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Review on Interpersonal Relationships and Depression among Shelter's Children in Tehran/Iran

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Review on Interpersonal Relationships and Depression among Shelter's Children in Tehran/Iran

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Abstract - This paper aims to review interpersonal relationship and depression among children living in shelters. The results revealed a negative significant correlation between various interpersonal relationship. No significant difference in depression among male and female respondents. The review of this study will help guardians, social workers and psychologists to organize some intervention programmes so as to reduce depression among children living in Tehran's shelters.

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I. Introduction

Much of the research available on depression among children focus on development of depression among children living with families compared to children living in shelters. The literature on depression among children in shelters has shown that depression is more than just a feeling of sadness. People who are depressed are not just moody or feeling "blue" for a few days (Kessler, Chiu, Demler & Walters, 2005). They feel down for a long period of time or in some cases, they feel anxiety or tiredness for some weeks or months. As depression affects a person's way of feeling, thinking or behaving, it may affect the different aspects of the person's life (Kessler, Chiu, Demler & Walters, 2005).

II. Depression

Feeling of depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Some people feel this way at one time or another for a short time period. However, true clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time (Bayat, Naderi Far, Bayat, Miri & Saeed, 2005).

According to Street, Nathan and Durkin (2003) empirical studies have declared that childhood depression is not a transitional period and it will result in considerable psychological disorders and may cause depression in future. Moreover, certain behaviour found in adolescents and particular environmental factors do definitely lead to adolescent depression.

Similarly, Orton (2008) studied on depression among youth aged 7-14 years in America and identified that among children suffering from depression, the symptoms include bad temper, lack of interest in activities, losing weight, sleeping problems and fatigue, feeling of worthlessness, having problem in concentrating, lack of self confidence, negative thinking and being irrational. The experience of depression among children might continue for long lasting period, and children who overcome their depression in the primary steps are highly at risk of being depressed in the future (Orton, 2008).

On the other hand, Navabi Nejad (2000) stated that among twenty eight (28) million children living in Iran, two millions of them are suffering from depression. Similarly, Bryant (2008) found that about 2.5% of all children and up to 8.3% of all adolescents in the United States suffer from depression. Although clinical depression is mostly seen in adolescents, very young children may also suffer from depression. Moreover, he stated that the high rate of depression among adolescents and the appearance of depression in very young children showed the need for research on depression among children, and therefore children will benefit the intervention programs which are designed based on the findings (Bryant 2008).

Similarly, the prevalence of depression was estimated between 0.4% and 2.5% in young children, while these were 0.4% and 8.3% for adolescents and the rate of depressive symptoms for males was shown to decrease after the age of 9, while depression was indicated to increase after the age of 12 for females (Orton, 2008). However, in another study by Eckshtain (2008), the prevalence of depressive symptoms among children was from 0.4% to 2.5%, and the rates were similar for males and females.

Additionally, in another study by Chu, Dave and Wei-Cherng (2002) on relationship between depression and substance abuse among multiple-diagnosed homeless population in services-enhanced transitional housing, a high rate of depression was found among children living in shelters in America. Moreover, Satyanarayana, Enns, Cox, & Sareen (2009) researched on prevalence and correlates of chronic depression in the Canadian community health. The collected sample included 36984 children aged 15 years old and above.

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They found that chronic depression is a general form of depression and 2.7% of people suffered from this form of depression.

III. Depression and Gender Differences

Study by Berg (2001) demonstrated that females had reported a higher rate of depression than males. There are many reasons for this, and these include a combination between biological changes and social transitions, as well as the complex environment that exposes females to a wide range of problems which declares a strong relationship between gender differences and developing of depression. The result of this study shows the need for more emphasis to be given on gender differences. Similarly, according to Bryant (2008), it is important to note that the level of depression in males is greater than that of females and females report depression more than males. Therefore, gender is believed to affect development of depression in both children and adolescents.

