

### **Statement of the Problem**

Depressive symptoms are one of the most common psychological difficulties experienced during adolescence (Chung, Chen, Greenberger & Heckhausen, 2009). According to the Centers for Disease Control and Prevention's Youth Behavior Risk Surveillance Report (a nationally representative survey; CDC, 2010) in the period between September 2008 and December 2009, almost 14% of students, on average, had seriously considered suicide. Kubik, Lytle, Birnbaum, Murray and Perry (2003) also found similar prevalence rates when looking at the experience of depressive symptoms, specifically that 35% of high school students scored in the "elevated" level on the Center for Epidemiological Studies-Depression Scale (CES-D). However students who do not feel loved, supported, and cared for at home, or have parents who are inconsistent with the care and discipline they provide, will experience feelings of sadness, irritability, and many other symptoms consistent with depression. This, in turn, predicted depressive cognitions in their adolescent. The problems of current study are.

- 1- The prevalence of depressive symptoms in Al-Mustansyreeh students are unknown.
- 2- We do not have previous students' focused in students' perceptions of their parents (mother and father version).
- 3- Relationships between depressive symptoms in students and Students' perceptions of their parents (Mother and father version) are unknown.

### **Importance of the study**

Brooks (2002) conducted a study concerning the relationship between student emotional issues and behavior problems and parents' parental practices. The study found that parents who demonstrated more harmful parental practices (such as not

monitoring their children's activities and whereabouts) were more likely to have teenage children who exhibited drug use, risky behaviors, and depression. Additionally, the study further found that parents who did not have a positive self-concept or a positive racial/ethnic identity were also more likely to have children who exhibited behavior problems and depression. The authors discussed the possibility that healthy parental practices, self-concepts, and racial identities serve as protective factors against risky behaviors and depression in adolescence, even in students who possess a genetic or environmental predisposition toward behavioral problems and depression. Another study conducted by Bosco, Renk, Dinger, Epstein, and Phares (2003) found that teenagers whose parents demonstrated low levels of parental control and high levels of interparental conflict were more likely to exhibit depressive symptoms as well as externalizing behavior problems. Student males in this study were especially susceptible to feelings of depression when they experienced low levels of maternal control. Thus, this study demonstrated that parents who do not adequately discipline or check-in on their children and who exhibit high rates of marital conflicts are more likely to have adolescent children who experience depressive symptoms. These depressive cognitions in the adolescent children likely arise out of a threatened sense of well-being due to an environment constantly in turmoil and a lack of support and acceptance (Bosco, Renk, Dinger, Epstein, & Phares, 2003).

However, exceptionally high amounts of parental control can also lead to adolescent depression. Parents who are overly controlling, protective, or restricting are more likely to have student who are emotionally deregulated and depressed.

Parents who are overly protective and restricting are also less likely to engage in appropriate amounts of nurturing behaviors with their children, leading to higher levels of student depressive symptoms (Betts, Gullone, & Allen, 2009). Similar results were found in a study conducted by Garber, Robinson, and Valentiner (1997). This study found that mothers who exhibited high levels of psychological control were more likely to have adolescent children with depression. These mothers also exhibited low levels of acceptance, leading to further depressive symptoms in their children. The above studies suggest that high levels of parental control are often coupled with lower levels of parental warmth, leading to an unhealthy attachment relationship between the parents and the children, as well as leading adolescent children to feel unsafe, unsupported, and overly anxious in their environments. Mothers who provide high levels of negative feedback are also more likely to have adolescent children who experience depression (Garber, Robinson, & Valentiner, 1997).

The present study summaries are:

- 1-Parents who demonstrated more harmful parental practices,were more likely to have teenage children who exhibited drug use, risky behaviors, and depression.
- 2- Parents who did not have a positive self-concept or a positive racial/ethnic identity were also more likely to have children who exhibited behavior problems and depression.
- 3- Teenagers whose parents demonstrated low levels of parental control and high levels of interparental conflict were more likely to exhibit depressive symptoms as well as externalizing behavior problems.

4-Parents who do not adequately discipline or check-in on their children and who exhibit high rates of marital conflicts are more likely to have adolescent who experience depressive symptoms.

5-Exceptionally high amounts of parental control can also lead to adolescent depression.

