

# Research proposal: depression in children and adolescence – a cause for concern? ...

[Sociology](#)



Unhappiness among children and adolescents seems to be rising, but labeling it as depression and prescribing antidepressants are ineffective and possibly harmful, (Timimi, S (2005), isn't it about time we focus on the underlying reasons? Common misconceptions and responses to hearing that a child is depressed or has depression are, 'but what do they have to be depressed about?'. Just 40 years ago, many physicians doubted the existence of significant depressive disorders in children, primarily because they believed that children lacked the mature psychological and cognitive structure necessary to experience these problems. (www. aafp. org).

The reason why this matter is worthy of an investigation is because it is or perhaps will inevitably become a serious social concern. This I feel is true because aren't children suppose to be the future? If this matter is left un dealt with, what will become of our future? I feel it is very important to start addressing the issues surrounding depression now in order to teach the next generation on how to be resilient against these matters if possible.

I propose to investigate this matter further by looking at the social factors surrounding depression in contemporary Britain. I propose to seek out how this has happened by looking at the ontological aspect of this phenomena, I aim to prove that depression in children and adolescents is a major cause for concern in society. The epistemology of this social concern is also of great value to the research of this study as I intend on finding out why are our children and adolescents depressed? When carrying out research I found many books on the treatment for depression, with a lack about meanings behind it. I intend on investigating the sociological aspects concerned with depression in children and adolescent so that society can begin to <https://assignbuster.com/research-proposal-depression-in-children-adolescence-a-cause-for-concern-essay-sample/>

understand more of the reality of its existence. Western society's ideas about childhood and child rearing have changed radically in the past 60 years. (Timimi, S (2005).

The West's attitude to child rearing changed from viewing relations between adults and children primarily in terms of discipline and authority to a focus on permissiveness and individual rights. In addition, whereas the model used before the Second World War prepared children for the workplace within a society of scarcity, the post-war model prepared them to become pleasure seeking consumers (along with their parents) with economy. (Jenkins, H 1998). Is capitalism the underlying contributing factor – Or are there many? I aim to test 5 psychosocial variables associated with current, past and future depression of children and adolescence in order to establish any correlations. The five I intend on testing is age, gender, family (one or two parent family), class, current depression, nutrition.

### Literature Review

S, Timimi (2005) identified that increasing numbers of children are being treated for depression, with at the end of 2003, over 50, 000 children were being prescribed antidepressants with over 170 000 prescriptions a year for antidepressants were issued to people under 18 years old in the United Kingdom.(Guardian 2003). These figures are not good and represent the increasing concern that our children are depressed, but why? There are many sociological reasons as to why this may be the problem, they are issues concerned with the changing family patterns in modern society, issues

of gender, living conditions in the Twentieth Century, media representations and values and morals changing to fit in with Modernity.

The impact of depressed parents can have an effect on their children. In a study on the relation between depressed adolescences and depressed mothers (Hammen & Brennan, 2001), found that the depressed children of depressed mothers had more negative interpersonal behavior as compared with depressed children of non-depressed mothers. This is reinforced when a study (Chen & Rubin, 1995) shows that the parents of depressed children are less warm and caring and more hostile than parents of non-depressed children. Because of this negative interpersonal relation between kids and their parents, children can develop a negative view of their family. This negative view can lead to the feeling of lack of control and having a high risk of conflict, rejection, and low self-esteem (Asarnow, Carlson, & Guthrie, 1987). S, Timimi (2005) argues that the changes in organization of family life are contributing to childhood unhappiness with the new child centered permissive culture being a godsend to consumer capitalism.

He suggests that there may be a genuine increase in the amount of unhappiness experienced by children as a result of growing up in a cultural context that has seen huge changes in child rearing practices, family structures, lifestyles and education. Changes in Western economies, working practice in competitive global markets and capitalism's need for never ending growth mean that more parents feel forced to work for longer hours. State support for children and families has been cut (particularly in the 1980s and 1990s), resulting in widespread child poverty. With the increase in

the number of divorces and two working parents, fathers and mothers are around their children for less of the day, contributing to a generation of ‘home aloners’ – children who have largely to raise themselves.

The problem I feel we are facing stems from ignorance of a fundamental law of human nature, namely that offspring need to learn from their parents. This need arises because, as so ably shown by Wilfred Trotter (1916), man is, essentially, a herd animal. For the proper functioning of human society we must be taught to restrain our instincts of self-preservation in favor of the needs of society, so the concept of a peaceful permissive human society is nonsense because a permissive society will destroy itself.