On the other hand, Nazroo (2001) found that the prevalence of depression is affected by gender differences. He also declared that female showed depressive symptoms up to twice the rate do male. In the similar study, O'Donnell (2008) studied on explanatory styles, parenting, and adolescence depression and found gender differences in depression among adolescents and that females report symptoms of depression considerably more than males. In particular, females are reported as having higher risk of being depressed during childhood and early adolescence, and this creates a gender gap in depression during adolescence.

IV. Depression and Age Differences

Bryant (2008) focused on the age differences among youth and its relationship to depression in the study on psychosocial correlates of depressive symptoms among 248 African-American children. Although some studies show no clear relations between these two variables among children, other studies have discovered that age is considerably associated with depression. He also found that there was no significant relationship between age and depression.

Matlin (2008) stated prevalence of depression increases across the lifetime, especially during adolescence. A noticeable increase is observed between the ages of 13 and 15 years and reaches its maximum level between the ages of 17 and 18. The level of depression in adolescence is even higher. Similarly, a study by Varley (2002) found that forty percent of adolescents between the ages of 14 and 15 years reported depressive symptoms. This positive correlation between depression and age might be due to physiological changes, increasing social and

academic needs, as well as exposure to harmful experiences.

In addition, Berg (2001) declared that although social problems decrease with age, the level of depression within depressed children living in shelters rises with age. During adulthood, the level of social problems in youths suffering from depression, anti-social behaviours, school problems, and the overall levels of depression increase with age. Similarly, the study by Prinstein, Borelli, Cheah, Simon, & Aikins (2005) revealed that adolescent females with poor peer friendships reported higher level of depressive symptoms.

V. Depression in Shelter

According to Zima, Wells, and Freeman (1994) children suffering depression and evaluate the relationship between child problems and the use of physical and mental health services among 169 school-age children in Los Angeles. For this purpose, interviewers used standard measures of depression, and behavioural problems to assess the respondents' answers. The majority (78%) of the children were found to be suffering from depression, having behavioural problem, or poor school performance. Only one third of their parents were aware of the mentioned problems, while 15% of them had never received any mental or physical health care.

Depression among sheltered children was also evaluated by Wagner and Menke (1991). In their study, 51% of sheltered children between the ages of 7 and 12 years old were found to have required mental health care for depression according to scores on the (CDI). Meanwhile, thirty five percent (35%) obtained the scores which indicated clinical depression or were similar to the scores obtained by a sample of children receiving treatment for depression.

VI. Interpersonal Relationship

According to Jin Yu, Hoffman Tepper and Russell, (2009) within a group of children, being accepted by peers is an indication of popularity and social status, while friendship is rooted in mutual respect and liking. Friendships in early adolescence are very supportive and children share a more common sense of feeling. Although friendships and peer acceptance are different, both have been found to affect childhood development. In specific, peer acceptance creates a more powerful sense of belonging and fewer behavioural problems in children, while friendships mostly affect feeling of loneliness. However, both friendships and peer acceptance have been found to improve self-esteem (Jin Yu, et al., 2009).

Interestingly, Barton and Cohen, (2004) classroom gender composition, children's peer relations and social life of children is affected by gender of peers.

Throughout childhood, children involve cultures which are defined by gender. In schools, the gender composition of class will affect social communication of children. An apparent gender difference is mostly reported in the form of aggressive behaviour used by boys versus girls.

Similarly, King, Boyce and King (1999) discovered that most children found it quite easy to talk to their same-gender friends about issues that bothered them, and this was particularly stated as easy by mostly girls. Furthermore, children will obviously feel more comfortable to talk about bothering issues to the opposite-gender friends when they move from early adolescence to the middle adolescence.

VII. Interpersonal Relationship and Depression

Hamill (2007) studied the correlation between behavioural inhibition and behavioural activation, peer relationships and depression, but no significant correlation was found between behavioural inhibition and depression. The sample included 151 adolescents in grades 7 to 12. Furthermore, he also found that there was no correlation between peer relationship support and lower depressive scores.