6- Mothers whose exhibited low levels of acceptance, leading to further depressive symptoms in their children.

7- However, it may be the case that depressive cognitions lead to misperceptions of parent/child interactions, and, consequently, an awareness of the effect depression has on perceptions may be an important step in improving the parent/child relationship.

### **The objectives**

1- Identifying the prevalence of depressive symptoms in Al-Musansyreeh University students by gender.

2- Identifying the significance difference in students' perceptions of their parents mother and father version in Al-Musansyreeh University students.

3- Examine the relationships between depressive symptoms, and students' perceptions of their parents by gender (mother, father version) in Al-Musansyreeh University students.

### **Parenting Beliefs and Adolescent Depression**

Students who are constantly exposed to negative statements and evaluations from their mothers learn to also evaluate themselves in a negative light, leading to depressive cognitions (Jacquez, Cole, & Searle, 2004). However, it is not just mothers' behaviors and practices that lead to adolescent depression; However, parents who do not engage in high amounts of positive touch with their children, or who touch their children in a harmful way (i.e., spanking) are more likely to have adolescent



children who are depressed, psychologically maladjusted, or who engage in suicidal ideations and behaviors (Pearce, Martin, & Wood, 1995). Bender et al. (2007) also found that parental use of harsh disciplinary tactics is associated with childhood and adolescent depression. In addition, parents who use harsh discipline tend to be less warm and less engaged during parent/child interactions, leading to further symptoms of depression in their adolescent children (Bender et al., 2007). The attachment bond between the parent and child is also expressed through parental warmth, and a lack of parental warmth has also been linked to adolescent depressive cognitions (Kim & Cain, 2008). It is important to note, and most of the articles cited above recognize, that there are a multitude of potential factors that may influence adolescent depression.

Although many of the research studies cited above made attempts to control for some confounding variables (such as SES, ethnicity, parental psychopathology, child temperament, and genetic influences), it is virtually impossible to control for every variable that may account for adolescent depressive cognitions, and, thus, it is entirely possible that there are other explanations (including explanations involving complex interactions among the variables studied in the above research) other than those given in the research articles that account for the development of the reported adolescent depressive symptoms.

### **Adolescent Depression and Skewed Perceptions of Parenting**

Adolescents who experience depressive symptoms, in addition to experiencing maladaptive perceptions of their families in general, also tend to view their parents, as well as their parents' parental styles and behaviors, in a less positive light. A study

conducted by McKinney, Donnelly, and Renk (2008) found that depression, negative perceptions of one's parents, and low self-esteem were all positive related in a sample of older adolescents. Additionally, Plunkett, Henry, Robinson, Behnke, and Falcon (2007) found that adolescents who experienced a depressed mood and low self-esteem were more likely to view their parents as unsupportive and highly controlling. The study further found that boys who experienced depressive cognitions were likely to perceive their parents as being highly psychologically controlling. In addition, girls who were depressed were likely to perceive their fathers as being unsupportive. Due to the correlational nature of much of the research on adolescent perceptions of experiences and their parents' behaviors, it is impossible to ascertain the "accuracy" of the perceptions of the adolescents. A number of associations have been found between different aspects of parenting and internalizing spectrum symptoms and disorders. This brief review includes, and does not distinguish between, cross-sectional and longitudinal studies as the former was unable to, and the latter took no measures to, establish direction of effects. Fergusson, Boden, and Horwood (2008) discuss their findings that childhood physical abuse is associated with increased rates of major depression, anxiety disorder, suicidality, and overall mental health disorders. Buehler et al. found that inconsistency and psychological intrusiveness were positively related, and monitoring and knowledge negatively related, to internalizing symptoms and depression (the latter also found by Elgar et al., 2007 and Jones et al., 2008). Many have interpreted and continue to interpret the above empirical findings as

evidence for parent effects on children's adjustment outcomes. The above, however, only highlights that there is a correlation between these constructs, however, represent an important part of developmental research as it identifies meaningful aspects of parenting that correlate with children's mental health. Basically, the research shows consistent findings that support, warmth and monitoring relate negatively to internalizing symptoms or disorders and that harsh, controlling and rejecting parenting do so positively with the same.

