The two themes central to the psychoanalytical theory of depression are loss and aggression (Varcarolis, 1994).

a. Loss: Freud identified both grief and depression as reactions to a loss, real or symbolic, in his classic Mourning and Melancholia. When a person loses a crucial source of security, he or she may become depressed. A sense of helplessness and hopelessness is central to the experience of depression.

b.Aggression: Psychoanalytic theory stated that depression is the result of anger turned inward against one self. The steps in the process of directing anger toward one self are:

- The child experiences emotional rejection, and the child's needs for affection are not met.
- The child feels hurt and unworthy of love; self-esteem is lowered.
- Hostility is aroused toward those who have hurt and rejected the child.

A state of ambivalence is experienced. The child needs and longs for love from the same person; the child rages against for not giving love.

- The need for acceptance and approval from parent who have hurt and rejected them is so great that the child represses feelings of hostility.

- Because these feeling of hostility could jeopardize receiving acceptance and approval from the parent, the feeling is pushed out of awareness and turned against the self to maintain acceptance and approval from parent. Apathy and helplessness are experienced instead.

- The pattern is set and continues throughout one's life. Hostility toward others is turned inward against one self in order to maintain the acceptance and approval of others.

The psychodynamic understanding of depression defined by Freud was expanded by Karl Abraham. He defined the process of introspection as a defense mechanism that takes two forms, building one's ego-ideal and merciless criticism directed at the object. This is the instrument in the creation of the superego. (Gabbard In Kaplan & Sadock, 1995).

2). Cognitive theories: Cognitive theories of depression are based on the notion that depression is not caused by bad or unfavorable events, but rather by negative thoughts or cognitions in explaining the bad events, the habitual ways we explain trouble to ourselves. They include the cognitive distortion model and learned helplessness model (Beck, 1967, Kovacs & Beck, 1997 and Seligman, 1974 cited by Gurian In Koplewicz & Klass, Eds., 1993).

a. Cognitive distortion model. The cognitive or cognitive behavioral perspective originally developed by Beck (Beck, 1967). He emphasizes a set of dysfunctional attitudes, cognitions, and images associated with depressive symptoms. Cognitive distortions are thought to cause depression and are associated with maintenance of the disorder. Cognitive style, according to Beck, is rooted in unfavorable life experiences, which eventually result in a tendency to overreact to events, to notice only the unpleasant things, negative views of oneself, one's world and current situation, and the future. These thoughts by which a depressed person interprets their experiences contain elements known as the "cognitive triad".

b. Learned helplessness models and hopelessness theory. This model is based on the premise that the way individuals explain things to themselves about what happens to them affects their ability to cope and renders them vulnerable to depression. According to this theory called as "attribution style". These dimensions are critical in an explanatory style that predisposes an individual to depression.

- Internal attributions: Bad events are believed to be due to characteristic within individual, such as worthlessness, incompetence, etc.

- Stable attributions: Bad events are attributed to facts that persist over time; helplessness is expected to be permanent, so nothing can change it.

- Global attributions: Bad events are attributed to causes that are present in a variety of situations, rather than in a specific situation. Helplessness is predicted to be pervasive. To the degree that an individual attributes bad events to internal, stable, and global causes, that he is increasingly likely to be helpless and depressed when a bad event does occur.

The Learned helplessness theory is one of the most popular theories or the cause of depression. It has been used to explain the development of depression in certain social groups, such as the aged, people living in ghettos, and women.

3).Behavioral theories. The behavioral perspective focuses on individual's over generalized response to loss of social supports understood as a circumscribed stimulus in the environment (Gruenberg & Goldstein in Tasman, eds., 1997). From this point of view, it is focused on understanding over behavior in term of the events that either precede or follow the behavior. Changes in reinforcement-either in number or in kind-are seen as the causes of depression (Gurian In Koplewicz & Klass. Eds., 1993).

a. Depressed individuals receive less positive reinforcement, such as parent, friend, and other important individuals. Other stressful life events such as moving, death in the family, or divorce including rejection from spouses.

b. Depressed individuals elicit fewer reinforcing behaviors to other people. Another important factor is the depressed individual's ability. They were lack of ability of actively obtain reinforcement from other people.

c. Depressed individuals exercise fewer social skills. These reduce their opportunities to be in social situations, and receive less positive reinforcement from others (Johnson & Bagg, 1995).

In conclusion, there are at least three processes by which individuals may become depressed; i.e. biological, cognitive, and behavioral ones. Bio-process is emphasized by biological perspectives, that either genetic or biochemical.

Psychosocial process, is emphasized by psychoanalytic views cognitive perspectives and, that depression can result from either real or imagined negative life events. Finally, behavioral process emphasized factor is produced by the actual experience of negative life events or by receiving low rate of positive reinforcement.

Besides, Areepak (1992) explained about the cause of depression in another characteristics as follow.

1. Biochemical Hypothesis

There are neurotransmitters which are related to depression such as norepinephrine and serotonin. These neurotransmitters will be decreased in the depressive condition. This will have results on moods, waking-sleeping conditions and sexual feelings, but will have different behavioral influences.

2. Genetic Hypothesis

Those whose father or mother was afflicted with major depression will have 16% chances of getting this condition. In identical twins, if one is afflicted with major depression, the other will have 43% chance of getting it. In fraternal twins, if one is afflicted with the condition, the other will have only 19% to get it.

3. Endocrinological Hypothesis

Having a major depression close to the menstrual period, after abortive condition, and right after delivery, may cause speculations whether female hormonal level will be related to depressive mood.

4. Psychodynamic Hypothesis

Abraham mentioned that normal grief will turn to melancholy or depression when anger and hate happen together with as the object, while mourning is the responsive condition toward the real loss. Melancholy may be caused from thinking, or imagining within the subconscious mind that he/she loss the beloved one.

5. Family and social Hypothesis

Behaviorists mentioned that depression was learned form of helplessness. The models of helplessness in family may be breaking up of family or turmoil changes in mother-child relationship in the beginning of life, which caused the person to be vulnerable on depression.

In summary, depression may have causes from physical, mental, and social aspects. Physical condition may be explained through biological theories of

depression, which consisted of genetic theory, biogenic amine theory, endocrine theory, psychoanalytic theory of depression and learning theory of depression. Social condition may be explained as a condition from reactions which a person expressed in facing stressful condition from environments such as family breakup.

2.3 The causes of the Depression in early adolescent

Limsuwan and Nopporn (1984) characterized child and adolescent depression into 4 different groups as follow.

1. Those who believe that children do not have depression at all. This is due to the principle of having super ego, before the person will have depression. Since children do not have, or develop super ego yet, they can not have depression.
2. Those who believe that children may have depression, but with special personal. Characteristics which each researchers indicate different various specialized characteristics.
3. Those who believe that children have masked depression, which means that children can have depression but the expression of moods are not of emotions but can be anything such as having a headache, or abnormal behaviors.
4. Those who think that children can have similar depression like adults, by expressing similarly with those seen in adults, but will have clearly indication only in less than 6 years old children.

Late childhood who have depression usually have a trend to look at themselves worse and worse. They have feelings of being ashamed, or they may think of committing suicide, or may be crying very often without a cause. Besides, it was found that children will have problems with sleeping, such as difficulty in sleeping, or having nightmares. As far as studying aspects, it was found that children would be uninterested in studying, or getting low grades in studying. If worrying is part of the symptoms, children will have frustration, aggressive behaviors, by escaping from home, doing things without objectives, and lack of concentration. If parents do not pay attention to children, or notice them carefully, the depression may be seen as only quietness. Whenever the children have sudden emotional stress, the depression will get worse and becomes masked depression. This may happen in 2-3 weeks or months, which the expressed symptoms will be characterized by poor adjustment both at home

and at school. The children may be hiding to cry alone in the room without being able to tell about the cause. They may have problems with eating food, and sleeping, which is having difficulty in going to sleep and waking up many hours earlier than normal, without being able to go back to sleep. They may feel very lonely.

Teevatat (1992) characterized adolescent depression into 2 forms as follow.

1. Depressive feeling, which is unhappiness or having no pleasure. This may not be involved with personal weaknesses or biological abnormality. A study indicated that 1 in 3 of children and adolescents have feeling of sadness, sorry, unhappiness or crying, which is considered normal. These may not be considered as a disease condition. Feeling of sadness usually happen from losing the loved ones, without thinking negatively about themselves, finding fault with themselves, or thinking that they are unworthiness, which is different than depression.

2. Depressive syndrome. Sometimes adolescents may expressed symptoms in other abnormality instead of similar expression in adults, such as enuresis. Depression may have feeling of sadness more than normal, which is having rebellious feelings, getting angry easily, feeling they are at fault, and worrying, in place of non-responsive feelings emotionally and mentally. There may be stress which may be causes of physical conditions such as having chest pain, headache, negative self-evaluation, and hopelessness. Moreover, it was found that conduct disorder related to adolescent depression in males with high ratio. For example, anti-social behaviors, which may cause physicians to deflect the attention to correcting behaviors more than emotional problems.

Depressive adolescents will not expressed depression directly, but will expressed as behaviors and physical conditions. Some adolescents will have masked depression by expressing rebellious characteristics, in order for adults to pay attention. Some adolescents will have deviate sexual orientation once in a while, especially when experiencing with something which effect self-confidence, which may cause a problem on being gay or lesbian, or sexual promiscuity. Some may complain about physical illness, causing parents to think that children have severe physical illnesses. The children may hope that getting admitted into hospital may avoid the conflicts which they are facing.

Carlson and Carbor (1986, cited in Teevatat 1992) characterized adolescent depression in 3 forms as follow.

1. Endogenous type, which is the emotion of guilty feeling more than normal. There may be misdirection and hallucination. Psychomotor retardation may happen once in a while with strong personality adolescents.

2. Masked depression with worrying or anti-social behaviors.

3. Chronic depression, which is related to lacking emotional bond with parents, or others, which caused lacking of self-esteem, and may lead to abnormal personality.

F.Philip Rice (1993) characterized adolescent depression in 4 forms as follow.

