Family Factors and Interventions of Adolescent Depression in China

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Abstract. Adolescent and child depression (ACD) is not only increasing globally year by year but also has a tendency to occur at an increasingly younger age. A family is the first environment that affects an individual's psychological development. There is a growing number of studies that prove that family factors are one of the essential factors leading to ACD. This paper aims to summarize how family factors influence ACD in a Chinese cultural context and intervention approaches for family treatment. Through literature reviews, the paper gathered and summarized recent journal articles and experiments on four major aspects of Chinese ACD and family factors (parenting style, parent-child relationship, parents' marital relationship, and family structure), as well as family therapy-related interventions. It was concluded that family factors including parenting style, parent-child relationship, marital relationship, and family structure could be considered causal factors of ACD to varying degrees. In addition, family therapy has shown significant improvement in ACD.

Keywords: Adolescent and child depression; Family factors; Family therapy.

1. Introduction

Depression is a common mental health disorder that is characterized by a persistent state of low mood, often accompanied by anxiety, pessimism, loss of interest, lack of initiative, self-condemnation, physical discomfort, and sleep, eating, and emotional disturbances [1]. In recent decades, the prevalence of depression has been growing. The World Health Organization (WHO) predicts that by 2030, depression will rank first in the global burden of disease. Adolescent and child depression (ACD) is defined as depression that occurs under the age of 18. About 20% of children and adolescents experience depressive symptoms globally, and it is the fourth leading cause of illness and disability among adolescents between the ages of 15 and 19. When the number of people with depression worldwide reaches 350 million in 2022, the number of people with depression in China alone will exceed 95 million, and only 10% of them will receive formal treatment [2].

Research on the investigation of ACD was almost non-existent until the 1970s because scholars had assumed that children were unlikely to have depressive episodes. Even when depressive symptoms occur during adolescence, it is often considered a manifestation of the developmental process, which is called "adolescent turmoil [3]." However, a growing number of studies examining adult depression have found that the majority of patients have their first depressive episode during the stage of adolescence, demonstrating that similar symptomatic features of adult depression can also occur in adolescents and even children. The onset of ACD is more insidious than in adults because it usually occurs over a slow, long-term process. ACD is at a high risk of re-occurrence, which increases the likelihood of developing depression in adulthood by 2-4 times [4]. Studies in the United States have shown that the prevalence of depression in children ranges from 0.4% to 2.5% and may increase to 5% to 10% in adolescents, which is consistent with the findings in Australia and Italy [5]. However, the results of a study by Feng Zhengzhi et al. on Chinese students from junior to senior high school (age 12–18 years old) showed that the overall prevalence of ACD was 42.3%, including 14.6% of mild depression, 15.3% of moderate depression, and 12.4% of severe depression. The incidence of ACD with self-injurious behavior reached 44%, and with suicidal thoughts reached 49.3% [6]. Research data suggests that the probability of ACD in children is higher in China than in the United States, which may be due to the particular collectivist mindset of Asian countries that have certain stereotypes about mental health, which makes the issue of mental health a very sensitive topic.

Population density, social relevance, social pressure, parents' lack of awareness, feelings of shame, etc., all contribute to ACD in many ways.

With the trend of younger and more severe occurrences of depression, the problem of depression in children and adolescents has become more and more commonly noticed and emphasized globally. Since children and adolescents are in a special period of physical and psychological development, the contributing factors that influence ACD are very complex. Existing studies have shown that the occurrence of ACD is the result of the combined action of many factors. Among them, family factors are one of the important and major factors leading to depression in children and adolescents.

By searching the academic databases of Biola University e-library and Google Scholar, as well as the full-text databases of Chinese journal articles, this paper has conducted an in-depth study of how family factors affect ACD from a variety of perspectives. An overview of the literature indicates that the research on this topic is characterized by the following features: (i) the range of family-related contributing factors and intervention treatments is relatively extensive; (ii) there is a lack of overall general reviews and summaries of research regarding the topic; (iii) most of the findings are from Western countries, and there is a lack of reviews of relevant research based on Chinese cultural background. Therefore, in light of these reasons, the current paper reviews and summarizes recent research and literature related to depression in Chinese adolescents, revealing the progress of research examining this topic in terms of both family-related contributing factors and intervention treatments.