**Parent effects: Theory.**

It is important to recognize that the existence of bidirectional effects supports the theory that parents affect adolescent, but states that this sole explanation of the above presented evidence is too simple and ignores the dynamic nature of the associations. There are numerous theories that attempt to explain the mechanisms behind the effects that parenting appears to have on children. Some of these theories, particularly those regarding internalizing symptomatology are presented here. Bandura's *Social Learning Theory* (with its updates discussed below as relevant to the discussion on bidirectionality) posits that direct learning can occur through reinforcement of behaviors and modeling; that we learn how to act by imitating others, and that the learned behavior can be generalized to other situations (Bandura, Ross & Ross, 1961). Bandura et al.'s finding that there is a high replication of specific aggressive behaviors leads them to assume a more direct imitation hypothesis rather than the idea that children's witness of aggression allows them to deem these behaviors as acceptable. Additionally, they found that the

modeling of particularly unobtrusive or hypoactive behaviors led to a lower than average amount of activity. These two findings might explain parental modeling of aggressive and depressive or anxious behaviors, respectively. Goodman and Gotlib (1999), in their quest to understand how and why maternal depression puts children at risk for negative outcomes, propose that exposure to negative cognitions, behaviors and affect may also lead to depressive symptomatology via modeling, supporting *Social Learning Theory*.

More generally, they note that aside from heritability and neuroregulatory problems, exposure to maternal negativity in general, as well as to the related stressful life context, play a role. They theorize that this type of mother might be unable to meet the child's social and emotional needs and that through social learning or modeling, the child acquires cognitions that lend to depressive symptomatology. In particular, for school-age children and adolescents, they believe that depressed mothers may not be able to offer general support, stress buffering and assistance with regard to growing cognitiveintellectual and social demands, nor adequate supervision and consistent discipline. Some or all of these are then hypothesized to lead to school failures, and behavioral and emotional problems. They also review findings showing that these mothers tend to express more criticism of their children and to have more negative appraisals of, and less tolerance for, children's behaviors, which might lead to more punitive parenting and higher thresholds for rewards.

In addition to support for Bandura's notion that "children may learn dysfunctional behavior patterns from observing their

parents," (Bandura, Ross, & Ross, p. 199), Kaczynski, Lindahl, Malik, and Laurenceau (2006) discuss Minuchin's *Family Systems Theory* which states that all family members are part of an "interdependent, hierarchically organized system, with specific rules of interaction and boundaries among subsystems, and that child behavior problems may serve a homeostatic function in some families by distracting parents from threatening marital problems... [thus] child problems may be inadvertently maintained by maladaptive parenting behaviors" (p. 199). Huh, Tristan, Wade, and Stice (2006) also discuss Hartup's *Social Mold Model* which describes the child as being placed into a mold that is crafted by family, or more specifically, parenting processes. The idea is that leniency or punitive behaviors disrupt identification with parents which inhibits an internalizing of ethics and outlooks. Also, a number of researchers discuss Engfer's *Spillover Hypothesis* to explain the effects of stress via marital discord (Buehler, Benson, & Gerary, 2006) or economic hardship (Gershoff, 2002) on children's behavior. This describes that parental actions spill over from one domain (marital) to another domain (parenting). Inherent to this theory is that parents' negativity has harmful effects on children. More specifically towards explaining parental causation of internalizing problems, Reitz, Dekovic, and Meijer (2006) discuss findings and theories that parental over-involvement and over-emotionality (possibly indicative of parental depression or anxiety) may add to children's stress levels, and that over-strictness may rob adolescents of their healthy need for autonomy, also causing internalizing symptomatology. Siqueland,, Kendall and Steinberg (1996) state that increasing levels of parental autonomy granting is one of the most helpful