Michael Rutter and David J. Smith argue that there is much evidence to suggest that children and adolescents in the West experience greater mental health problems as a result of sociocultural changes. In the second half of the last century, rates of psychosocial problems such as crime, suicidal behavior, anxiety, unhappiness and substance abuse, increased sharply among children and adolescents in Western societies. For example, an increase in family decay (from factors such as divorce rates) is associated with increases in youth violence, substance misuse, and suicide. Context deprived models, such as childhood depression, that conceptualize problems in individualistic terms, therefore leading to individualistic interventions (such as pharmacotherapy and cognitive therapy), push more context rich interventions (such as systemic ones) to the margins.

However, Kedar Nath Dwivedi (1997) claims that the emergence of depressive disorders can be understood in terms of individual emotional

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development. He argues that emotions are highly specific physiological responses to particular events. However, by looking at the contributory factors in the genesis of depressive disorders Dwivedi has found a very complex interplay of biological and environmental forces. There is often an intricate interaction between the environmental, biological and genetic factors in the development of depression amongst youths. In a study by Kelvin (1995) even the siblings of depressed children appeared to have three times – that is 42%, reported prevalence of community samples.

Dweivedi (1997) makes the reader aware that depression has also become a major concern for schools because of its impact on learning and because of the risk of suicide. Schools are now recognizing it as a serious problem, responsible for lowering the social and academic functioning of children. It can be associated with negative peer evaluation, poor self-esteem, poor academic performance, hopelessness about tests and lessons, negative teacher evaluation, conduct disorder, social withdrawal, tearfulness, school refusal, poor concentration, distractibility and learning difficulties in the school context.

Nolen-Hoeksema, & Girgus, 1994 suggested that there are a lot of interpersonal relations when it comes to gender, such as the discrimination against gender in an academic setting. This is very prominent in females, where girls can face increased expectations to conform to the standards set forth by society, to pursue feminine type activities and occupations. It appears that parents tend to have “ lower expectations” for girls when it comes to school. As a result of that lowered expectations, parents tend to

not push their daughters toward a high-profile job, instead attempting to make their daughter conform to the stereotype of society, like becoming a teacher or a nurse. In fact, in 1986-1987, women only garnered 15% of the bachelor's degrees awarded in engineering as compared to 76% and 84% for education and nursing, respectively (Nolen-Hoeksema, & Girgus, 1994). Breaking the social norm can lead to depression (Nolen-Hoeksema, 1991); the more intelligent a girl is, the more likely she is to become depressed.

This positive correlation could be attributed to the more intelligent girls being able to out-perform the boys yet get punished for doing so. However, in today's more contemporary society girls are equally given as much chance as boys to succeed, however, studies have shown girls are more likely to get depressed than boys due to biological factors and stresses. Being depressed as a female adolescent can have consequences in the long run in terms of social functioning, career, and enjoyment of life.

Theoretically, if one were to be depressed in high school, then their grades would suffer, therefore limiting the options that would be available to them after school. The different experiences of each gender can also be the cause of depression in children and adolescence, the experience can vary by the age of the child or adolescences.

For example, after the age of 15, females are twice as likely to become depressed as compared with men and in another study of 11-year olds, only 2.5% males met the criteria for major depression while only 0.5% females met the criteria, however in a study of 14-16 year olds, 13% of the females met the criteria while 3% of the boys did not (Nolen-Hoeksema, & Girgus,

1994). This abrupt rise of depressive disorders in females during the mid-to-late adolescence years can be attributed to the more concerns a girl has as compared to boys. These concerns and worries can range from their achievements or lack of, body dissatisfaction, sexual abuse, and low self-esteem (Lewinsohn, Gotlib, & Seeley, 1997). This is reinforced when another study found that between the ages of 15-18, the prevalence of depression in girls will increase to twice the prevalence of boys (20.69 to 9.58) but will taper off during 18-21 years of age for both genders (15.05 and 6.58) (Hankin, Abramson, Moffitt, Silva, McGee, & Angell, 1998)

David Pilgrim and Anne Rogers (1999), discuss five major sociological perspectives to outline social causes for depression. They are social causation, societal reaction (labeling theory), critical theory, social constructivism and social realism. These five perspectives bear the respective imprints of major contributors such as Durkheim, Weber, Freud, Foucault and Marx. Pilgrim (1999) explains that different theoretical perspectives have been popular and influential at different times however, he makes it apparent that it is important to acknowledge that there is no set of boundaries to neatly periodise disciplinary trends. The emphasis within a social causation approach is upon tracing the relationship between social disadvantage and mental illness, with the main indicators placed on social class and poverty.