1. Transient Depression

Normal depressive symptom, such as crying, have a high probability of being resolved with increasing age. The symptoms appear to be transitory and are highly responsive to environmental events. However, the earlier the disorder appear, the more likely it is to be severe. If depressed adolescents have experienced prior episodes in childhood, they are likely to experience subsequent episodes.

- 2.Acute Depression

Emery (1983, cited in F.Philip , 1993) describes different syndromes of depression adolescents. The first is acute depression, meaning serious but reversible. Adolescents may complain of boredom and social isolation and actually spend less time interacting with peers, sibling, and parents. They may cry easily and daydream a lot. The episode usually lasts a fairly short time. It may be brought on by physical illness or problem, trouble with the law, trouble at school or drugs, loss of intimate relationships, or inadequate family relationships.

- 3.Chronic Depression

Chronic depression is more severe. The adolescent has usually experienced repeated rejection, severe emotional trauma, or a loss of love , either of a family member or a friend. He or she is weary of the world and often not able to perform ordinary task : The depressed mood may be evident for years and be accompanied by psychotic features and melancholia (loss of pleasure in almost everything).

4.Masked Depression

Masked depression is more difficult to recognize. The adolescent is depressed ,but in an effort to escape or deny depression, may become overactive and engage in various types of acting-out behavior, such as aggression, truancy, and delinquency. Sexual promiscuity, especially female, is often a disguised attempt to avoid feelings of depression and loneliness. Continually dating, going out, and engaging in a constant round of social activities may be an attempt to escape depression. Other adolescents abuse drugs or get in trouble with the law. Restlessness and anger are frequently present. Sometimes these symptom are so serious and obtrusive in themselves that they divert attention away from the predominant depressive complaints.

2.4 Clinical symptoms and conditions of adolescent depression

Although individual variations in depression occur, commonalties are revealed through the assessment of affects, though processes, feelings, physical behaviors, and communication. Sometimes the symptoms of depression are masked by other kinds of complains (Varcarolis, 1994).

1. An affected: Person who is depressed sees the world through “gray-colored” spectacle. Facial expression reflects sadness and dejection, and may have frequent bouts of weeping. Feeling of hopelessness and despair is readily reflected in the person’s affects.

2. Thought process: the person’s ability to solve problems and think clearly is negatively affected. Judgment is poor, and indecisiveness is common. People’s minds are slowing down, memory and concentration are poor.

3. Feelings: Feelings frequently reported by depressed people include anxiety, worthlessness, guilt, helplessness hopelessness, and anger.

- 3.1 Anxiety is always appeared in about 90% of depressed persons.

- 3.2 Feelings of worthlessness ranged from feeling inadequate to having an unrealistic evaluation of self-worth. These feelings reflect the low self-esteem that is a painful partner to depression.

- 3.3 Guilt is a common accompariment to depression. Present or past failures are constantly belabored.

3.4 Helplessness is evidenced by the inability to carry out the simplest tasks. Everything is too difficult to accomplish. With feeling of helplessness come the feeling of hopelessness. During a depressed period people believe things will never change. This feeling of utter hopelessness can lead people to see suicide as a way out of constant mental pain.

3.5 Anger and irritability are natural outcomes of profound feelings of hopelessness. Anger in depression is often expressed inappropriately. For example, anger may be expressed in destruction of property, hurtful verbal attacks, or physical aggression toward others. However, in people who are depressed, anger is most often directed toward themselves, resulting in feelings of low self-esteem and worthlessness. An extreme example of turning aggression against the self is suicide.

4.Physical behavior: complaints of lethargy and fatigue can result in psychomotor retardation. Movements are extremely slow, facial expressions are decreased, and the gaze is fixed. Grooming, dress, and personal hygiene are obviously neglected. Vegetative signs of depression are universal. Vegetative signs refer to alterations in those activities necessary to support the phenomenon of physical life and growth (eating, sleeping, excretion, and sex). For example, about 60-70% of people who are depressed report anorexia. Changes in sleep pattern vary. Many people complain of insomnia. For some, sleep is increased (hypersomnia) and provides an escape from painful feelings. Whatever it is, sleep is rarely restful or refreshing.

5.Masked depressions: Masked depressions are depression that are not recognized in the familiar form. The manner in which depression is masked depends on the depressed person's cultural background, age and sex, and socioeconomic background, and on heredity factors. In adolescents, underachievement, dropping out of school, compulsive use of drugs and sexual mania, delinquent behavior, and hostile outbursts may indicate masked depression.

Moreover, adolescents usually express depression in the form of truancy, isolating themselves from friends and family, lacking of concentration, being frustrated, being bored by everything (Laurie 1982, Robbin and Kashani 1986) or expression in the form of physical condition. This means that depressed adolescents will not express depression directly, but will express it in the form of behaviors and physical condition (Robbin and Kashani 1986).

Depressed adolescents usually isolate themselves from activities or group of friends, thinking that they are at faults, being a failure, feeling that they are unworthy, always feeling guilty, including not being able to solve any problems. Due to feeling of unworthiness, this may lead them to commit suicide. Besides expressing these conditions, adolescents will feel tired, having psychomotor retardation, experiencing difficulty in sleeping, and looking very sad, noticeably by others. They usually isolate themselves, looking out the window aimlessly, or doing menial jobs which are unimportant. Sometimes they will cry very often, and may get angry at things, and disliking their own depression. The feeling of frustration may explode, and when the anger disappear, they will have guilty feelings (Chapman, 1974).

Weiner (1980) mentioned that the expression of adolescent depression are not expressed as in adults, because there are adjustments for physical changes very quickly. They need freedom, and interested in opposite sex. These challenges their self-esteem very much. If they fail, they would not be able to live with themselves. They would be self-critical, and being hopeless. Adolescents are in developing age, they will be interested in action more than thinking. Depression will be expressed indirectly, which is fatigue, drowning in physical illness, lacking concentration, and lacking interest in studying. These conditions indicate that they are masked depression.

This is in agreement with a study by Pruksachartkunakorn (1990) who discovered in Thai children that certain conditions in children and adolescent depression were different than depression in adults, such as being too close to guardians, afraid of school, poor grades, using inappropriate medications, anti-social behaviors, sexual promiscuity, truancy and fleeing away from home. Hodgman (1989:581-591) gave a similar opinion that masked depression would have conditions of depressed, loneliness, not satisfy, unhappiness, lack of interests and pleasure in the activities they use to enjoy, lack self-esteem, having guilty feeling, and being pessimistic. These conditions happen together with physical conditions such as eating less or more food than usual, difficulty with sleeping, getting fatigue and not having strength. They may think of committing suicide, and adolescents may not expressing the real feelings by showing anger, being short temper, frustrated, anti-social, isolating themselves from family and society, absenteeism from school, poor grades, and turn to

addictive substances. The incidence of depression is found to be 20-50% of adolescent psychiatric patients. In general adolescent population, depression is found only in 10% of males and 20% in females. Hodgman further stated that it was difficult in diagnosis and treatment of adolescent illnesses due to depression. Therefore, adolescents with physical illness should be checked for depression also.

Hill (1989) stated that the expression of adolescent depression had various forms as follow.

1. School refusal, which is due to worrying about separation, and appear in adolescent years, is the mechanism in expressing of loneliness, and acute adolescent despair.
2. Anti-social behavior, rebelliousness toward rules and regulation, which is considered as conduct disorder.
3. Poor grades, which is due to poor concentration rather than intelligent problem.
4. Ignoring behavior, being bored, do not care for anything, and forsaking the usual activities.
5. May have hallucination.
6. Runaway from home.
7. Having physical illnesses such as having headache, backache, or chest pain.

2.5 Methods of evaluating depression

Evaluating depression is not easy, because feeling sad is the internal feeling of a person (Upramarn 1995). At present, there are methods of evaluating depression, such as the following 3 methods.

1. Self-Rating scale, which are Children's Depression Inventory (CDI), Beck Depression Inventory, Center for Epidemiological Studies Depression scale for Children (CES-DC), Reynold's Adolescent Depression scale (RADS), Symptom Distress Checklist-90 (SCL-90), and The Minnesota Multiphasic Personality Inventory (MMPI).

2. Physician-Rated Scale, such as using Diagnostic and Statistical Manual of Mental Disorder, 3rd Revised (DSM III-R), or using psychological test, or using The Hamilton Rating Scale for Depression.

3. Objective Behavior Measures, which is measuring noticeably external behaviors by choosing behaviors related to depression and observing frequency of the behaviors and recording, such as movement, speaking, smiling, and crying.

Method used in measuring depression in this study is CDI, Thai version by Trangkasombat (1996), which was constructed by Maria Kovacs. This was developed from Beck Depression Inventory. CDI consisted of 27 questions, for children to do a self-report. This questionnaire covered various aspects of depression, such as sadness, physical symptoms, changes in thoughts and feelings, inter-personal relationship, and suicidal behaviors. CDI has 3 answer choices, with points ranged between 0-2. This instrument can be used in children from 7-17 years old. It was found from the study that CDI was a popular measurement used in children depression who had strong self-confident. The CDI can separate children with emotional problems from normal children.

2.6 Factors related to adolescent depression

From research studies and literature review, it was found that, besides school grades, looking negatively at themselves, bad interrelationship, parents' educational level, bad relationship with parents, broken home, and turmoil family environment as causal factors for adolescent depression, there were other factors correlated with depression as follow.

1. Age. There are less depression among adolescents. Angold (1988) reported that only 1-5% were found in this age group. Rutter and team (1976) studied among 10 years old and continued to follow this group for 4 years on the Isle of Wight, found that there were 10 more times being diagnosed.

2. Gender. During pre-adolescent the ratio of depression occurrence between female and male will be 1:1 (Rutter et. al., 1970). For the young adult hood group, depression ratio between male and female increase twice as much. Angold (1988) stated that correlation between gender and age might be risk factors for depression, due to effect of puberty. Rutter and team (1970) did a prospective study on the Isle of

Wight found that for 14-15 years old boys depression condition related to growing up into adolescent more than sexual relationship. Dwick and team (1978) mentioned that, there will be sadness in females more boys. It was also found that psychosocial factor had more influence on females than boys. Different roles between males and females will cause females to have more problems.

