



Teaching Communicate With Adolescents to Mothers And Emotion Regulation On Adolescents' Stress And Depression

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ABSTRACT

The purpose of this study was to determine the effectiveness of teaching communicate with adolescents to their mothers and the methods of emotion regulation to adolescents on reducing stress and depression in adolescents of Eshkanan city. This study was a quasi-experimental research. The statistical population of this study consisted of students and their mothers. Sampling was performed by available sampling method and 40 mothers and 40 girls entered in study and replaced in two experimental (n = 20) and control (n =20) groups. The research instruments were adolescent depression (2000), the adolescent stress (2000), and questionnaires. The data was analyzed by descriptive and inferential statistics. The mean and standard deviation of the descriptive statistics, statistical analysis using SPSS and repeated measures analysis of inferential statistics were used to examine the hypotheses. The results showed that teaching communicate with adolescents to mothers and teaching the methods of emotion regulation to the adolescents were effective on reducing adolescents stress and depression during the time.

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Keywords:

depression; stress; emotion regulation; communication with adolescents

1.Introduction

Stress and depression are serious problems for many teenagers. Stress is characterized by feelings of tension, frustration, worry, sadness and withdrawal that commonly last from a few hours to a few days. Depression is both more severe and long-lasting. Depression is a common mental disorder that presents with depressed mood (e.g., feelings of sadness, loneliness, and crying), loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration.

Over the past years, more and more evidence has shown that depression is a serious mental health issue that can affect even very young children (Shugart & Lopez, 2002). Depression may adversely affect an individual's academic achievement, social and familial relationships, contribute to health problems, and increase his or her risk for suicide and substance abuse.

Given the prevalence of depression and the problems it creates, investigators have spent a great deal of effort to identify factors that may be useful for improving its detection and diagnosis. Factors affecting development and predisposition to depression are numerous (Hankin, 2006). Biomedical and psychosocial risk factors include a family history of depression, female sex, childhood abuse or neglect, stressful life events, and chronic illness.

In Iran, studies have shown that depression with a prevalence of 3.8% is on the top of the mental disorders and 21% of population suffers from this disease (Noorbala et al, 2004). A meta-analysis of the studies showed

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that the prevalence of children and adolescent depression in Iran was 15.87 % using SCL-90, 43.55% using the BDI, and 13.05% using CDI (Sajjadi et al., 2013).

Adolescence is a time of many changes and challenges. Developing bodies, social and academic stresses make a difficult period for many teens. This developmental period is also challenging to families. Some reasons include an increase in conflicts between parents and young adolescents (Hill, 1987; Noller, 1995), and a general trend in health-risk behavior such as tobacco use and sexual activity historically associated with older ages appearing among increasingly younger teens (Benson, 1997; Blum & Rhinehart, 1998; Finke, et al 1996; Loveland-Cherry, et al. 1999; Pfiffer, 1995).

Investigations have demonstrated that families function best during adolescent development when families are adaptable and cohesive (Gaughan, 1995; Green et al. 1991; Henggler, et al. 1991; Olson, 1994).

Positive communication can greatly help young people establish individual values and make healthy decisions. Studies show that young people who feel a lack of parental warmth, love or care were more likely to report emotional distress, school problems, drug use and sexual risk behaviors (Resnick et al., 1997; Karofsky, et al. 2001). Riesch and his colleagues (1993) showed that Young adolescents, mothers, and fathers who were trained in communication skills reported increased satisfaction with the family system and open communication immediately and 6 months after training.

Depression is characterized by alterations in emotional functioning, including depressed mood (American Psychiatric Association, 2000). A number of authors have suggested that these alterations may be conceptualized as deficits in emotion regulation (Campbell-Sills & Barlow, 2006; Gross & Muñoz, 1995; Kovacs, et al. 2008; Kring & Werner, 2004).