interventions parents can make with an inhibited or withdrawn child as this may encourage, model, and reward independence and competence because functioning independently is particularly difficult for these children. They also state, though, that instead parents often attempt to reassure, calm and help their child to minimize their child's distress often without success because they simply reinforce the anxiety. Barber (1996) argues that parental use of psychological control disallows youth from personal expression, is non-responsive to the child's needs and emotions, and takes away from the child's self-exploration. Additionally, he notes that it has been consistently associated with feelings of guilt, self-blame, dependency, alienation, and depressed affect. Zalk and Kerr (2011) postulate that psychological control may make children feel that there is reason to worry in the world and/or undermine their opportunities to self-regulate and feel efficient and competent. Loukas (2009) states that because psychological control intrudes upon the psychological self it is particularly likely to contribute to internalizing problems. She also states that parental psychological control is likely to have its greatest impact during early adolescence, when issues of autonomy and independence begin to arise. There are many theorized mechanisms of parental influences on children. The research presented below will provide mounting evidence of the bidirectional nature of the links between parenting and child outcomes, but at this point, we see parents as affecting their children through modeling, internalization of ethics and outlooks, deliberate maintenance of problem behaviors, provision of stressful environments, and through both the allowance of too much and disallowance of enough autonomous space.

## Methodology

### Phases of Data Collection

The process of data collection was divided into two phases. Phase 1, used Beck Depression Inventory to investigate depression symptoms in AL-Mustanseryah University students, Phase 2, used Parents as Social Context Questionnaire to identify students' perception of their parents. The following sections provide description of each phase.

### Participants

The participants of the current study included (150) students of AL-Mustanseryah University. They are chosen a stratified sample.

### Instruments

In present study the participants completed two paper-and-pencil measures. First, Beck Depression Inventory Arabic version was used to assess depressive symptoms. The BDI is a 21-question, multiple choice, self-report inventory, designed for individuals between the ages of 17 and 80. The BDI (appendix 2) is composed of items relating to depressive symptoms such as hopelessness and irritability, cognitions such as guilt or feelings of being punished, as well as physical symptoms such as fatigue, weight loss, and lack of interest in sexual activity. The BDI has been shown to have good psychometric properties (Silverberg, Marczak, & Gondoli, 1996) and the internal consistency reliabilities have been shown (0.73). This inventory was used in many studies such as (عكبة، ٢٠١٠).

Second, Parents as Social Context Questionnaire, (Skinner, Johnson, & Snyder, 2005) which consisted of questions pertaining to the participants, sex, to assess students'

perceptions of their parents, participants completed the Parents as Social Context Questionnaire, which is a(50 ) items (appendix 3) student report that assesses the students parents on six dimensions of parenting: 1) Warmth, defined as an expression of love, affection, caring, and enjoyment, characterized by appreciation and emotional availability, 2) Rejection, defined as active dislike, aversion, and hostility, characterized by an attitude that is harsh, over28 reactive, irritable, critical, and disapproving, 3) Structure, defined as a provision of information about pathways to reach desired outcomes, characterized by clear expectations and firm maturity demands, 4) Chaos, defined as interfering or obscuring the pathways from means to ends, characterized by inconsistency or unpredictability, 5) Autonomy Support, defined as allowing freedom of expression and action and encouraging the child to attend to, accept, and value preferences and opinions, and 6) Coercion, defined as an autocratic style that is restrictive, over controlling, and intrusive. The researcher translated the original scale into Arabic language from English language mother and father version because in Arab countries we have differences between mother and father in parental style (جاسم، ١٩٩٧), and then back translated it into English. It was found that the translators had a 90% agreement about the correctness of the translation<sup>1</sup>.After that, the researcher modified the scale to suit the local population. This step subsequently required professional psychologists<sup>2</sup> in Iraq to evaluate the questionnaire to be used in determining parental

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<sup>2</sup>



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beliefs. Iraqi psychologists had a 80% agreement about the suitable.

The internal validity of the questionnaire was determined through the calculation of the items in the subscale and the sum of questionnaire. See Table (1) for more detail.

Table 1

*Internal Validity for Parents as Social Context Questionnaire*

	Warmth	Rejection	Structure	Chaos	Autonomy Support	Coercion	Total
Warmth	1						
Rejection	.58**	1					
Structure	.43**	.45**	1				
Chaos	.45**	.44**	.56**	1			
Autonomy	.46**	.58**	.55**	.54*	1		
Coercion	.49**	.67**	.63**	.61*	.52**	1	
Total	.62**	.59**	.58**	.58*	.64**	.66**	1

*Note.* Correlation is significant at the 0.01 level (2-tailed)\*\*

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Table 2  
*The Relationship between the Items and the Sum of Parents as  
Social Context Questionnaire*