3.Socio-economic. Kaplan and team (1984) found that adolescents from low socio-economic family would have more depression. Similar to the studies of Trangkasombat and Likanapichitkul (1996) and Piyasilp and Meemarayart (2001) found that family income correlated to adolescent depression.

4.Family psychiatric history and family functioning. There were several studies which found that children from a family with psychiatric illness would have more chances of psychiatric illness than children from a normal parents. Therefore, a study of Bao-ngern (1994) ,Trangkasombat and Likanapichitkul (1996), and Piyasilp and Meemarayart (2001) found that parents' health problems would have an effect on adolescent depression.

In a family with malfunctioning will be a cause for the children's psychiatric problems (Rutter, 1981), especially depression. Wiessman and team (1972) and Cox and team (2002) gave recommendation that adults who had depression would express skills as bad parents, the same as not very good at social responsibility. Rutter and Quinton (1984) indicated that the level of abnormal psychosocial function would have more importance than the diagnosis in predicting illnesses in children.

Mechanism of family psychiatric illness and family functioning are not very clear yet. There may be genetic predisposition or may be some other family dynamic factors, which will have effect on pathology of psychiatric condition of adolescent depression.

La Roche (1989) mentioned that parents who had psychological illness, would have effect on children and family as follow.

1. Attitude and parental incapability will have effect on children development (Brody and Forehand, 1986). Kochanka and team (1987) did a comparative study on normal mothers and mothers with unipolar and bipolar depression, to see whether feelings and thoughts on depression would extend to children perception or not. The

study found that mothers with depression were less satisfied with emotional and social development.

2. Stress level. Kamman and team (1987) indicated that chronic stress and mother's depression would predict the dysfunction in children performance, more than mothers who had no record of abnormal depression.

3. Family communication. La Roche and team (1987) indicated that families with problems in expression emotionally and communication, would be found in family of manic-depressive parents.

4. Environmental factors with precipitating environmental factors. There were several studies and measurements which tried to study the effect of dying, separation, and divorce of parents, and other negative experiences on children.

5. Personality types and depression. The correlation between depression and abnormal personality, received much attention. Friedman and team (1983) reported from studying patients' record retrospectively, which found that ratio of abnormal depression in adolescent would have borderline personality disorder. Borderline personality disorder together with abnormal depression would be very dangerous. For example, patients usually tried to commit violent suicide. No one had found correlation between borderline personality disorder and abnormal depression, with statistical significant.

A study by Teevatat (1992) found that parental marriage status, parental relation, parenting style, and siblings relationship, had effect on adolescent depression. This was similar to a study by Bao-ngern (1994), which found that factors on school grades, parental education, relationship among family members, and problems of parental psychological illness, correlated with depression. Besides, gender and relationship with friends, are other factors which had effects on depression (Nookeo, 1993).

Research studies on adolescent depression point to many causal factors which had effect on depression, such as not feeling good about studying, poor grades, turmoil family situation, broken home, bad relationships with parents and family members, parents did not raise the children themselves, and low level of education and income of guardians, poor relationship with friends, rebellious behaviors and truancy, looking

at themselves negatively, and parents' mental health problems (Trangkasombat and Likanapichitkul, 1996, Piyasilp, 2001 and Piyasilp and Meemarayart 1999).

From the studies mentioned above, it can be summarized that factors which correlate with adolescent depression consisted of 3 main factors as follow.

1. Parental factor, especially family relationship, family conditions, and parenting style.

- 1.1 Peer factors. It was found that emotion correlated with relationship with friends. If relationship with friends were poor, there would be most likely depression.

- 1.2 Personal characteristics, related to attitudes, such as self-perception, self-confidence, or lifestyle.

These various factors will have effect on adolescents to express depression in various forms such as expressing physically, mentally, and socially.

3. Parenting style and depression in early adolescents

Even though there is not a direct study on parenting style and depression in early adolescent, but there are related studies in the following researches.

Kanjanapong (1997) did a comparative study on parenting style, family condition, and friends of male youths who did and did not do something wrong in Suratthani province. This study found that the group which did something wrong had a weak mental condition, had low self-esteem, poor family condition, had friends who had bad behaviors, and had strict, mixed, and uninvolved parenting styles, more than group which did not do something wrong.

Rojanaprapapan (1998) studied correlation between family relationships, parenting style, and feeling worthiness in themselves, of early adolescentage students in Mathayomsuksa school, Aranyaprathet district, Srakeo province. This study found that 50% of early adolescents had high level of self-worth. The other 50% had low level of self-worth. Family relationship and acceptance from peers had positive correlation with feeling of self-worth, with statistical significant ($r = 0.2288$, $r = 0.1216$, $p\text{-value} < 0.05$, respectively). Moreover, this study found that parenting style, age, and educational level had correlation with self-worthiness, with statistical significant ($p\text{-value} < 0.05$). Males in early adolescent receive democratic parenting

style mostly, 50.5%. Females in early adolescent receive mixed parenting style mostly, 40.9%.

Poomsawai (2000) studied parenting style which had effect on self-respect of students in junior high school. This study found that students who received democratic parenting style were 74.06%, had low level of self-worth 46.21%, had high level of self-esteem 32.85%, and had medium level of self-esteem 20.94%. Students who received strict parenting style were 17.38%, had low self-esteem 49.23%, had medium level of self-esteem 35.38%, and had high level of self-esteem 15.38%. Students who received uninvolved parenting style were 8.56%, had medium level of self-esteem 75%, had high level of self-esteem 15.63, and low level of self-esteem 9.38%.

Siriwannabutsaya and team (2002) studied relationship types between Thai behaviors and present family social process which facilitates national development. The study found authoritative parenting style is found mostly in every regions, 49.3%, and uninvolved parenting style 14.9%. Results from research can be summarized that parenting style which has positive effects on social behaviors, political behaviors, personal behaviors, environmental behaviors, and economic behaviors are involved parenting style. This parenting style has good effects on population development, for appropriate national development the most.

Teevatat (1992) studied depression condition of senior high school students in Chonburi province, and found that adolescent students had depression 22.04%. Adolescent students who had school grades and economic status difference, had a difference in depression with statistical significant. Moreover, it was found that family factor, such as parents' marital status, parents' relationship, parenting style, and siblings relationship, had correlation with depression.

Bao-ngern (1994) studied depression in adolescent students in Samutprakarn province, and found that adolescent students had depression 49.8%, and severe level of depression 22.5%. School grades of students, parents' education, relationship among family members, family atmosphere, and parents' mental health problems, had correlation with depression, with statistical significant at 0.05 level.

U-pramarn (1994) studied responsibility of family in families of children who had depression and those not having depression. It was found that family of children

with depression had family responsibility in every aspects, except emotional responsiveness, which had correlation with depression, with statistical significant at 0.05 level. Emotional bond had correlation with depression in adolescent the most ($r = 0.36$). From this study it showed that family responsibility had important role in depression occurrence, especially emotional bonding and communication.

Trangkasombat and Likanapichitkul (1996) studied depression in junior high school students, in Bangkok Metropolitan, and found that those who had depression at the level of clinical importance (CDI equal to 15 or above) was 40.8%. Those who had depression in severe level (CDI equal to 21 and above) was 13.3% of all sample groups. Analysis of answers in CDI found that, adolescents with depression chose answer related to thinking and physical symptoms more than answers related to melancholic emotion directly. Group with depression had more problems in psycho-social than the other group in every aspects. Factors which were found to be related to depression, with statistical significant were poor grades, broken home, bad relationship with parents, parents were not the ones who raised children, low educational and income of guardians, unhappy family condition, and mental health problems of parents. From the study it was shown that depression was an important mental health problem in students.

Suwangbutr (2000) studied depression and help seeking of students in senior high school in Bangkok metropolitan. He found that sample group had depression which needed counseling from professional counselor 18.3%. Majority of the source of help seeking when depression happened was informal sources such as friends, parents, and brothers or sisters, respectively. As far as relationship between persons and self-worthiness of sample group, were in the medium level. Interpersonal relationship and self-worthiness had negative correlation with depression, with statistical significant at 0.01 level. Finding the predictive power on depression, it was found that interpersonal relationship and self-worthiness could predict depression 47.1%.

It could be summarized that studies on depression in adolescents, were mostly studies in epidemiological aspect, which tried to find frequencies of depression and factors correlated with depression. Studies about parenting style were mostly found that the studies were about finding correlation on self-esteem. Results of the

studies found that parenting style had effects on self-esteem. If adolescents had low self-esteem, that could be an indication of a symptom of depression.

Therefore, the researcher is interested in studying the relationship between parenting style and early adolescent depression.

CHAPTER III

METHODOLOGY

This research study is a descriptive study, in order to study the correlation between parenting styles and early adolescent depression, between 11-15 years old, who were studying in junior high school at school system in Dusit District, Bangkok metropolitan area, of Ministry of Education.

Population and Samplings

Population

Population group used in this study is early adolescents, between 11-15 years old, studying in Mathayom 1,2, and 3, during school year of 2546. These are school system in Dusit district, Bangkok metropolitan area, of Ministry of Education. There are 6 schools all together, but the researcher chose only 5 schools because Setsathian School is a special school for the abnormal hearing persons. The 5 schools chosen are Wat Benjamabopit School, which has a total of students at 784 persons. Yothin Burana has a total of 1,552 students. Rajavinit High School has a total of 1,260 students. Noi Noppakun School has a total of 839 students. Wat Rajathivas School has a total of 1,161 students. All together, there are a total of 5,569 students (statistics of the year 2003, Statistics analysis and research Section, Planning Department of Normal Curriculum Education).

Sampling

The sample group is selected by Stratified Random Sampling, with the following stages.

1. Calculating the size of sampling group from Taro Yamane (cited in Kitpreedaborisuth, 2000) as follow.

$$n = \frac{N}{1 + N(e)^2}$$

When n = size of sampling group
 N = total population
 e = value allowable for deviation = 0.05

From the calculating had sample size = 374 persons

Dividing 5 schools in General Educational Department, Dusit district, Bangkok Metropolitan, according to size of the school, by following Ministry of Education standard (General Educational Department, 2546) as follow.