Emotions are commonly believed to play an important role in shaping human beings' behaviour. Human beings are endowed with the ability to regulate their emotions, in order to achieve a more appropriate mode of functioning (e.g., Gross, 1998; Gross, 2001; Ochsner and Gross, 1997). Emotion regulation has been conceptualized as a processes humans undertake in order to modify their emotional experiences, expressions, and physiology and the situations eliciting such emotions in order to produce appropriate responses to the ever-changing demands posed by the environment. The strategies people use to regulate their emotions, and in particular negative emotions, appear to be strongly linked to several psychopathologies, such as depression. Learning how to regulate one's emotions is an important challenge, which has received considerable attention in various domains.

Gross (2001, p.215) defines emotion regulation as follows: 'Emotion regulation includes all of the conscious and unconscious strategies we use to increase, maintain, or decrease one or more components of an emotional response'. The components considered are (1) the experiential component, (the subjective feeling of the emotion), (2) the behavioural component (behavioural responses), and (3) the physiological component (responses such as heart rate and respiration). According to the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV; American Psychological Association, 1994), a disturbance in one's emotion regulatory system may be associated with the development of certain mental health problems (Sumida, 2010).

Emotion regulation leads to individuals being able to inhibit undesirable or painful emotions and enhance desirable or pleasant emotions. By learning these adolescents can attempt to suppress their emotions and attempt to reappraise the situation. Some clinical researches have demonstrated that inappropriate emotion regulation is an important component in the development of depression and anxiety disorders (Barlow, et al, 2004; Mennin, 2006). Radkovsky, McArdle, Bockting, and Berking (2014) found successful emotion regulation skills application was associated with lower levels of depressive symptom severity.

The purpose of this study was to determine the effectiveness of teaching communicate with adolescents to their mothers and the methods of emotion regulation to their adolescence on reducing stress and depression in adolescents of Eshkanan city. Research hypothesis was:

Teaching communicate with adolescents to mothers is effective on reducing adolescents' stress and depression.

Teaching the methods of emotion regulation to adolescents is effective on reducing adolescents' stress and depression.

2. Method

This was a quasi-experimental study. A non-random, two-group, pre-test /post-test with follow-up study design was used. Participants in both the intervention and control groups completed the questionnaires. The intervention group also participated in the training programs.

2.1. Statistical Population, Sample and Sampling Method

The statistical population of this study consisted of students and their mothers in the 2013-2014 school years. Sampling was performed by available sampling method and 40 mothers and 40 girls entered in study and replaced in two experimental (n =20) and control (n =20) groups.

2.2. Measures

Kutcher Adolescent Depression Scale. It is a psychological self-rating scale developed by Kutcher. It has 11 items and responses are scored on a 4-point scale. There are ten questions about depression symptom frequency that the patient rates on a straight 4 point scale according to the following choices: "hardly ever," "much of the time," "most of the time," "all the time," and one question relating to the severity of suicidal ideation. Scores on the test range from 0 to 33. Unlike some rating scales, there is no threshold for sub-clinical presentation, or ranges for mild, moderate, and severe symptoms. Higher scores simply indicate more severe current depression symptoms (Brooks, et al, 2003). In the present study, internal consistency was assessed. Cronbach's alpha for the present sample was .83.

Adolescent stress was assessed using the adolescent stress questionnaire (ASQ-N), developed and validated by Byrne, Davenport and Mazanov (2007). This is a 58-item questionnaire concerning common adolescent stressors assessed during the last year and rated on a 5-point Likert scale: 1 (not at all stressful or is irrelevant to me); 2 (a little stressful); 3 (moderately stressful); 4 (quite stressful); and 5 (very stressful). The 58 items on this checklist were grouped into 10 stress component scales: stress of home life, school performance, school attendance, romantic relationships, peer pressure, teacher interaction, future uncertainty, school/leisure conflict, financial pressure and emerging adult responsibility. Cronbach's alpha for the stress in the present study was .95.