<i>R</i>	<i>Item</i>	<i>R</i>	<i>Item</i>
0.55**	26	0.45**	1
0.54**	27	0.56**	2
0.59**	28	0.51**	3
0.72**	29	0.63**	4
0.69**	30	0.49**	5
0.49**	31	0.61**	6
0.51**	32	0.70**	7
0.72**	33	0.57**	8
0.54**	34	0.75**	9
0.61**	35	0.67**	10
0.68**	36	0.48**	11
0.75**	37	0.55**	12
0.70**	38	0.49**	13
0.64**	39	0.62**	14
0.66**	40	0.81**	15
0.78**	41	0.75**	16
0.79**	42	0.59**	17
0.48**	43	0.53**	18
0.59**	44	0.65**	19
0.69**	45	0.67**	20
0.44**	46	0.48**	21
0.58**	47	0.60**	22
0.67**	48	0.73**	23
0.57**	49	0.63**	24
0.72**	50	0.56**	25

*Note.* Correlation is significant at the 0.01 level (2-tailed) \*\*

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The researcher calculated the internal validity. This index is equal to the product of the item-score standard deviation and the correlation between each item and the total test score (see Table 2).

The item discrimination indicated the level of adequacy of an item, which separated or discriminated between high scorers and low scorers on the entire test. In this context, a multiple-choice item relating to the achievement test was observed to be a good item, especially if most of the high scorers answered differently from the low scorers. Results of top 27% (40 participants) and bottom 27% (40 participants) indicated a statistical significance for all questionnaire items (see Table 3.7) (Haslam, 1998).

Table 3

*Items Discrimination for Parents as Social Context Questionnaire*

Mean difference between top 27% and bottom 27%	SD2	SD1	T	Items
1.85	0.72	0.59	12.56	1
1.49	0.99	1.29	5.79	2
0.68	0.95	1.01	3.1	3
0.72	0.99	1.02	3.2	4
0.61	0.85	0.78	3.34	5
1.12	0.82	0.59	7.01	6
0.56	0.71	0.82	3.26	7
0.44	0.62	0.55	3.35	8
0.76	1.07	1.3	2.85	9
0.95	0.92	1.03	4.35	10
1.62	0.57	2.2	4.5	11
0.92	0.59	0.92	5.32	12
0.88	0.49	0.52	7.78	13
0.89	0.92	1.21	3.7	14
0.93	0.88	0.93	4.59	15
0.85	0.86	0.79	4.6	16
1.2	1.59	2.2	2.7	17
0.89	1.9	1.5	2.32	18

**DEPRESSIVE SYMPTOMS RELATED TO PERCEPTIONS OF PARENTING IN AL-MUSTANSYREAH UNEVERITY STUDENTS..... Najlaa N. Wadaa**

Mean difference between top 27% and bottom 27%	<i>SD2</i>	<i>SD1</i>	<i>T</i>	Items
0.91	1.19	1.72	2.75	19
0.71	1.09	1.13	2.86	20
1.12	1.01	0.96	5.08	21
0.75	1.05	1.13	3.07	22
0.82	0.57	0.92	4.79	23
0.57	0.93	0.88	2.81	24
0.99	1.51	1.22	3.22	25
0.89	1.31	1.1	2.29	26
0.91	0.97	0.66	4.9	27
0.97	1.14	0.87	4.27	28
0.95	0.52	0.91	5.73	29
0.8	0.79	0.88	4.33	30
1.2	1.23	0.68	5.4	31
1.3	2.01	0.96	3.68	32
0.79	0.88	0.74	4.34	33
0.69	0.83	1.2	2.99	34
0.51	0.53	0.71	3.04	35
0.69	0.65	1.34	2.9	36
0.47	0.83	0.59	2.9	37
0.53	0.97	0.73	2.7	38
0.43	0.55	0.78	2.83	39
0.69	0.88	1.27	2.81	40
0.89	1.33	1.21	3.13	41
0.71	1.32	0.66	3.04	42
0.75	1.3	0.59	3.32	43
0.55	0.88	0.93	2.71	44
0.63	0.77	0.89	3.38	45
.84	0.93	0.87	4.17	46
0.57	0.82	0.59	3.58	47
0.71	0.78	0.99	3.56	48
0.54	0.45	0.88	3.45	49
0.82	1.02	1.3	3.13	50

The reliability test of the internal consistency of the scale was obtained from the overall sample was high at (0.88) was internal consistency reliabilities for the items themselves have been shown to be good, ranging from .78-.88 (Skinner, Johnson & Synder, 2005).