1.1 Medium size schools have students between 500-1,499. There are not more than 36 classrooms. There are 2 schools in this size: Wat Benjamabopit school and Wat Noi Noppakun school.

1.2 Big size schools have students between 1,500-2,499. There are not more than 60 classrooms. There are 2 schools in this size: Rajavinit Mathayom school and Wat Rajathivas school.

1.3 Extra big schools have students more than 2,500 students. There are more than 60 classrooms. There is one school: Yothinburana school.

2. Random sampling representative schools according to size, and random sampling student groups in Mathayomsuksa 1,2 and 3 for one classroom each, by Simple Random Sampling. The total number of students was 382. Detailed information is in Table 1 as follow:

Table 1 Number of students in sampling group following the school size

School size	School Name	Number of students in 1class			Total
		Mathayom 1	2	3	
Medium	Wat Benjamaborpit	41	30	30	101
Big	Rajvinit Mathayom	48	35	45	128
Extra Big	Yothinburana	54	43	56	153
Total		143	108	131	382

Setting

The school in Dusit district, Bangkok metropolitan area, of Ministry of Education. There are 6 schools all together, but the researcher chose only 5 schools because Setsathian School is a special school for the abnormal hearing persons. The 5 schools chosen are Wat Benjamabopit School, Yothin Burana , Rajavinit High School ,Wat Noi Noppakun School and Wat Rajathivas School .

Instruments

Instrument used in data collection for this study was a questionnaire, which was divided into 4 parts as follow.

Part 1. Demographic characteristics questions, which the researcher constructed, consisted of questions about the following: gender, age, educational level, Grade Points Average for 2545 school year, and depression in family history.

Part 2. Survey form on parenting style for early adolescent, which researcher chose to use the survey form of Siriwannabutsaya and team (2002) with permission .This form was developed and patterned after the concept of Diana Baumrind (1991), which divided the parenting style into 4 styles as follow.

1. Authoritative Parenting Style
2. Authoritarian Parenting Style

3. Permissive Parenting Style
4. Uninvolved Parenting Style

The characteristics of survey form was parenting style according to self-perception, by using survey value in Likert scale, with 5 level choices: not correct, not exactly correct, correct and not correct equally, correct, and very correct. All 4 parenting styles consisted of 99 questions, and each of parenting style consisted of 8 key words as follow.

1. **Authoritative Parenting Style** has 25 questions.
 - 1.1 Demands, questions number 8,16, and 24.
 - 1.2 Rules, regulations, discipline, questions number 33 and 39.
 - 1.3 Rule enforcement, questions number 56, 64, and 72.
 - 1.4 Warmth, affection, support, questions number 3, 11, 19, 25, and 26.
 - 1.5 Bi-directional and clear communication, questions number 42, 49, and 55.
 - 1.6 Encouraging independence & individuality, questions number 5, 13, 21.
 - 1.7 Right of both parents and child, questions number 30, 36, and 51.
 - 1.8 Reward more than punishment, questions number 61, 69, and 77.
2. **Authoritarian Parenting Style** has 26 questions.
 - 2.1 Strong demand, questions number 82, 89, and 96.
 - 2.2 Absolute sets of standards, questions number 4, 9, and 17.
 - 2.3 Value of obedience, questions number 27, 34, 47, and 54.
 - 2.4 Less nurturant, questions number 59, 67, 75, and 80.
 - 2.5 Discouraging bi-directional, questions number 84, 91, and 98.
 - 2.6 Suppressing child independence and individuality, questions number 44, 86, and 93.
 - 2.7 Biased in favor of parental needs, questions number 6, 14, and 22.
 - 2.8 Threat and punishment, questions number 31, 37, and 52.
3. **Permissive Parenting Style** has 23 questions.
 - 3.1 Avoid making demands, questions number 57,65, and 73.
 - 3.2 Few rules, limits, questions number 83, 90, and 97.
 - 3.3 Tolerate and accepting immature behavior without parental restraint, questions number 2, 10, and 18.

- 3.4 Moderate nurturant, less involved, questions number 1, 12, and 20.
 - 3.5 Child dominated communication, questions number 29, 35, and 50.
 - 3.6 Allow immature and irresponsible decision making, questions number 62, 70, and 78.
 - 3.7 Biased in favor of child needs, questions number 87, and 94.
 - 3.8 Little punishment, questions number 7, 15, and 23.
4. **Uninvolved Parenting Style** has 25 questions.
- 4.1 Undemanding, questions number 28, 41, and 48.
 - 4.2 No rules, ignoring, questions number 58, 66, and 74.
 - 4.3 Neglect, maltreatment, questions number 40, 43, and 46.
 - 4.4 Emotionally detached, questions number 60, 68, 76, and 81.
 - 4.5 Infrequent communication, questions number 85, 92, and 99.
 - 4.6 Allowing for child independence without parental support, questions number 32, 38, and 53.
 - 4.7 Biased in favor of parental needs, questions number 63, 71, and 79.
 - 4.8 Physical and/or psychological abuse, questions number 45, 88, and 95.

Each question had 5 choices. Positive questions had score level of answer choices "very correct" equal to 5 points, "correct" equal to 4 points, "correct and incorrect equally" equal to 3 points, "not quite correct" equal to 2 points, and "not correct at all" equal to 1 point. Negative questions had score level of answer choices "very correct" equal to 1 point, "correct" equal to 2 points, "correct and incorrect equally" equal to 3 points, "not quite correct" equal to 4 points, and "not correct at all" equal to 5 points.

Data analysis of parenting style of sampling group and categorizing sampling group according to parenting style, by following steps.

1. Bringing average scores of each parenting styles and calculate standard Z-score.
2. Bringing scores of each parenting style subtracted by other parenting style scores.
3. Any score of sampling group for any parenting style would have to be higher than 3 other parenting styles at least half of standard deviation.

Part 3. Questionnaire for measuring adolescent depression, by using

Children's Depression Inventory (CDI), Thai version by Umaporn Trangkasombat (1996). This questionnaire was used to measure depression in early adolescent, between 10-15 years old. This questionnaire consisted of 5 aspects: Negative mood, Interpersonal problem, Ineffectiveness, Anhedonia, and Negative self-esteem. This questionnaire consisted of 27 questions, which covered various aspects of depression in the following areas:

1. Negative mood, questions number 1, 6, 10, 11, and 13.
2. Interpersonal problem, questions number 5, 12, 26, and 27.
3. Ineffectiveness, questions number 3, 15, 23, and 24.
4. Anhedonia, questions number 4, and 16-22.
5. Negative self-esteem, questions number 2, 7, 9, 14, and 25.

Each question consisted of 3 choices for answer, which indicated the severity of depression during the past 2 weeks. Positive questions were number 1, 3, 4, 6, 9, 12, 14, 17, 19, 20, 22, 23, 26, and 27. These questions had score level of answer choices as 0, 1, and 2 respectively. Negative questions were number 2, 5, 7, 8, 10, 11, 13, 15, 16, 18, 21, 24, and 25. These questions had score level for answer choices as 2, 1, and 0 respectively. Score of 0 means no symptom of depression at all or very little symptoms. Score of 1 means having symptoms of depression quite often. Score of 2 means having symptoms all the time or very severe. The total score of CDI can be from 0-54.

Score of 0-14 means no depression

Score of 15-20 means medium level of depression

Score of over 21 means severe level of depression

Finding the effectiveness of the instrument**1. Content Validity**

1.1 Survey form of parenting style for early adolescent, which Siriwannabutsaya and team (2002) did the content validity of student groups Mathayomsuksa 1 and 6 of 2 big size co-education schools, which were Santiratvitayalai, Bangkok, and Phra Pathom Vitayalai, Nakorn Pathom province.

Three hundred students were selected from each schools, and for 150 students for each class, for a total of 600 students.

1.2 Measurement form for adolescent depression was Children's Depression Inventory (CDI), Thai version by Umaporn Trangkasombat (1996). From studying in 139 Thai children, age 10-15 years old, by using CDI, it was found that CDI Thai version had reliability coefficient (α) = 0.83, and high discriminant validity. Scores in depressive children group was higher than non-depressive children group, with statistical significant. From Receiver Operating Characteristic Curve (ROC Curve), score of 15 and above was the cut off point for depression. At this level, CDI had sensitivity = 78.7%; specificity = 91.3%; positive predictive value = 82.2%; Negative predictive value = 89.4%; and had accuracy = 87% (Trangkasombat and Likanapichitkul, 1996)

Both of instruments are the standard instrument so, in this study did not necessary to repeat content validity again.

2. Reliability Testing

Taking questionnaire on parenting style and adolescent depression survey form, for pilot testing with sample group, which had very similar environment with target group, that was 50 students in Mathayomsuksa 2, educational year 2546, at Wat Rajathivas school. Calculating the obtained score for reliability of questionnaire, by using Cronbach's Alpha Coefficient (cited in Ruecha and team, 1988). This has the following calculating formula:

$$\alpha = \frac{n}{n-1} \left(\frac{1 - \sum Si^2}{St^2} \right)$$

which means α = Cronbach's alpha coefficient

n = number of questions

$\sum Si^2$ = summation of deviation in each question's score

St^2 = deviation of total score

It was found that reliability of adolescent depression inventory = 0.80 and the reliability of parenting style questionnaire = 0.88 by classified as follow: Authoritative Parenting Style = 0.81 , Permissive Parenting Style = 0.82, Uninvolved Parenting Style = 0.88 and Authoritarian Parenting Style = 0.92

Data Collection

Data collection for this research was done by self-administered questionnaire by the sample group, with following procedure:

1. Asking permission letter from Graduate School of Mahidol University, to be brought to 3 school's principals. This was to gain cooperation in data collection.
2. Contacted and coordinated with guidance teachers, homeroom teacher, or teacher for the subject of sample group's schools. This was to ask cooperation in collecting data and bringing questionnaire to the sample group on the date and time indicated.
3. Taking demographic questionnaire, parenting style questionnaire and depression inventory questionnaire to sample groups in 3 schools to be answered. Clarifying and explaining to the sample group about the objective of the research, protecting the confidentiality of the sample group, and asking for cooperation in answering the questionnaire. The researcher collected all the data personally for this research.