The advantage of this psychiatric epidemiological perspective is that it provides the sort of scientific confidence associated with objectivism and empiricism (methodological assurance of representativeness and pointers



towards causal relationships). Pilgrim (1999) also rectifies that there is a greater emphasis too on the relationship between social structure and human agency in gaining insights into the nature of health inequalities. Recent sociological analysis have made use of the notions of social capital, personal identity and the situated actions and decisions made by individuals, when exploring health inequalities. The lack of social 'capital' implies that the quality of social relationships and most importantly our perceptions to where we are relative to others in the social structure are likely to be important psycho-social mediators in the future cause of depression in children and adolescence.

#### Data/Information Required

To collect the secondary data in order to answer my research question I have began searching relevant books, journals, articles and websites to assist me with my findings. However my main aim is to collect primary data. I recognise that it would not be an easy assignment to try and tackle a large sample of young people who may find it uneasy talking about their personal life's. It may be hard to approach numerous young people that will reply in my limited time frame to give me substantial results that would be reliable and valid in order to generalise my conclusions. Therefore I thought it might be more appropriate to ask my student peers on their experiences with depression so then determining any psychosocial correlations linked with depression. I realise this may effect the validity of my research, however I have to take into consideration the ethical issues of asking minors for personal details.

## Methodology

I intend on using a qualitative approach to carrying out my research as I feel the study is a very complex issue to try and tackle with quantitative research as quantitative research was considered both impractical and inappropriate. Quantitative research allows for the construction of 'big picture' statements such as 'depression in children and adolescence is just apart of growing up', but these kinds of statements are 'data compressors', taking large, intellectually diverse populations and compressing their views into a statistic. Qualitative research on the other hand is a form of 'data enhancement': it seeks to explain what views are held and why, allowing misrepresentations to be corrected and new, more complex representations of the subject to emerge.

With using qualitative strategies I intend on taking a social 'constructivism' approach because a central assumption to this broad approach is that reality is not self-evident, stable and waiting to be discovered, but instead it is a product of human activity. In this broad sense all versions of social constructivism can be identified as a reaction against positivism and naïve realism. (Pilgrim, D (2001). My main aim is to find causal relationships between the variables I have chosen to trace the relationship between social disadvantages to depression in children and adolescents.

The methodological and research techniques I will use to collect the primary research for this study will consist of the survey approach where I will conduct questionnaires. I intend on using a stratified random sampling method where I will ask 20 students (10 girls and 10 boys), from 5 different

faculties of Leeds Metropolitan University to fill out a self completion questionnaire. I have chosen to use this method because I feel it will be relevant to a wide range of attitudinal features that are relevant to the study of depression. A self completion questionnaire will be handed out with a set of devised questions to be answered in their own time. I feel this is a better option than structured interviews as it eliminates any personal embarrassment, the candidate protects their identity, but mainly it eliminates any bias that may be apparent from me (the interviewer).

I may find when the questionnaires have been completed that actually no one has had any experience of depression in their childhood and adolescence; therefore I would have to reconsider my approach to the whole study. If I had longer time I feel the best results I could attain would be from a longitudinal study because prospective longitudinal data are valuable because the time relationship between variables will usually enable the direction of the causal influence. (Rutler, M Smith, D (1995). I understand that I will encounter some problems while conducting my field work as the respondents will certainly not be representative of all young British children and teenagers, however it may give me an idea.

Once data is collected I will be able to analyse my data with an inductive analytic approach by pursuing the collection of data I have collected until no cases that are inconsistent with a hypothetical explanation (deviant or negative cases) of this phenomena are found. (Bryman, A (2001). By using 'Coding' of my data I will sharpen my understanding of the data collected so hopefully will be able to see correlations between, for example, gender

Female = 1, Male = 2 - against 'current depression' Past = A, Present = B and see if I can identify any trends. In order to gain access to the information I am looking for I will have to gain informed consent from each participant and should not take part in covert research or try to deceive them in any way. I would have to clearly define what my research involves as not to harm anyone when data is released, this is essential regarding the Data Protection Act (1998). (Bryman, 2001). The consequence of not respecting a person's anonymity, privacy and confidentiality are risky so I must be prepared to anticipate and deal with ethical issues. Although some issues are apparent before I begin to collect my data, I must be wary of others arising as I proceed.

My study should not be a timely or costly review and I would be in a position to provide a thorough and comprehensive review in the future. If I happen to find that my results don't show a significant relationship then this could later lead to me testing other variables such as level of education, religious background and any other variables that might indicate a 'non'-rational frame of mind to see whether they have an overall cause for reasons behind depression in children and adolescents.

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