Similarly, Masten (2005) identified that poor peer relationship or lack of positive peer relations have been reported as harmful for development of psychopathology. In particular, poor peer relationship exposes children to a large number of problems including mental disorders, poor school performance and social problems.

In addition, Shih, Josephine, Eberhart and Nicole (2008) examined the relationship between interpersonal behaviours and interpersonal relationship. The study revealed that even when depression symptoms are reduced, they can still affect peer relationships and depression will result in poor interpersonal relationship.

VIII. Theoretical Implications

Review of this study present evidences on the role that interpersonal relationships play in developing the symptoms of depression among the children living in shelters. The current study employed the Bronfenbrenner (2005) ecological theory and examined independent variables which included the relationships with classmates, psychologists, social workers, guardians and roommates, both at the Micro and Meso levels.

Human Ecological System theory is useful to understand and study the level of depression among children living in shelters. This theory can also be used to evaluate the influence of the interpersonal relationships on depression. Moreover, it's an approach to the study of growing human being that put emphasis

on the interactions between the layers of ecological system theory and comprehensively expresses the way the people live and talks about bidirectional effects of the people and their environment on each other (Matlin, 2008). The proposed model was supported in this study. The finding showed that relationships between classmates, roommates, psychologists, social workers and guardians with depression were significantly negative correlated. Furthermore, the study demonstrates that interpersonal relationship can affect depression among children in shelters. Children have some characteristics (e.g. age) that affect their biology and these characteristics influence the interaction of children in shelters. Gender is also one of the important characteristics of children. Male avoid expressing their emotion from early age and this is the signal of vulnerability, but there are little evidences that physiological basis of emotion are different between female and male (Owen Blakemore, Berenbaum & Liben, 2008). The findings of the present study also showed that there is no significant difference between male and female and supported Human Ecological theory. The ecological theory also identifies that there might be environmental factors that protect children from depression. Children living shelters in Iran, mostly those who are at the risk of increasing depression, often experience challenges in their interactions with their classmates, roommates, guardians, psychologists and social workers. The ecological theory addresses these variables and recommends a way for researchers to study the significance of these variables and declare that there are environmental variables which increase the possibility of developing depression.

IX. Suggestion for Future Programs

Psychologists, guardians and social workers should allocate enough time and be patient when helping the children as this can develop their trust. They should not personalize the problems like showing bad temper and rejection of help. On the contrary, they should consider them as having problems which are rooted in these children's families. They should always make effort to outreach those children who are hard to communicate. In addition, arranging group discussions involving currently and previously sheltered children can create an opportunity for peer support. Moreover, organizing support groups and mentoring programs can definitely help currently sheltered children and they can be supported by children who have successfully overcome the problems they face living in shelters. Shelters should provide a comfortable living condition for children so as to fulfill their privacy and safety in the effort to decrease the pressure and stress that they experience every day in shelters. Researchers interested in broadening the knowledge of depression and Iranian children living in various shelters in Tehran should also seriously consider the role that interpersonal relationship

factors play in developing depression among these children.

X. Conclusion

This paper provided experimental evidences that interpersonal relationship might affect depression among children living in shelters. The study provides evidences of the correlation between depression and interpersonal relationship. Therefore, the current study has added more empirical evidences to the body of knowledge that will inform practice and guide policy makers in relation to depression among children living in various shelters.