2.3. Procedure

This study was a quasi-experimental design based on pre-test, post-test with control group. The statistical population of this study consisted of students and their mothers in the 2013-2014 school years in Eshkanan city. Sampling was performed by available sampling method and 22 girls along with their mothers entered in study and they were randomly assigned to two groups: experimental group (n = 20 girls with their mothers) and control group (n = 20 girls with their mothers). All the children completed depression and stress questionnaires and then during a period of 1 month (seven 90-minutes sessions) the experimental group received training sessions (teaching communicate with adolescents to mothers and teaching the emotion regulation methods to adolescence). This happened while the control group was placed in waiting list. Training, for each experimental group, consisted of 7 sessions (each session was 90 minutes) which were held during the course of 4 weeks. All sessions were held 2 times per week. Again, after holding the sessions all children completed the questionnaires. Measures were completed at the first and last sessions and in a follow-up session after one month. The sessions were held in a child depression disorders specialty clinic. Entry criteria for the study included literate mothers (at least primary education), students without major psychological problem, and mothers and students who were able to consistently attend in training sessions. Each session began with review of the prior session' lessons, and examination of successes and failures in trying the techniques. Each session closed with homework assignments. A summary of the period and more detail about the communication training program based on Tanenn (2006), is below:

Session 1:

Introducing the therapist and the participants, make communication between therapist and participants, explaining the purpose of sessions, giving Information about adolescents and their characteristics, Expression

the importance of communicating with adolescents and also teaching communicate with adolescents to participants, Performing pretest.

Session 2:

Expression the techniques for establishment of better communication; listen to them listen without judgment or reaction; do not worsen the situation; do not emphasize more than is needed; avoid lecturing.

Session 3:

Expression the techniques for mutual talk to adolescents. In this session, seven techniques of mutual talk to adolescents were taught: Be a good listener; respect his/her privacy; give her/him more autonomy; when making a mistake, accept your fault and apologize; avoid lecturing, nagging, blaming, and comparing; never reveal his/her personal and private issues to others; avoid asking questions.

Session 4:

Expression the techniques for conflict resolution with adolescents; Use the word "I" instead of "you" If you accuse him/her, make it clear; explain why this behavior makes you sad or angry; do not mention previous problems or arguments; never humiliate his/her emotions; ask your teen to suggest final solution for the issue made a mistake? Admit it!

Session 5:

Expression the techniques to specify the Fair and reasonable limitation for the adolescents; be decisive; talk briefly; write down all the significant rules to remember them better when say them; the responsibilities and rights of the adolescents are changing.

Session 6:

It was said that an effective punishment is neither lenience nor intense but it should fit the guilt.

Session 7:

A reassessment was done by performing the post-test and the participants were helped to plan for utilizing the tutorials (instructions) in life.

Session 8:

Overall evaluation with following- test.

A summary of the period and more detail about the emotion regulation training based on Macklem (2007) is below:

Session 1:

The therapist introduced him/herself. He/she asked the participants to introduce themselves; he/she familiarized the members with the process and asked them to make a commitment to attend the 7 sessions. Then the pretest was run. With regard to various changes at the age of adolescence, communication may suffer some problems. In this informative session about the adolescence stage, the characteristics of a teenager and the type of parental communication with them have been taught.

Session 2:

Review the homework of before session, performance measurement, giving Feedback and expressing the definition of emotion and emotional experiences, determining what kind of circumstances create what kind of emotions. It was stated that what the emotion is, which event has motivated this emotional state, and emotional experiences will be classified into several dimensions. The participants were taught to acknowledge their emotions.

Session 3:

The participants were taught: Determine the thoughts, which cross their minds at the time of emotional state; determine the confirming and rejecting evidence for the thoughts or the events, which caused a special

emotional out-break; determine new evidence so they can have more accurate and logical view compare to their prior perspective toward the issue.

Session 4:

Awareness of emotions; take into account different alternatives to carry out when they experience different emotion especially negative emotion, undertake one of the alternatives.

Session 5:

Identifying the ideas which cause negative emotions; identifying egocentric beliefs and eliminating them to avoid negative emotions and distracting thoughts; identifying egocentric beliefs about themselves and eliminating them; replacing useless beliefs with logical beliefs.