2. Family Factors

The family is the earliest and longest primary environment to which adolescents are exposed in the process of growth and development. Family of origin refers to the family environment in which a person grows up. This is the first place in life where a great influence can be brought. Therefore, communication and behavior among family members play an important role in the physical and mental development of adolescents, which largely determines the psychological quality and personality development of children. Compared to the individualism and independence that are highly emphasized in the western world, Chinese culture has a strong preference for collectivism, making "family" even more valuable in the hearts of every Chinese individual. In this current paper, family influences are subdivided into parenting style, parent-child relationship, parents' marital relationship, and family structure for detailed analysis.

2.1 Parenting Styles

The family is an important environment for children to learn and live in. Parents are oftentimes considered the first teachers of their children. According to the four parenting styles proposed by Diana Baumrind, authoritarian parents make various demands on their children, control their children's behavior, and do not consider their children's willingness; authoritative parents make appropriate demands on their children and allow their children to have their own ideas; permissive parents completely let their children make their own choices without restricting them; negligent parents are "low-demand, low-support" for their children and are rarely involved in their children's lives apart from providing basic living needs [7]. Poor parenting style is a high-risk factor for ACD. The incidence of ACD is positively associated with poor parenting behaviors such as unreasonable rejection, brutal punishment, excessive interference, and overprotective behavior [8].

Studies have suggested that excessive parental interference or protection, indulgence, excessive denial, harsh punishment, lack of warm understanding, and mutual support are all risk factors for ACD. In China, Wang Gaohua et al. concluded in their study that many parents of adolescents with depression treated their children with a lack of warmth and understanding and gave excessive harsh punishment and denial. However, there are no significant differences in the aspects of excessive interference with protection and ACD, which may be due to the different cultural backgrounds between China and the West [9]. Under the influence of traditional Chinese culture, many parents express their love for their children through negative behaviors. Parents only view obvious, physically

hurtful behaviors as abuse, believing that general corporal punishment, intimidation, insults, curses, rejection, neglect, threats, and other emotionally hurtful behaviors not only do not adversely affect their children but also have a positive effect on promoting their growth and development. For example, the tiger parenting style of the famous Chinese mother, Amy Chua. In her book Battle Hymn of the Tiger Mother, she claims that "she uses all kinds of high-pressure methods such as cursing, threats, bribes, and inducements to ask her children to work hard along the path she has chosen for them for their own good." This is, in fact, the microcosm of many Chinese and Asian parents' views of parenting styles. However, studies show that disregarding children's emotional needs is one of the causes of depression in Chinese children and adolescents [10]. On the other extreme, Chinese parents tend to believe that being overly caring and overprotective is a form of love for their children, which is also called "breathless love." In such cases, excessive parental interference tends to create a sense of incompetence, which leads to the impairment of social skills and the development of overly dependent personality traits. This is also possible to cause ACD.

Overall, although the study by Li Xu et al. on adolescents aged 14–16 years showed no significant relationship between excessive parental interference and protection and adolescent depression, there is a large body of other research on parenting styles that suggests that harsh parental punishment, excessive interference, and protection can cause or exacerbate depressive symptoms in children and adolescents [11]. When parents give more understanding and emotional warmth to their children, such as when mothers are being sensitive to young children, it will reduce depressive symptoms or decrease the probability of developing depression in children and adolescents.

2.2 Parent-Child Relationship

Studies have found that the fewer intimacy adolescents perceive in their families and the less adaptable they are in their family life, the more likely they are to experience severe psychological depression and anxiety. Lack of communication and emotional interaction between family members or intense conflicts can all increase the incidence of ACD. During the adolescent stage, students can be particularly eager to be noticed psychologically. If the parents do not identify and meet their children's psychological needs for warmth, understanding, and care during this phase, it will lead them to have feelings of loneliness and insecurity, which will eventually transform into depression in the long term.