Human Protection for Subjects

Permission from the directors of schools and respondents was assured to be secret. The school and respondents were identified by code number to ensure confidentiality and the results were analyzed as a whole group. In addition, the respondents voluntarily participated in this study and they were free to withdraw at anytime.

Data Analysis

Data analysis was done by a computer program, statistical package for social science (SPSS PC⁺). Statistics used in analysis were:

1. Descriptive statistic, for summarizing data obtained from the study. It was described for general information of sample group, by using percentage, average score, and standard deviation.
2. Analysis statistic, for finding correlation between 4 parenting styles: Authoritative, Authoritarian, Permissive, and Uninvolved, and depression, by using Pearson's Product Moment Correlation Coefficient.

The assumption of Pearson's Product Moment Correlation Coefficient analysis requires as following :

1. There was a linear relationship between independent and dependent variables.
2. Independent and dependent variables were continuous variables.
3. Each value of X variable and each value of Y variable were not dependent on each other.
4. For each variable, the variance of one variable when determined the value of other variable was equal.
5. Each variable had normal curve.

In this study the data meet the assumption so, it can be analyze by Pearson's Product Moment Correlation Coefficient.

CHAPTER IV

RESULTS

This research study is a descriptive research to investigate the correlation between the parenting style and risk of depression in early adolescent age 11-15 years old and studying in Mathayom 1-3, in schools of General Education Department , Ministry of Education, Dusit,Bangkok metropolitan amount 382 samples.

The result were presented in tables with the explanations as follows:

Part 1 Personal information of the samples

Part 2 Parenting style and Depression in early adolescent

Part 3 Correlation between parenting style and depression in early adolescent

Part 1 Personal information of the samples**Table 2** The number and percentage of the samples classified by gender,grades, parent's marital status,type of family and rearing (n=382)

Data	number	percentage
Gender		
Male	224	58.6
Female	158	41.4
Grades		
Lower	155	40.6
Better	133	34.8
Stable	94	24.6
Parent's marital status		
Stay together	320	83.8
Divorce	45	11.8
Father/mother died	17	4.5
Type of family		
Nuclear	236	61.8
Extended	146	38.2
Rearing		
Parents	306	80.1
Relative	34	8.9
Mother	32	8.4
Father	10	2.6

Table 2 shows that most of samples were male ,which accounted for 58.6% of samples. 40.6% of them had lower grades in last semester. 83.8% parent stayed together , they were nuclear family 61.8% and 80.1% that parents were caring.

Table 3 The number and percentage of the samples who had severe depression classified by gender,grades, parent's marital status,type of family and rearing (n=78)

Data	severe depression	
	number	percentage
Gender		
Male	61	78.2
Female	17	21.8
Grades		
Lower	45	57.7
Better	22	28.2
Stable	11	14.1
Parent's marital status		
Stay together	59	75.6
Divorce	14	17.9
Father/mother died	5	6.4
Type of family		
Nuclear	44	56.4
Extended	34	43.6
Rearing		
Parents	53	67.9
Mother	12	15.4
Relative	8	10.3
Father	5	6.4

Table 6 shows that most of samples who had severe depression were male ,which accounted for 78.2% of samples. 57.7% of them had lower grades in last semester. 67.9% parent stayed together , they were nuclear family 56.4% and 67.9% that parents were caring.

Table 4 The number and percentage of the samples classified by family average income, attempted suicide in family and substance used in family. (n=382)

Data	number	percentage
Family average income(baht,month)		
less than 10,000	72	18.8
10,001-20,000	83	21.7
20,001-30,000	79	20.7
30,001-40,000	40	10.5
40,001-50000	65	17.0
More than 50,000	43	11.3
(Average income = 31,800 Baht/month)		
Attempted suicide in family		
No	360	94.2
Yes	22	5.8
Relative	15	68.2
Father	2	9.1
Mother	2	9.1
Myself	2	9.1
Parents	1	4.5
Substance used in family		
No	320	83.8
Yes	62	16.2
Father	29	46.8
Relative	27	43.5
Myself	5	8.1
Parents	1	1.6

Table 4 shows the average income was 31,800 baht/month. 5.85% had attempted suicide in this number was relative 68.2% and 16.2% of them had substance used in number was father and relative 46.8% and 43.5% respectively.

Table 5 The number and percentage of the samples who had severe depression classified by family average income, attempted suicide in family and substance used in family. (n=78)

Data	severe depression	
	number	percentage
Family average income(baht,month)		
less than 10,000	20	25.6
10,001-20,000	22	28.2
20,001-30,000	21	26.9
30,001-40,000	7	9.0
40,001-50000	3	3.8
More than 50,000	5	6.4
(Average income = 25,641 Baht/month)		
Attempted suicide in family		
No	69	88.5
Yes	9	11.5
Relative	5	55.6
Mother	2	22.2
Myself	2	22.2
Substance used in family		
No	63	80.8
Yes	15	19.2
Relative	6	40.0
Father	5	33.4
Myself	4	26.6

Table 5 shows the average income was 25,641 baht/month. 11.5% had attempted suicide in this number was relative 55.6% and 19.2% of them had substance used in number was relative and father 40.0% and 33.4% respectively.

Table 6 The number and percentage of the samples classified by parent's education and profession (n=382)

Data	number	percentage
Father's education		
Primary	27	7.1
Secondary	99	25.9
Vocational/diploma	51	13.4
Bachelors	205	53.7
Father's profession		
Business	140	36.6
Government officer	139	36.4
Employee	72	18.8
State enterprise	27	7.1
Unemployment	3	0.8
Farmer	1	0.3
Mother's education		
Primary	41	10.7
Secondary	100	26.2
Vocational/diploma	51	13.4
Bachelors	183	47.0
Mother's profession		
Business	126	33.0
Government officer	86	22.5
House wife	86	22.5
Employee	68	17.8
State enterprise	15	3.9
Farmer	1	0.3

Table 6 shows that 53.7% of fathers were bachelors and had vicinity between business and government officer 36.6% and 36.4% respectively. 47.0% of mothers were bachelors and 33.0% had business, at the same of government officer and house wife were 22.5%.

Table 7 The number and percentage of the samples who had severe depression classified by parent's education and profession (n=78)

Data	severe depression	
	number	percentage
Father's education		
Primary	6	7.7
Secondary	16	20.5
Vocational/diploma	12	15.4
Bachelors	44	56.4
Father's profession		
Business	27	34.6
Government officer	27	34.6
Employee	15	19.2
State enterprise	8	10.3
Unemployment	1	1.3
Mother's education		
Primary	9	11.5
Secondary	26	33.4
Vocational/diploma	14	17.9
Bachelors	29	37.2
Mother's profession		
House wife	27	34.6
Business	19	24.4
Employee	15	19.2
Government officer	14	17.9
State enterprise	3	3.8

Table 7 shows 56.4% of fathers were bachelors and had the same in business and government officer 34.6% .37.2% of mothers were bachelors and 27% had house wife, and had vicinity between employee and government officer 19.2% and 17.9% respectively.

Part 2 Parenting style and Depression in early adolescent

Table 8 The number and percentage of the samples classified by parenting Style (n=382)

Parenting style	number	percentage
Authoritative	153	40.1
Permissive	83	21.7
Uninvolved	75	19.6
Authoritarian	71	18.6

Table 8 shows that the most of samples were had authoritative parenting style,40.1% and permissive , uninvolved and authoritarian were 21.7%, 19.6% and 18.6% respectively

Table 9 The number and percentage of the samples categorized by the levels of depression (n=382)

Levels of depression	scores	number	percentage
No depression	0 – 14	231	60.5
Mild depression	15 – 20	73	19.1
Severe depression	more than 21	78	20.4

Table 9 shows that 60.5 % of the samples did not have the depression, 19.1% of them had mild depression and 20.4% of them had severe depression

Table 10 The number and percentage of the samples categorized by the parenting style and adolescent depression (n=382)

Parenting style	Levels of depression			Total number (%)
	No number (%)	Mild number (%)	Severe number(%)	
Authoritative	125(81.7)	17(11.1)	11(7.2)	153(100)
Permissive	43(51.8)	25(30.1)	15(18.1)	83(100)
Uninvolved	37(49.3)	11(14.7)	27(36.0)	75(100)
Authoritarian	26(36.6)	20(28.2)	25(35.2)	71(100)
Total	231(60.5)	73(19.1)	78(20.4)	382(100)

Table 10 shows that there was the maximum percentage of no depression (81.7%) and minimum percentage of severe depression (7.2%) in authoritative parenting style. The maximum percentage of mild depression (30.1%) found in permissive parenting style and the maximum percentage of severe depression (36.0%) found in uninvolved parenting style and 35.2% in authoritarian parenting style.

Part 3 The correlation of the parenting style and adolescent depression

Table 11 The correlation among the parenting style and adolescent depression
(n=382)

The parenting style	r
Authoritative (n=153)	.134
Permissive (n=83)	.504***
Uninvolved (n=75)	.226*
Authoritarian (n=71)	.478***

* P<.05 *** p<.001

Table 11 shows that there was a positive correlation among Permissive and Authoritarian parenting style and adolescent depression at the statistically significant level .00 (r=.504 and .478 respectively) there was a positive correlation between Uninvolved parenting style and adolescent depression at the statistically significant level .05 (r=.226). And there was correlation between Authoritative parenting style and adolescent depression at the no statistically significant (r=.134)

CHAPTER V

DISCUSSION

This research is a descriptive research in order to study the relationship between the parenting styles and risk on depression found in early adolescents. The samples were those between 11-15 years old who were in their Mathayomsuksa 1-3 for year 2003. The school is under the supervision of Ordinary Education Division, Education Ministry, Dusit District, Bangkok. Total samples were 328.