### **Procedure**

The students were given the, Parents as Social Context Questionnaire (Skinner, Johnson & Synder, 2005) to assess students' perceptions of their parents. Also Beck Depression Inventory Arab version to assess depression symptoms. The students were informed that researcher was conducting a study on parenting model.

The researcher obtained consent forms from the students before distributing the questionnaire. To ensure that respondents feel comfortable to answer the questions honestly, the researcher read out the instructions for answering the questionnaire. Then, the participants were given enough time to read all items of the questionnaire, after which they were asked if they had any difficulty in understanding the items of the questionnaire. After the participants had answered the questionnaire, the researcher collected the questionnaire.

### **Results**

The results of data analysis are reported with the research objectives. Results from the application of The Beck Depression Inventory to achieve objective (1) (Identify prevalence of depressive symptoms among Al-Musansyrea University students by gender) are presented in Table 4. Out of 150 students, 70 (46.66%) did not have depression 45 (30%) had mild and 24 (16%) had moderate depression symptoms, and 11 (7.33% ) had severe depressive symptoms.

Table 4  
*Frequency and Percentage of Depression Symptoms among Students by Gender*

Severe Frequency (%)	Moderate Frequency (%)	Mild Frequency (%)	None Frequency (%)	<i>n</i>	
4 (2.66%)	8 (5.33%)	19 (12.66%)	38 (25.33%)	69	Male
7 (4.66%)	16 (10.66%)	26 (17.33%)	32 (21.33%)	81	Female
11 (7.33%)	24 (16%)	45 (30%)	70 (46.66%)	150	Total

Table 4 shows that males (25.33%;  $n = 38$ ) were more prone to mild depressive symptoms compared to females. Girls (21.33%;  $n = 32$ ) also had a higher percentage of moderate depressive symptoms compared to boys. Girls (7.33;  $n = 29$ ) had a higher percentage of severe PTSD symptoms compared to boys (2.66%;  $n = 19$ ).

Results from the application of Parents as Social Context Questionnaire to achieve objective (2) (Identify students' perceptions of their parents by gender (mother, father version) are presented in Table 5, t-test (-10) showed significant difference between students' perceptions of their parent's mother version and father version.

Table 5

*T-test Value for Students Perceptions of their Parents by Gender (Mother and Father Version)*

<i>P</i>	<i>T</i>	<i>SD</i>	<i>M</i>	<i>N</i>	
0.05	-10.03	5.43	6883.5	150	Fat her Version
0.05		7.84	7494	150	Mother Version

To examine the relationship between depressive symptoms and students' perceptions of their parents (mother, father version). The correlation between depressive symptoms for students and students perception (mother version) was (0.72), and the correlation between depressive symptoms for students and students perception with father version was (0.74).

### Discussion

The discussions are reported with the research objectives of the study in mind.

#### First objective

(Identify the prevalence of depressive symptoms in Al-Musansyreh University students by gender).

The findings of the present study showed that students had moderate percentage (16%) depressive symptoms. However, only 7.33% of them demonstrated severe depressive symptoms. The overall prevalence rate of depressive disorders in students was (23.33%), which was higher than the general population. Girls (21.33%;  $n = 32$ ) also had a higher percentage of moderate depressive symptoms compared to boys. Girls (7.33;  $n = 29$ ) had a higher percentage of severe PTSD symptoms compared to boys (2.66%;  $n = 19$ ). The preset finding consist with (Klerman &

Weissman, 1989), female have experienced depression about third as frequently as male, a female-male ratio of 3:1 for depression (Klerman & Weissman, 1989). For major depression, which is more impairing than a number of other medical conditions, the ratio has been reported as four female for every male, although rates vary with ethnicity and culture (Sileo, 1990).

### **Second objective**

(Identify the different significant between the students' perceptions of their parents mother and father version in Al-Musansyreh University students).