Meanwhile, Bandura's (1971) observational learning states that children form their own behavior by observing the behavior of others, especially the behavior of their caregivers [12]. Parents being role models, their own emotional states will also influence their children's emotional states during development, and children will learn or imitate their parents' response patterns. When parents show highly negative emotions such as stress, anxiety, depression, and disgust when faced with stressful and frustrating situations, children may also develop similar emotional reactions in reference to their parents' patterns when faced with stressful situations. Furthermore, studies have also shown that ACD is associated more with mothers than with fathers. Mothers' psychological control, low acceptance of children, and event-centered attributions are among the factors that lead to stronger predictions of depression in adolescents [13].

When parents' own anxiety and depression levels are high, they may relieve their own emotions by adopting negative parenting styles, such as controlling their children's behavior, over-supervising their children's studies, and reducing their children's personal time, in order to increase their own sense of control. However, when the frequency of such control is too high, it will trigger resentment in a child. Since the child is often restricted by his/her parents and cannot resist them, he/she will deliberately reduce communication with them and intentionally cause conflicts. According to the anxiety lack of control theory, anxiety and depression are experienced when individuals encounter a situation in which they think that they do not have control.

2.3 Parents' Marital Relationship

In addition to the direct parent-child relationship, the marital relationship between parents is also a contributing factor to depression in children and adolescents. Marriage is the cornerstone of the family. A good marital relationship is conducive to the growth of adolescents. The research of Belsk suggests that parenting reflects the quality of a marriage: a positive marriage relationship can promote effective parenting, while a negative marriage relationship leads to negative or ineffective parenting. Families with depressed children often have verbal attacks, physical conflicts, apathy, and hostility between parents [14]. If parents do not control their outbursts of negative emotions, often have conflicts in front of their children, or even appear to direct their anger at their children, this will directly affect children's ability to gain and build a sense of security from their parents. At the same time, parents who often argue are relatively less concerned about their children's physical and psychological health and needs than normal families because of the disharmony in their marital relationship. In the long term, this results in unhealthy attachment styles (i.e., insecure attachment, anxious attachment, and avoidant attachment) in adolescents. Therefore, adolescents in negative parental relationships for a long time are more likely to show serious emotional problems, which is also an important cause of depression.

2.4 Family Structures

Studies on family relationships have all shown a significant relationship between ACD and the separation and divorce of parents. Adolescents in single-parent families tend to be more prone to depression, which may be related to excessive and premature psychological burdens. Additionally, research shows that girls are more likely to suffer from depression as a result of parental divorce than boys. Yet, it has also been shown that parents with severe marital conflict are likely to reduce the risk of depression in children and adolescents when divorced or separated [13].

With the rapid socioeconomic development of China, more and more young and middle-aged farmers are moving to the cities, and a special type of family situation has emerged, called "families of left-behind children," which has become a prominent social problem that China has been facing in recent years. According to authoritative Chinese surveys in 2013, the number of "left-behind children (under the age of 18)" in the countryside of China already exceeds 61 million, which is equivalent to the total population of the United Kingdom. Among these left-behind children, 57.2% had one parent who was away, and 42.8% had both parents away at the same time. Among the left-behind children who had both parents away at the same time, 79.7% were raised by grandparents, 13% were entrusted to relatives or friends, and 7.3% were unsure or unsupervised [15].

In this situation, the lack of parental guidance and physical and psychological care for left-behind children and teenagers leads to stress and confusion in their lives. If they do not receive timely advice and solutions, this will gradually lead to anxiety, depression, loneliness, and a sense of helplessness. As a result, children in such families are relatively more likely to develop mental health and cognitive impairment problems than children in other family structures.

3. Interventions and Treatments: Family Therapy

The current intervention treatment methods for depression in children and adolescents are mainly divided into pharmacotherapy, psychotherapy, and integrated therapy. The main focus of psychological interventions is based on the different causes and influencing factors of ACD, and researchers have proposed different methods, including psycho-education, psychosocial interventions, supportive interventions, family support interventions, art and sports interventions, etc.