Research result can be separately discussed as per research objectives as follows:

1. Depression in early adolescents
2. Parenting styles in early adolescents
3. Relationship between parenting styles and depression found in early adolescents

1. Depression in early adolescents

From the study result, it has found that early adolescents had their depression on a severe level up to 20.4% and mild level for 19.1% (see table 9) Upon literature review on depression found in early adolescents by the use of the same CDI (Children Depression Inventory) evaluation form, it has found that rate of depression found does not differ much as follows. Trangkasombat and Likapichitkul (1996) studied on depression found in First Level of Mathayomsuksa in Bangkok, and reported that early adolescents have severe depression for 13.3% and mild level for 40.8%. Buangoen (1994) studied on depression found in adolescent students in Samutprakarn province and found that adolescents had severe depression for 22.5% and mild level for 49.8%. In year 1999, Piyasilp studied on depression found in adolescents in Petchaburi, Phitsanulok, Songkhla, and Ubonrachathanee provinces. It found that there were severe depression for 14.3%.

It can be seen that by the same use of CDI evaluation form, this research result and others have found the rate of depression found on severe level is

between 13-22 (average 17.5%) and on mild level (from 3 study reports) between 41-50 (average 45.5%) . The difference gap is not wide and it might occur since the studies involved different places and time for data collection. To be exact, adolescent samples living in Bangkok and Metropolitan areas and other provinces for this study is a study on Bangkok area with a focus on Dusit District in particular. Their families were on good level with average monthly income at 31,800 baht (table 4). Their parents finished their bachelor's degree and up for 53.7% for father and 47% for mother respectively (table 6). These factors had an opposite influence on depression found. However, past studies reported that the lower the socioeconomic backgrounds of adolescent's family, the higher the level of their depression (Garrison and et al.,1989, Teevatat, 1992, Nookaew, 1993, Upramarn, 1995, and Trangkasombat and Likanapichitkul,1996). Besides that there is gender factors that also involved. From the result of the past studies reported that female adolescent had more depression than male (Teevatat, 1992, Nookaew, 1993, Upramarn, 1995, and Trangkasombat and Likanapichitkul,1996) But the result of this study showed that 78.2% of male adolescent had severe depression, which may be caused by other factors such as low study performance 57.7% , Parent's marital status was divorce 17.9% (table 3) , besides that incomes in family mostly lower than 30,000 baht/month and these respondents was attempted suicide and substance used was 22.2% and 26.6 % respectively (table 5).

Nevertheless, depression found does not only depend on the said factors only. Other factor includes study performance. From this time result, it has found that samples with depression found possessed low study performance for 40.6% (table 2) due to their poor concentration. Study performance has more impact than problems on their intellectual (Hill, 1989).In addition, other key factor is family and genetic. There was a study which found that 20-50% of adolescents have their depression from the history of their member family (Puig-Antich et al.,1989 ; Todd et al.,1993). These people with depression found can be a cause of self-suicide (Friedman and et al.,1983 and Guthrie et al.,2001) . This time result found that adolescents with depression had attempted suicide for 9.1% (table 4).

2. Parenting styles in early adolescents

From the result, it has found that majority of early adolescents (40.1%) had their parenting styles with authoritative more than other patterns. There are patterns of permissive, uninvolved, and authoritarian for 21.7%, 19.6%, and 18.6% respectively (table 8). This is similar to the study of Siriwannabut, et al (2002) who used evaluation form on parenting styles the same pattern as the ones in this time research. It has found that parenting styles with authoritative will be found most in every single region (49.3%), followed with the one with permissive, uninvolved, and authoritarian for 19.8%, 16.0%, and 14.9% respectively. In addition, there has also been reports on parenting styles with different use of evaluation form. For instance, the study of Rojanaprapapan (1998.) and Poomsawai (2000) which found that 43.8% and 74.0% of adolescents had their parenting styles in form of democracy. This means the way the parents show their love and support for freedom in thoughts, decision-making, and problem solution. The parents listen to opinions, give helps when appropriate, and find balance in actions. This is similar to the pattern of authoritative parenting styles used in this research. It can be said that parenting styles in elder adolescents in this decade (1998-2004), authoritative is the majority in use (40.1-74.0%) which is interesting to find out why there are more and more families with authoritative parenting styles and what outcome will there be.

3. Relationship between parenting styles and depression found in early adolescents

From the result, it has found that permissive parenting styles and authoritarian parenting styles had positive relationship with depression found in early adolescents with statistical significance ($r=.504$ and $.478$ respectively, $P<.001$). Uninvolved parenting style had positive relationship with depression found in early adolescents with statistical significance ($r=.226$, $P<.05$). For authoritative styles, it had the relationship with depression found in early adolescents with no statistical significance ($r=.134$, $P>.05$) (table 11). So the permissive, authoritarian and uninvolved parenting styles had affected to early adolescent depression and authoritative styles had not affected to early adolescent.

From literature review, it has found only in the study of Tewatat (1992) that depression found in Higher Level of Mathayomsuksa in Chonburi showed uninvolved pattern of parenting styles which had the relationship with depression. There was no report on other types. However, with similar study in Poomsawat (1996) on the comparative study on self-esteem in adolescents with different patterns of parenting styles as per one's perception. It has found that adolescents with authoritative parenting styles found more self-esteem than those with authoritarian / uninvolved, and permissive parenting styles with statistical significance ($P < .01$). Self-esteem perception is one of the key factors relevant with depression. Adolescents with depression found low self-esteem (Wacharasin, 1995). People with low self-esteem will separate themselves and lead to depression at last (Teewathat, 1992). In this research, it can be explained that uninvolved parenting style means no interest, care, or help when needed. There are critics, blames, and severe punishment when adolescents do things wrong. Adolescents then lack self-confidence (Garbriel, 1969) and may cause depression, difficult adjustment, emotional stress, and mental health particular in emotion (Rakvijai, 1990). For parenting styles in permissive and authoritarian parenting styles, it has found that there is a positive relationship with depression found in early adolescents with statistical significance ($r = .504$ and $.478$ respectively, $P < .001$). There is no clear report on this, except in the study of Poomsawat (1996) which found that permissive and authoritarian parenting styles created lower self-esteem than the pattern of authoritative. This can also be explained in the same manner of the above stated. Permissive style means the permission for adolescents to express their behaviors with freedom. There is no compliance to the rules and there is no punishment when doing things wrong. This makes adolescents feel spoiled with no recommendations in problem solution. Thus, adolescents can not solve their own problem and have difficult adjustment in social living. There is a trend of bad mental health and nervous. (Rakvijai, 1990). For authoritarian style, it means the way adolescents have been controlled on their behaviors, thoughts, attitudes, and feeling. They behave as their parents demand. If not, they will be punished. This makes adolescents lose their self-confidence and have difficult adjustment to the society system (Rakvijai, 1990) which leads to anti-social and conduct disorder with bad

behaviors and wrong doings (Kanjanapong, 1997). Finally, this leads to depression found in adolescents.(Hill,1989).

For authoritative styles , it has found the relationship with depression found in early adolescents with no statistical significance ($r=.134, P>.05$). From literature review, there has been no clear report on this. Only in Poomsawat (1996) who found that authoritative styles impacted the scores on self -esteem higher than other styles. Rakvijai (1990) explained that adolescents with authoritative styles will be reasonable persons with responsibility, good adjustment, and self-assistance. They have self -esteem as well. This is a beneficial resources in oneself for facing various problems (Staurt,2001). It is important for one's mental health. It can protect or stop depression found. This can be seen from the rate of depression on severe level which has found that adolescents with authoritative styles will have severe depression for 7.2% which is lower than other types, especially for uninvolved style which has found 36% severe depression in adolescents (table 10). The relationship with depression was found with no statistical significance since authoritative style is not the only factor impacting depression found in early adolescents. Other factors involve non-satisfaction with study performance, marital status of parents, persons who rear the child, mental health problem of parents (Trangkasombat and Likapichitkul, 1996 and Piyasilp, 1999). There is also a difference in gender (Nookaew,1993) . This should be further studied.

CHAPTER VI

CONCLUSION

Summary of the Study

This research is a descriptive research with an objective to study the relationship between parenting styles and risk on depression found in early adolescents. The samples were in Dusit District, Bangkok. The key objectives covered the study on depression found in early adolescents, parenting styles in early adolescents, and relationship between parenting styles and depression found in early adolescents

The samples were those 11-15 years old adolescents who were in their First Level of Mathayomsuksa year 2003 at Yothinburana School, Rachavinitmathayom School, and Wat Benjamaborpit School, Dusit District, Bangkok for 382 respondents through stratified random sampling.

Research tools composed of questionnaire in 3 components, first was general data of respondents, second was a survey form on parenting styles in early adolescents by Siriwannabut and team and third was a measurement form for depression found in early adolescents via the use of Children 's Depression Inventory (CDI) in Thai version by Trangkasombat. Reliability test was done by Cronbach 's Alpha Coefficient with the value of .88 and .80 respectively. The researcher collected data by herself in January 2004 and employed SPSS PC⁺ in form of frequency distribution, percentage, mean, and employed Pearson 's Product Moment Correlation Coefficient for relationship analysis.

Result of the research were as follows :

1. Most of samples were male for 58.6%. Study performance in the last semester was lower (40.6%). Their parents lived together (83.8%) in nuclear family (61.8%). Parents were child rearer for adolescents (80.1%). Household average monthly income was 31,800 baht. 5.8% of adolescents had the record of attempted suicide in the family. In this part, majority were siblings or cousins (68.2%). There was also the history of addicted drugs use in the family (16.2%) in parents, siblings, or

cousins (for 46.8% and 43.5% respectively). Fathers finished their bachelor's degree and up for 53.7%. They ran their own business or were state officers for equivalent amount (36.6% and 36.4% respectively). Mothers finished their bachelor's degree and up for 47.0%, ran their own business for 33.0%, followed with being state officers and housewives for equivalent amount (22.5%).

2. The samples had authoritarian parenting styles the most (40.1%), followed with permissive (21.7%), uninvolved (19.6%), and authoritative (18.6%) respectively.