Findings of the present study showed that there was significant difference between students' perceptions of their parent's mother version and father version, this finding consist with, Heaven, et al,. (2004), they found that fathers used of harsh or authoritarian parental styles. Additionally, Katainen, Raikkonen, Keskivaara, and Keltikangas-Jarvinen (1999) found that mothers who perceived their children as being difficult and were unhappy with their role as mothers were more likely to utilize hostile parenting practices, even if they themselves did not believe they were engaging in maladaptive parenting practices. In edition, toRey (1995) found that 12 to 18 year old adolescents with Major Depressive Disorder tended to perceive their mothers as being uncaring, emotionally unresponsive and unsupportive, deferent to father.



### **Third objective**

(Examine the relationship between depressive symptoms, and students' perceptions of their parents (mother, father version) in Al-Musansyreh University students).

Present study showed there were correlations between students perception of their parenting (mother and father version) and depressive symptoms for students, this consist with (Ge, Conger, Lorenz, & Simons,1994) and Bandura's *Social Learning Theory* posits that direct learning can occur through reinforcement of behaviors and modeling; that we learn how to act by imitating others, and that the learned behavior can be generalized to other situations (Bandura, Ross & Ross, 1961). Additionally, they found that the modeling of particularly unobtrusive or hypoactive behaviors led to a lower than average amount of activity. These two findings might explain parental modeling of and depressive, respectively. Goodman and Gotlib (1999).

### **Future Study**

Future studies can replicate the present study on other age groups; also, it can also be used to investigate another kind of psychological disorder such as anxiety, aggressive, adolescent perceptions is an important area of research, and one that should continue to be studied. Future research may benefit from focusing on psychoeducational programs and the potential effects on adolescent perceptions and depressive cognitions. However, although the brevity of the psychoeducational component was addressed as a potential limitation, the short duration of the intervention is not necessarily a drawback. Future research should also focus on brief psychoeducational components and their potential utility in decreasing depressive

symptoms and increasing positive perceptions and empowerment. Additionally, psychoeducational techniques that target parents' perceptions may lead to improvements in parenting beliefs and practices as well as improvements in parent/child relationships.

#### المصادر العربية

- جاسم، لمياء (١٩٩٨): التسامح الاجتماعي لدى طلبة الجامعة وعلاقته باساليب تنشئتهم الاجتماعية، رسالة ماجستير غير منشورة، اداب، بغداد.
- عكبة، حسنين صادق صالح(٢٠١٠): الاكتئاب وعلاقته بصنف الدم تبعا لمتغيرات الجنس والحالة الاجتماعية والتحصيل الدراسي، مجلة كلية التربية جامعة بابل.

#### References

- Bandura, A., Ross, D., & Ross, S. A. (1961). Transmission of aggression through imitation of aggressive models. *Journal of Abnormal and Social Psychology*, 63, 575-582.
- Beck, A.T., Steer, R.A., & Garbin, M.G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, 8, 77-100.
- Bender, H.L., Allen, J.P., McElhaney, K.B., Moore, C.M., Davis, S.M., Kelly, H.O., & Antonishak, J. (2007). Use of harsh physical discipline and developmental outcomes in adolescence. *Development and Psychopathology*, 19(1), 227-242.
- Betts, J., Gullone, E., & Allen, J.S. (2009). An examination of emotion regulation, temperament, and parenting style as potential predictors of adolescent depression risk status: A correlational study. *British Journal of Developmental Psychology*, 27(2), 473-485.

- Bosco, G.L., Renk, K., Dinger, T.M., Epstein, M.K., & Phares, V. (2003). The connections between adolescents' perceptions of parents, parental psychological symptoms, and adolescent functioning. *Journal of Applied Developmental Psychology, 24(2)*, 179-200.
- Brooks, R.J. (2002). The effects of racial/ethnic identity, parenting practices, and impulse control on drug use, problem behaviors, self-concept, and depression in African-American adolescents. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 63(3-B)*, 1555.
- Buehler, C., Benson, M., & Gerard, J. M. (2006). Interparental hostility and early adolescent problem behavior: The mediating role of specific aspects of parenting. *Journal of Research on Adolescence, 16*, 265 –292.
- Chung, W., Chen, C., Greenberger, & Heckhausen, J. (2009). A cross-ethnic study of adolescents' depressed mood and the erosion of parental and peer warmth during the transition to young adulthood. *Journal of Research on Adolescence, 19*, 359-379.
- Fergusson, D., Doucette, S., Glass, K.C., Shapiro, S., Healy, D., & Hebert, P., et. al. (2005). Association between suicide attempts and selective serotonin reuptake inhibitors: Systematic review of randomized controlled trials. *British Medical Journal, 330*, 396-402.
- Garber, J., Robinson, N.S., & Valentiner, D. (1997). The relation between parenting and adolescent depression: Self-worth as a mediator. *Journal of Adolescent Research, Special Issue: Adolescent Socialization in Context—The Role of*