Due to the significant and lasting influence of the family on the individual, the individual absorbs all the information given by the family, and all the subsequent external influences occur on top of this. Serious deficits in family functioning are the root cause of depression. Family problems have a high correlation with ACD and also play a very important role in the treatment process. In the study of Chen Jiehong, through the comparative intervention of medication or family therapy among 155

depressed adolescents with an average age of between 13 and 17 years, the family therapy-only group (test group) had significantly higher depression improvement scores than the medication-only group (control group). At the same time, comparing the parent-child relationship scores of the two groups, the difference between the family therapy and parent-child relationship scores was statistically significant ($p<0.05$) [16]. This experiment illustrates that ACD is more affected in terms of parent-child relationships. All of the ACD symptoms improved through the family intervention treatment, indicating that it was effective. Therefore, the next part of this paper will analyze in detail the ways to improve and intervene in ACD in terms of family therapy.

3.1 Methods of Family Therapy

Overall, family therapy takes the whole family as its starting point, shifting the focus of treatment from the depressed individual to the whole family by changing the relationships among family members to achieve the purpose of treatment. It helps patients and their families understand the causative factors of depression, the process of illness, and the possibility of recurrence; helps the parents understand the impact of family relationships on patients' depression; teach the family members how to treat patients' irritability, provocation, and social withdrawal in the best way; educates parents to give positive reinforcement to patients' positive behaviors, and to refrain from punishing disobedient behaviors for reducing the patient's hostility and pressure from the family. At the same time, family therapy requires the active involvement of the patient's family. By improving the poor interaction patterns between family members, increasing the trust of adolescent patients in the family, promoting communication, eliminating the excessive psychological burden of children, establishing good relationships with the family members and interpersonal interactions with others, and re-establishing a more appropriate ecological environment, the purpose of relieving depression can be achieved. Therefore, for younger depressed patients, family therapy is one of the best options that can not only improve the environment but also provide the most support.

3.2 Three Classical Family Therapy Schools

The classical family therapy schools currently introduced and disseminated in mainland China are systemic family therapy, structural family therapy, and Satya family therapy [17].

Systemic family therapy. It is based on systemic theory and cybernetics and views the family as a system. It considers the problems presented by the patient as a result of the poor interaction between family members. The main goal of the treatment is to promote family communication and interaction.

Structural family therapy. The core concepts of structural family therapy include structure, subsystems, and boundaries. This treatment model believes that the family is a structural and functional system operating in a certain social environment, and the symptoms of depressed individuals come from the imbalance of the family structure. Interventions are conducted by appropriately adjusting family interaction patterns to promote the opening of the family structure and regain balance.

Sativa family therapy. It emphasizes the people-oriented approach, which considers the individual as living in the environment and relationships. The focus is on helping individuals grow and develop their potential, increase self-esteem, and improve communication.

4. Conclusion

The present studies have shown that depression in adolescent children is inseparable from family factors. Numerous studies have suggested that adolescents with depression suffer from poor family communication and poor family relationships. In addition to the influence of the illness itself (depression, anxiety, and self-harm), shame is one of the most common influences on ACD patients seeking professional treatment or help. Family therapy applied to ACD patients may not only reduce depressive symptoms but also reduce the patient's shame and pressure, and improve family

relationships. Therefore, support and feedback based on family therapy for adolescents with depression are essential [18].

In general, many studies have been conducted by researchers in various fields on depression in children and adolescents, and great achievements have been made. However, the contributing factors of depression are extremely complex. It is difficult to explain the cause of ACD in one field of study alone. A multidisciplinary and comprehensive study is necessary to truly explain the contributing factors of depression.

Furthermore, research on Chinese ACD is mostly limited to survey studies and analysis of related factors, with very few intervention studies. The research on family therapy in China is still in the exploratory stage. In terms of theory, there is a lack of systematic review; in terms of empirical evidence, there are only simple interventions using family therapy for a certain problem, but there is a lack of detailed explanation and in-depth tracking of specific processes. In particular, localized research on family therapy is still far from adequate. Given the cultural and regional differences, future research needs to be more integrated and develop family therapy methods that fit Chinese cultural characteristics.

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