3. 20.4% of the samples had severe depression, 19.1% of them had mild depression and 60.5% of them did not have depression.

4. There was a positive correlation among permissive and authoritarian parenting style and adolescent depression at the statistically significant level at .001 ($r=.504$ and $.478$ respectively). There was a positive correlation between uninvolved parenting style and adolescent depression at the statistically significant level at .05 ($r=.226$). And there was also correlation between authoritative parenting style and adolescent depression at the not statistically significant ($r=.134$, $P>.05$)

Recommendations

Recommendation for nursing practice

1. Nursing Practice

From the result, it has found that early adolescents had risk on depression found (39.5%) with severe depression for 20.4% and mild level for 19.1%. Most of them had authoritative parenting styles for 40.1%, followed with permissive for 21.7%, uninvolved for 19.6%, and authoritarian for 18.6% respectively. Otherwise the group had authoritative style no depression found 81.7% more than permissive, uninvolved and authoritarian styles that no depression found 51.8%, 49.3% and 36.6% respectively. Parenting styles had relationship with depression, thus mental health nurse and relevant persons need to be aware of depression problem in early adolescents. As well, they should determine the plan to protect the occurrence of depression to cover the following 3 levels:

1. Universal prevention to prevent risks on depression among early adolescent group in general, by encouraging parents/guardians to employ Authoritative Parenting Style. This is in order for the adolescent to be able to adapt and realize about their self-worthiness, important mental health factors which could prevent depression.

2. Selective Prevention for adolescent depression risk group, by screening and providing help urgently, including coordinate cooperation from family and school. This is in order to accommodate concept regarding appropriate form and parenting style.

3. Indicated prevention for high risk group, or those afflicted by depression, which should be given therapy urgently by referring to get appropriate treatment quickly and appropriately. This is to prevent chronic and severe condition. Furthermore, the method of treatment should be discussed with family member to find the best solution, and also depending on the parenting styles of their family.

Recommendation for further study

1. This time research was a study in the group of samples who were the students in Bangkok that their families were those in good income criteria. In contrast, the sample of almost half (39.5%) had risks on depression; thus, there should be in-depth study on factors in regards to family status and depression found

2. This time research has found parenting styles in early adolescents for 40.1% falls in the group of authoritarian. This is in the rate similar to the past studies in this decade. Thus, there should be a study on factors influencing parenting styles in early adolescents, including result of each style in a clear manner

3. The result showed that authoritarian, permissive, and uninvolved parenting styles had positive relationship with depression found in early adolescents with statistical significance. Authoritative style, however, had the relationship with depression found in adolescents with no statistical significance. Thus, there should be a study on other factors impacting depression in early adolescents. They include satisfaction in study performance, marital status of parents, persons who rear the child, mental health of parents, and gender difference.

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APPENDIX

APPENDIX A
Informed Consent

คำชี้แจงและการพิทักษ์สิทธิผู้เข้าร่วมวิจัย

ดิฉันชื่อ นางเพชรไพลิน สรรพสุ เป็นนักศึกษาปริญญาโท สาขาสุขภาพจิตและการพยาบาลจิตเวชศาสตร์ คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล ขณะนี้ดิฉันกำลังทำวิทยานิพนธ์เรื่อง “ความสัมพันธ์ระหว่างรูปแบบการอบรมเลี้ยงดูกับความเสี่ยงต่อภาวะซึมเศร้าในวัยรุ่นตอนต้น เขตดุสิต กรุงเทพมหานคร ” โดยมีวัตถุประสงค์เพื่อศึกษาความสัมพันธ์ระหว่างรูปแบบการอบรมเลี้ยงดูแบบต่างๆ ได้แก่ รูปแบบการอบรมเลี้ยงดูแบบเอาใจใส่ แบบตามใจ แบบควบคุมและแบบทอดทิ้ง กับความเสี่ยงต่อภาวะซึมเศร้าในวัยรุ่นตอนต้น ทั้งนี้ผลการศึกษาที่ได้จะเป็นข้อมูลพื้นฐานในการส่งเสริมให้ครอบครัวมีรูปแบบการอบรมเลี้ยงดูที่เหมาะสม เพื่อเป็นการส่งเสริมสุขภาพจิตและป้องกันภาวะซึมเศร้าในวัยรุ่น พร้อมทั้งใช้เป็นแนวทางในการพัฒนาการสร้างสัมพันธภาพในครอบครัวและพัฒนาวิธีการเลี้ยงดูวัยรุ่นให้สอดคล้องกับสังคมไทยในปัจจุบัน

หากท่านยินดีที่จะเข้าร่วมวิจัยครั้งนี้ กรุณาตอบแบบสอบถามที่ผู้วิจัยได้เตรียมไว้ ซึ่งจะใช้เวลาประมาณ 45-60 นาที ทั้งนี้ข้อมูลต่างๆที่ได้จากการตอบแบบสอบถาม จะถูกเก็บไว้เป็นความลับ โดยจะแสดงให้เห็นทราบเป็นภาพรวมของการวิจัยเท่านั้น แต่ถ้าพบว่ามีความเสี่ยงสูงต่อภาวะซึมเศร้าจะได้ดำเนินการส่งต่อเพื่อให้ความช่วยเหลือต่อไป

อย่างไรก็ดี ท่านมีสิทธิที่จะตอบรับหรือปฏิเสธการเข้าร่วมวิจัยในครั้งนี้ ซึ่งท่านสามารถกระทำได้โดยจะไม่เกิดผลใดๆต่อท่านทั้งสิ้น

ขอขอบพระคุณเป็นอย่างสูง ที่ท่านให้ความกรุณาเข้าร่วมในการวิจัยครั้งนี้

เพชรไพลิน สรรพสุ
ผู้วิจัย

ยินดีเข้าร่วมในการวิจัย
ลงชื่อ.....
(.....)
วันที่.....เดือน.....พ.ศ.....

APPENDIX B
เครื่องมือที่ใช้ในการวิจัย

เลขที่แบบสอบถาม

สถานที่

วันที่

**ความสัมพันธ์ระหว่างรูปแบบการอบรมเลี้ยงดูและภาวะซึมเศร้าในวัยรุ่นตอนต้น เขตดุสิต
จังหวัดกรุงเทพมหานคร**

.....

คำชี้แจง : แบบสอบถามนี้ประกอบด้วย 3 ส่วน ได้แก่

ส่วนที่ 1 แบบสอบถามข้อมูลส่วนบุคคลของวัยรุ่น	จำนวน 17 ข้อ
ส่วนที่ 2 แบบสำรวจรูปแบบการอบรมเลี้ยงดูของบิดามารดาต่อวัยรุ่น	จำนวน 99 ข้อ
ส่วนที่ 3 แบบวัดภาวะซึมเศร้าของวัยรุ่น	จำนวน 27 ข้อ

ส่วนที่ 1 แบบสอบถามข้อมูลส่วนบุคคลของวัยรุ่น

คำชี้แจง : กรุณาตอบข้อมูลส่วนบุคคล ตามข้อคำถามที่กำหนดให้ ดังต่อไปนี้

1. เพศ 1. ชาย 2. หญิง
2. อายุ ปี
3. ระดับการศึกษา 1. มัธยมศึกษาปีที่ 1
 2. มัธยมศึกษาปีที่ 2
 3. มัธยมศึกษาปีที่ 3
4. เกรดเฉลี่ยครั้งสุดท้าย
 1. ดีขึ้นกว่าเดิม
 2. แย่ลงกว่าเดิม
 3. คงเดิม
5. จำนวนเพื่อนสนิทในโรงเรียนเดียวกัน คน
6. จำนวนพี่น้อง คน
7. ท่านเป็นคนลำดับที่
8. สถานภาพสมรสระหว่างบิดา- มารดาของท่าน
 1. อยู่ด้วยกัน
 2. แยกกันอยู่ หรือ หย่าร้าง
 3. บิดาหรือมารดาเสียชีวิต
9. อาชีพหลักของบิดา
10. อาชีพหลักของมารดา
11. ระดับการศึกษาสูงสุดของ บิดา
12. ระดับการศึกษาสูงสุดของมารดา
13. รายได้รวมของครอบครัวท่านประมาณ บาทต่อเดือน
14. ลักษณะครอบครัวของท่าน
 1. ครอบครัวเดี่ยว (ประกอบด้วยตัวท่าน บิดามารดา และพี่น้อง)
 2. ครอบครัวขยาย (ประกอบด้วยตัวท่าน บิดามารดา พี่น้อง ญาติ เช่น ลุง ป้า ตา ยาย เป็นต้น)

15. ผู้ที่ให้การอบรมเลี้ยงดูท่าน
- () 1. บิดา
 - () 2. มารดา
 - () 3. บิดาและมารดา
 - () 4. ญาติพี่น้อง เช่น ลุง ป้า ตายาย เป็นต้น
16. ในครอบครัวของท่านเคยมีผู้ที่พยายามฆ่าตัวตายหรือเคยฆ่าตัวตายหรือไม่
- () 1. เคย ระบุความสัมพันธ์กับท่าน
 - () 2. ไม่เคย
17. ในครอบครัวของท่านมีผู้เคยเสพสารเสพติดหรือไม่
- () 1. ไม่เคยเลย
 - () 2. เคย ระบุ
- () บิดา
 - () มารดา
 - () บิดาและมารดา
 - () พี่น้องหรือญาติ
 - () ตัวนักเรียนเอง