References Références Referencias

- Barton, B. K., & Cohen, R. (2004). Classroom gender composition and children's peer relations. *Child Study Journal*, 34(1), 29-45.
- Bayat, M., Naderi Far, M., Bayat, M., Miri, M., & Saeed, F. (2005). Social health among children between 7-11 years in shelter. *Journal of IranNursing*, 20(51), 97-104.
- Berg, D., H (2001). Exploring Symptoms of depression in school children. Queen's university, Kingston.
- Bryant, D. N. (2008). Psychosocial Correlates of Depressive Symptoms among African-American Children. Howard University.
- Bronfenbrenner, U. (2005). Making human beings human: Bioecological perspectives on human development: Thousand Oaks, CA: Sage Publications, Inc.
- Chu, Dave, M., & Wei-Chern. (2002). the relationship between depression and substance abuse among multiple-diagnosed homeless population in services-enhanced transitional housing. Alliant International University, San Francisco Bay.
- Eckshtain, D. (2008). Combined cognitive behavioural treatment plus caregiver sessions for childhood depression. Western Michigan University, Michigan.
- Hamill, S. K. (2007). Affective style and depressive symptoms in North American plains Indian youth: Do peer relations and cultural identity play a role? , The University of Wyoming.
- Jin Yu, J., Hoffman Tepper, K., & Russell, S. T. (2009). Peer Relationship and Friendship. Retrieved 15 July, 2007, from http://calscf.calsnet.arizona.edu/fcs/bpy/content.cfm?content=peer_rel
- Kessler, R., Chiu, W., Demler, O., & Walters, E. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Surve Replication (NCS-R). *Archives of General Psychiatry*, 62(6), 617-627.
- King, A. J. C., Boyce, W. F., & King, M. A. (1999). Trends in the Health of Canadian Youth. Ottawa: Health Canada.
- Masten, A. S. (2005). Peer relationships and psychopathology in developmental perspective: Reflections on progress and promise. *Journal of Clinical Child and Adolescent Psychology*, 34(1), 87-92.
- Matlin, S. L. (2008). The Relationship between Exposure to Violence and Depression: An Ecological Model of Protective Factors among African American Adolescents. The George Washington University.
- Navabi Nejad, S. (2000). Normal and Abnormal behaviour. Tehran: Ebtekar publisher, Iran.
- Nazroo, J. Y. (2001). Exploring Gender Difference in Depression. *Psychiatric Times*, 13(3), 375-371.
- O' Donnell, E. H. (2008). Explanatory Styles, Parenting, and Adolescence Depression. Clark University Worcester Massachusetts.
- Orton, H., D. (2008). A development approach to depression in youth: Examining the effect of child maltreatment, race and gender on developmental of trajectories of depression symptoms. University of Colorado.
- Owen Blakemore, J., E., Berenbaum, S. A., & Liben, L. S. (2008). Gender Development (illustrated ed.): CRC Press.
- Prinstein, M. J., Borelli, J. L., Cheah, C. S. L., Simon, V. A., & Aikins, J. W. (2005). Adolescent girls' interpersonal vulnerability to depressive symptoms: A longitudinal examination of reassurance-seeking and peer relationships. *Journal of Abnormal Psychology*, 114(4), 676-688.
- Satyanarayana, S., Enns, M., Cox, B. J., & Sareen, J. (2009). Prevalence and Correlates of Chronic Depression in the Canadian Community Health Survey: Mental Health and Well-Being. *The Canadian Journal of Psychiatry*, 54(6), 389-398.
- Shih, Josephine, H., Eberhart, & Nicole, K. (2008). Understanding the impact of prior depression on stress generation: Examining the roles of current depressive symptoms and interpersonal behaviours. *British Journal of Psychology*, 99(3), 413-426.
- Street, H., Nathan, P., & Durkin, K. (2003). Understanding the relationship between wellbeing, goal setting and depression in children. *Australian and New Zealand Journal of Psychiatry*, 38(3), 155-161.
- Varley, C. K. (2002). Don't overlook depression in youth. *Contemporary Pediatrics*, 19(1), 70-76.
- Wagner, J., & Menke, E. (1991). The depression of homeless children: A focus for nursing intervention. *Issues in Comprehensive Pediatric Nursing*, 14(1), 17-29.

25. Zima B T, Wells K B, & Freeman H E. (1994). Emotional and behavioral problems and severe academic delays among sheltered homeless children in Los Angeles County. *am J Public Health*, 84(2), 260–264.