Session 6:

Expressing the ideas which lead to worsening emotions; identifying and avoiding negative ideas which are originated in "feeling of being inadequate"; identifying and avoiding negative ideas which are rooted in "fear"; identifying and avoiding negative ideas which are rooted in other complicated emotions.

Session 7:

The list of group and individual goals was provided; the degree of achievement to any of the objectives, graded on a scale from 0 to 10; the success of each participant toward achieving group and individual goals was emphasized and encouraged by the participants; to utilize skills in real world, a practical program was suggested by the participants and the steps of the process were determined. Each of the participants, considering his/her conditions, regulated his/her own special schedule. All the participants have made a commitment to perform the regulated schedule. Performing post- test.

Session 8:

Giving and taking feedback, overall evaluation, performing following test.

3. Results

To examination the research hypothesis data was examined in two steps. The first step was to calculate mean and standard deviation of stress and depression scores in pretest, posttest and follow-up for control and experimental groups. Repeated measures analysis was conducted to control pretest scores in adolescents' stress and depression and to examine significance difference between experimental and control groups in adolescents' stress and depression means.

Tables 1, 2 and 3 show the results of descriptive statistic and repeated measure analysis to examine the efficacy of communication with adolescents training to mothers and emotional regulation training to adolescents on decreasing stress and depression among adolescence girls in pretest, posttest and follow- up.

Table 1. Means and standard variations of stress and depression among adolescence girls in pre, post and follow- up tests based on groups

| Type of group | Source of changes | M | SD | N |
|---------------|-------------------|--------|-------|----|
| | Pretest stress | 158.09 | 5.26 | 11 |
| | Posttest stress | 112.45 | 46.74 | 11 |
| | Follow up stress | 118.18 | 40.14 | 11 |

| | | | | |
|--------------------|----------------------|--------|-------|----|
| Experimental group | Pretest depression | 8.45 | 7.09 | 11 |
| | posttest depression | 2.45 | 1.96 | 11 |
| | Follow up depression | 4.54 | 3.88 | 11 |
| <hr/> | | | | |
| Control group | Pretest stress | 206.45 | 24.60 | 11 |
| | Posttest stress | 175.36 | 68.95 | 11 |
| | Follow up stress | 204.36 | 29.77 | 11 |
| | Pretest depression | 10.36 | 7.65 | 11 |
| | posttest depression | 9.36 | 6.42 | 11 |
| | Follow up depression | 11.18 | 17.18 | 11 |
| | <hr/> | | | |

The results of Levin and Box to examine variance and covariance equivalence of stress and depression and showed, the use of measure repeated analysis was possible. Table 2 shows the result of Muchly test.

Table 2. The results of Muchly test to examine covariance equivalence of dependent variables in three steps of measuring in total

| Source of changes | F | df ₁ | df ₂ | p |
|-------------------|------|-----------------|-----------------|------|
| Stress | .834 | 3.43 | 2 | .179 |
| Depression | .762 | 5.16 | 2 | .076 |

Table 3. Result of repeated measure analysis.

| Variables | Source of changes | SS | df | MS | F | p | Eta | Power | |
|-----------|-------------------|-----------|-----------|----------|-----------|--------|------|-------|------|
| Stress | Factor 1 | 1623.939 | 2 | 8118.970 | 5.99 | .005 | .230 | .856 | |
| | Within Group | Factor 1* | 4002.909 | 2 | 2001.455 | 1.477 | .241 | .069 | .297 |
| | Error | 54219.152 | 40 | 1355.479 | | | | | |
| | BetweenGroup | Group | 71478.545 | 1 | 71478.545 | 18.895 | .000 | .486 | .985 |
| <hr/> | | | | | | | | | |
| | Factor 1 | 135.36 | 2 | 67.68 | 3.78 | .031 | .159 | .657 | |

| | | | | | | | | | |
|------------|--------------|-----------|--------|----|--------|------|------|------|------|
| Depression | Within Group | Factor 1* | 86.93 | 2 | 43.47 | 2.43 | .101 | .108 | .461 |
| | | Error | 715.03 | 40 | 17.876 | | | | |
| | BetweenGroup | Group | 437.87 | 1 | 437.87 | 5.88 | .025 | .225 | .636 |