แบบสำรวจรูปแบบการอบรมเลี้ยงดู

การกระทำหรือทำที่	ตรง มาก	ตรง	ตรง และ ไม่ตรง พอ ๆ กัน	ไม่ ค่อย ตรง	ไม่ ตรง เลย
	5	4	3	2	1
1.พ่อแม่จะให้เวลาฉันเฉพาะเมื่อพ่อแม่เห็นว่าจำเป็นจริง ๆ	5	4	3	2	1
2.ฉันสามารถฝืนคำสั่งสอนของพ่อแม่ได้โดยไม่ถูกลงโทษ	5	4	3	2	1
3.พ่อแม่ยินดีรับฟังและให้คำปรึกษาฉันในทุกเรื่อง	5	4	3	2	1
4.พ่อแม่ตั้งระเบียบและกฎเกณฑ์ที่เคร่งครัดมาก เพื่อให้ฉันปฏิบัติตาม	5	4	3	2	1
5.พ่อแม่สนับสนุนให้ฉันคิดและทำสิ่งต่าง ๆ ด้วยตนเอง	5	4	3	2	1
6.พ่อแม่มักให้ฉันทำตามวิธีการของท่าน เพราะเห็นว่าเป็นวิธีที่ถูกต้อง และเหมาะสมกว่า	5	4	3	2	1
7.ฉันรู้ว่าแม่ฉันทำผิด พ่อแม่จะพยายามหลีกเลี่ยงการลงโทษฉัน	5	4	3	2	1
8.พ่อแม่ให้ฉันทำในสิ่งที่ไม่เกินความสามารถของฉัน	5	4	3	2	1
9.ฉันต้องปฏิบัติตามกฎเกณฑ์ที่พ่อแม่ได้วางไว้ โดยไม่สามารถซักถาม หรือคัดค้านได้	5	4	3	2	1
10.ฉันสามารถแสดงกิริยาก้าวร้าวต่อพ่อแม่โดยพ่อแม่ไม่ถือโทษ	5	4	3	2	1
.	5	4	3	2	1
.	5	4	3	2	1
.	5	4	3	2	1
92.ฉันมีโอกาสพูดคุยกับพ่อแม่บ่อยมาก	5	4	3	2	1
93.ฉันจะแสดงความคิดเห็นได้ต่อเมื่อพ่อแม่อนุญาต	5	4	3	2	1
94.เมื่อฉันทำผิด ฉันไม่เคยโดนตำหนิไม่ว่ากรณีใด ๆ	5	4	3	2	1
95.พ่อแม่จงใจทำร้ายจิตใจของฉัน	5	4	3	2	1
96.พ่อแม่เข้มงวดกับฉันในการปฏิบัติตนที่บ้าน					
97.พ่อแม่ทำในสิ่งที่ฉันต้องการให้ทันทีไม่ว่าท่านจะว่างหรือไม่	5	4	3	2	1
98.พ่อแม่ตั้งกฎเกณฑ์ให้ฉันปฏิบัติตามโดยไม่อธิบายเหตุผล	5	4	3	2	1
99.พ่อแม่ไม่เล่าเรื่องเกี่ยวกับตัวท่านให้ฉันฟัง	5	4	3	2	1

ส่วนที่ 3 แบบวัดภาวะซึมเศร้าของวัยรุ่นตอนต้น

คำชี้แจง : ให้ท่านเลือกประโยคที่ตรงกับความรู้สึกหรือความคิดของท่านมากที่สุด ในระยะ 2 สัปดาห์ที่ผ่านมา โดยใส่เครื่องหมาย ✓ ทับหน้าข้อที่ท่านเห็นด้วย

1. ก. ฉันรู้สึกเศร้าบ่อยครั้ง
 ข. ฉันรู้สึกเศร้าบ่อยครั้ง
 ค. ฉันรู้สึกเศร้าตลอดเวลา

2. ก. อะไรๆ ก็มีอุปสรรคไปหมด
 ข. ฉันไม่แน่ใจว่าสิ่งต่างๆ จะเป็นไปด้วยดี
 ค. สิ่งต่างๆ จะเป็นไปด้วยดีสำหรับฉัน

3. ก. ฉันทำอะไรๆ ได้ค่อนข้างดี
 ข. ฉันทำผิดพลาดหลายอย่าง
 ค. ฉันทำอะไรผิดพลาดไปหมด

4. ก. ฉันรู้สึกสนุกกับหลายสิ่งหลายอย่าง
 ข. ฉันรู้สึกสนุกเฉพาะกับบางสิ่งบางอย่าง
 ค. ไม่มีอะไรสนุกสนานสำหรับฉันเลย

5. ก. ฉันทำตัวไม่ดีเสมอ
 ข. ฉันทำตัวไม่ดีบ่อยครั้ง
 ค. ฉันทำตัวไม่ดีนานๆ ครั้ง

6. ก. นานๆ ครั้งฉันจะคิดถึงสิ่งที่ไม่ดีที่อาจเกิดขึ้นกับฉัน
 ข. ฉันวิตกว่าจะมีสิ่งไม่ดีเกิดขึ้นกับฉัน
 ค. จะต้องมามีสิ่งเลวร้ายเกิดขึ้นกับฉันแน่ๆ

7. ก. ฉันเกลียดตัวเอง
ข. ฉันทำตัวไม่ดีบ่อยครั้ง
ค. ฉันทำตัวไม่ดีนานๆ ครั้ง
8. ก. สิ่งเลวร้ายทั้งหมดที่เกิดขึ้นเป็นความผิดของฉัน
ข. สิ่งเลวร้ายหลายสิ่งที่เกิดขึ้นเป็นความผิดของฉัน
ค. สิ่งเลวร้ายที่เกิดขึ้นไม่ใช่ความผิดของฉัน
9. ก. ฉันไม่เคยคิดจะฆ่าตัวตาย
ข. ฉันคิดถึงการฆ่าตัวตาย แต่ฉันจะไม่ทำเช่นนั้น
ค. ฉันต้องการฆ่าตัวตาย
10. ก. ฉันรู้สึกอยากร้องไห้ทุกวัน
ข. ฉันรู้สึกอยากร้องไห้บ่อยครั้ง
ค. ฉันรู้สึกอยากร้องไห้นานๆ ครั้ง
11. ก. ฉันรู้สึกหงุดหงิดใจตลอดเวลา
ข. ฉันรู้สึกหงุดหงิดใจบ่อยครั้ง
ค. ฉันรู้สึกหงุดหงิดใจนานๆ ครั้ง
12. ก. ฉันชอบอยู่กับคนอื่น
ข. ฉันไม่ค่อยชอบอยู่กับคนอื่น
ค. ฉันไม่ต้องการอยู่กับใครเลย
13. ก. ฉันไม่สามารถตัดสินใจอะไรต่างๆ ด้วยตนเอง
ข. ฉันตัดสินใจเรื่องต่างๆ ได้ลำบาก
ค. ฉันตัดสินใจเรื่องต่างๆ ได้ง่าย

14. ก. ฉันเป็นคนหน้าตาดี
ข. ฉันเป็นคนหน้าตาไม่ค่อยดี
ค. ฉันเป็นคนหน้าตาน่าเกลียด
15. ก. ฉันต้องใช้ความพยายามอย่างหนักทุกครั้งที่ทำกรบ้าน
ข. ฉันต้องใช้ความพยายามอย่างหนักบ่อยครั้งที่ทำกรบ้าน
ค. การทำกรบ้านไม่ใช่ปัญหาใหญ่สำหรับฉัน
16. ก. ฉันนอนไม่หลับทุกคืน
ข. ฉันนอนไม่หลับหลายคืน
ค. ฉันนอนหลับสบาย
17. ก. ฉันรู้สึกเหนื่อยนานๆ ครั้ง
ข. ฉันรู้สึกเหนื่อยบ่อยครั้ง
ค. ฉันรู้สึกเหนื่อยตลอดเวลา
18. ก. มีหลายวันที่ฉันรู้สึกไม่อยากกินอาหาร
ข. มีบางวันที่ฉันไม่รู้สึกอยากกินอาหาร
ค. ฉันกินอาหารได้ดี
19. ก. ฉันไม่กังวลกับการเจ็บป่วย
ข. ฉันกังวลกับการเจ็บป่วยบ่อยครั้ง
ค. ฉันกังวลกับการเจ็บป่วยตลอดเวลา
20. ก. ฉันไม่รู้สึกเหงา
ข. ฉันรู้สึกเหงาบ่อยครั้ง
ค. ฉันรู้สึกเหงาตลอดเวลา

21. ก. ฉันรู้สึกไม่สนุกเลยเวลาที่อยู่โรงเรียน
ข. ฉันรู้สึกสนุกนานๆ ครั้งเวลาที่อยู่โรงเรียน
ค. ฉันรู้สึกสนุกบ่อยครั้งที่อยู่โรงเรียน
22. ก. ฉันมีเพื่อนมาก
ข. ฉันมีเพื่อนไม่กี่คนและอยากมีมากกว่านี้
ค. ฉันไม่มีเพื่อนเลย
23. ก. การเรียนของฉันอยู่ในขั้นใช้ได้ดี
ข. การเรียนของฉันไม่ค่อยดีเหมือนเมื่อก่อน
ค. การเรียนของฉันแย่มาก
24. ก. ฉันทำอะไรได้ไม่ดีเท่าคนอื่น
ข. ฉันคงทำอะไรได้ดีเท่าคนอื่นถ้าพยายาม
ค. ฉันทำได้ดีพอๆ กับคนอื่นอยู่แล้ว
25. ก. ไม่มีใครรักฉันจริง
ข. ฉันไม่แน่ใจว่ามีใครรักฉันหรือเปล่า
ค. ฉันรู้สึกว่ามีคนรักฉัน
26. ก. ฉันทำตามคำสั่งที่ได้รับเสมอ
ข. ฉันไม่ทำตามคำสั่งบ่อยครั้ง
ค. ฉันไม่เคยทำตามคำสั่งเลย
27. ก. ฉันเข้ากับคนอื่นได้ดี
ข. ฉันทะเลาะกับคนอื่นบ่อยครั้ง
ค. ฉันทะเลาะกับคนอื่นตลอดเวลา

BIOGRAPHY

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PLACE OF BIRTH	Chiangmai, Thailand
INSTITUTIONS ATTENDED	Faculty of Nursing , Mission College, 1993 : Bachelor of Nursing Science Mahidol University, 2005 : Master of Nursing Science (Psychiatric-Mental Health Nursing). 1996 - present , Faculty of Nursing Mission College. Bangkok. Position : Instructor Tel. 02-2808243-6 ext.312
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