*Connection, Regulation, and Autonomy in the Family, Part I, 12(1), 12-33.*

- Goodman, S.H. & Gotlib, I.H. (1999). Risk for psychopathology in the children of depressed parents: A developmental approach to the understanding of mechanisms. *Psychological Review, 106*, 458-490.
- Jacquez, F., Cole, D.A., & Searle, B. (2004). Self-perceived competence as a mediator between maternal feedback and depressive symptoms in adolescence. *Journal of Abnormal Child Psychology, 32(4)*, 355-367.
- Kaczynski, K. J., Lindahl, K. M., Malik, N. M., & Laurenceau, J-P. (2006). Marital conflict, maternal and paternal parenting, and child adjustment: A test of mediation. *Journal of Family Psychology, 20*, 199-208.
- Kim, E., & Cain, K.C. (2008). Korean-American adolescent depression and parenting. *Journal of Child and Adolescent Psychiatric Nursing, 21(2)*, 105-115.
- Klerman, G. K., & Weissman, M. M. (1989). Increasing rates of depression. *Journal of the American Medical Association, 261*, 2229-2235.
- Kubik, M., Lytle, L., Birnbaum, A., Murray, D., & Perry, C.(2003). Prevalence and correlates of depressive symptoms in young adolescents. *American Journal of Health Behavior, 27(5)*, 546-553.
- McKinney, C., Donnelly, R., & Renk, K. (2008). Perceived parenting, positive and negative perceptions of parents, and late adolescent emotional adjustment. *Child and Adolescent Mental Health, 13(2)*, 66-73.

- Pearce, C.M., Martin, G., & Wood, K. (1995). Significance of touch for perceptions of parenting and psychological adjustment among adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 34(2)*, 160-167.
- Plunkett, S.W., Henry, C.S., Robinson, L.C., Behnke, A., & Falcon, P.C. (2007). Adolescent perceptions of parental behaviors, adolescent self-esteem, and adolescent depressed mood. *Journal of Child and Family Studies, 16(6)*, 760-772.
- Reitz, E., Dekovic M., Meijer, A. (2006). Longitudinal relations among parenting, best friends, and early adolescent problem behavior: Testing bidirectional effects. *Journal of Early Adolescence, 26*, 272–295.
- Rey, J. M. (1995). Perceptions of poor maternal care are associated with adolescent depression. *Journal of Affective Disorders, 34*, 95-100.
- Sileo, C. C. (1990). *What you should know about women and depression*.
- Washington, DC: American Psychological Association, Office of Public Affairs.
- Silverberg, S.B., Marczak, M.S., & Gondoli, D.M. (1996). Maternal depressive symptoms and achievement-related outcomes among adolescent daughters: Variations by family structure. *Journal of Early Adolescence, 16(1)*, 90-109.
- Siqueland L, Kendall PC, Steinberg L. (1996). Anxiety in children: Perceived family environments and observed family interactions. *Journal of Clinical Child Psychology, 25*, 225–237.

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AL-MUSTANSYREAH UNEVERITY STUDENTS..... Najlaa N. Wadaa**

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- Skinner, E., Johnson, S., & Snyder, T. (2005). Six dimension of parenting: A motivational model. *Parental Science and Practice, 5(2)*, 175-235.
- Zalk, N. V., & Kerr, M. (2011). Shy Adolescents' Perceptions of Parents' sychological Control and Emotional Warmth: Examining Bidirectional Links. *Merrill-Palmer Quarterly 57(4)*, 375-401. Wayne State University Press. Retrieved October 8, 2012, from Project MUSE database