As regard to table 3, the effect of time is significant in decreasing stress. It means, the means of stress scores have significantly differenced from pretest, posttest to follow up in total ($p = .005$). Also, the effect of group membership is significant in decreasing stress. It means, stress means between girls in control and experimental groups after training to mothers and her daughters have significantly changed ($p = .000$). The interaction between time and group membership is not significant in decreasing stress ($p = .241$). As regard to table3, the effect of time is significant on decreasing depression. It means, the means of depression scores have significantly differenced from pretest, posttest to follow up in total ($p = .031$). Also, the effect of group membership is significant in decreasing depression. It means, depression means between girls in control and experimental groups after training to mothers and her daughters have significantly differenced ($p = .025$). The interaction between time and group membership is not significant in decreasing depression ($p = .101$).

4. Discussion

The purpose of this study was to determine the effectiveness of teaching communicate with adolescents to mothers and the methods of emotion regulation to adolescents on reducing stress and depression in adolescents of Eshkanan city. The results showed that teaching communicate with adolescents to mothers and teaching the methods of emotion regulation were effective on reducing adolescents stress and depression during the time. This is consistent with previous findings (e.g. Jafari, Yousefi, & Manshaee, 2014; Berking, Ebert, Cuijpers, and Hofmann, 2013; Compareet al., 2014; Ehret, Kowalsky, Rief, Hiller and Berking, 2014; Martin & Dahlen, 2005; Radkovsky, McArdle, Bockting, and Berking, 2014; Sumida, 2010).

In clarification of this findings that whether teaching mothers the establishment of communication with adolescents and teaching adolescents the adjustment of emotions could reduce the degree of stress in adolescents, it can be noted that since one of the everyday stresses of adolescents might be related to the types of relationships and disagreements they have with their mothers. Close relationships with adolescents can be a protective factor against poor outcomes. In contrast, conflict, poor communication, and lack of emotional warmth in family can lead to adolescent depression

Therefore, teaching of learning to communicate through teaching small tips could reduce the number of these conflicts and normally could have more positive effect on the reduction of adolescents' stress and depression. These tips are as follows: 1) techniques for establishment of better communication, 2) techniques for possessing mutual relationships with the adolescents, not one way relations, 3) techniques for resolution of conflicts with the adolescents, 4) techniques in order to adjust fair and wise restrictions for them, 5) change the type of parental punishment into a more efficient one, on the other hand, in regulate of emotions these tips have been taught: 1) the nature of emotions, emotional experiences and the dimensions of them, 2) identification of thoughts which cross one's mind in the time of emotional out-break, determining new evidence for having logical and more accurate insights compare to earlier ones toward the issue, 3) taking measures with awareness toward emotions, 4) Identifying the beliefs and negative ideas that causes negative emotions, in addition, replacing them with logical beliefs, 5) identifying ideas that could worsen emotions, accordingly it can be seen that adolescents have actually learned how to manage their emotions including anger, moreover, this could improve the relationship between mothers and adolescents and eventually reducing adolescents' stress and depression.

The activation of positive emotions can play a fundamental role in breaking the stress cycle by effectively transforming stress at its source (Snyder, and Lopez, 2002). In addition, positive emotions influence

interpersonal behavior and promote helpfulness, cooperation and generosity. In other words, positive emotions play an important role in effective adaptation to life's challenges (Fredrickson, 2001; cited by Compare, Zarbo, Shonin, Van Gordon, and Marconi, 2014) that leads to reduce of stress and depression in adolescents.

Limitation and Suggestion for Future Study

One of the significant limitation of this study is that it was conducted among the student girls in a small city of Iran and the sample was too small that reduces the generalizability and comparability of results to other populations. So, it may be beneficial to attempt to repeat this study in other populations. The use of available and normal population is another limitation of this study. It would be useful to carry out a similar study with clinical populations who seek out treatment for their depression.

The information from such study can make a significant contribution to improve emotion regulation focus treatment for clinical depressing.

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