

# EMOTIONAL AUTONOMY AS A PREDICTOR OF DEPRESSION: A GENDER BASED ANALYSIS

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## ABSTRACT

Adolescence is a transformational phase of one's life, given the physical and psychological changes that occur during this phase. Autonomy is a psychological development task which may assume the shape of detachment and maybe characterized by alienation and distrust towards parent's role during this phase. Studies suggest that male and female adolescents undergo depressive symptoms during this transitional period because of autonomy development. In this study, an effort will be made to study emotional autonomy as a predictor of depression and to understand the gender differences in this prediction. A sample of 400 adolescents (242 = Females and 158 = Males) in the age group of 15 – 22 (Mean Age = 18.36 yrs) years is taken. Beck Depression Inventory (Beck, Steer and Brown, 1996) and Emotional Autonomy Scale (Steinberg and Silverberg, 1986) are used to collect the data. The results will be analyzed according to appropriate statistical analysis and the results found significant at 0.01 level will be elucidated. The implications of the study will be elaborated.

**KEYWORDS:** autonomy, depression, gender, adolescents

## INTRODUCTION

Adolescence is a crucial time period when social, emotional, hormonal and brain changes critical to this period are taking place. Mood disorder which includes anxiety and depression is common. It is estimated that clinical depression occurs in around 3% to 5% of the population of adolescents (Conley, and Rudolf, 2009). Gender differences in depression emerge by the age of 13 and 14 years. At the age of 18 years, females show a 2 to 1 prevalence that remains stable during adulthood. The symptoms of adolescents are almost similar to adults and these symptoms are feelings of hopelessness, helplessness and suicidal thinking. 90% of the cases of depression are related to stressful events. These events can be marital discord among parents, neglect, abuse or a parent who is already suffering from depression.

DeRubies et al. (2008) stated that, "Depression can be defined as both a syndrome and a disorder. As a syndrome it involves episodes of sadness, loss of interest, pessimism, negative beliefs about the self, decreased motivation, behavioral passivity, and changes in sleep, appetite and sexual interest and suicidal thoughts and impulses".

Deb and Bhattacharjee (2009) stated that the term "depression" is used to describe a range of experiences from a slightly noticeable and temporary mood decrease to a profoundly impaired and even life-threatening disorder. Basically, depression refers to a constellation of experiences including not only mood but also physical, mental and behavioral experiences that define more prolonged impairing and severe conditions that may be clinically diagnosable as the syndrome of depression."

If we see the theoretical perspectives historically, three major models have dominated throughout 20<sup>th</sup> century. They are the biological, intrapsychic and environmental approaches. Biological models state that depression is a result of chemical imbalances and disequilibrium of neurotransmitters. Intrapsychic models gained popularity when Sigmund Freud started using psychoanalysis to study psychopathology. Modern version of this is Beck's Cognitive model. These models are mainly concerned with how individuals perceive themselves and their world.

Freud originated the general basis of this belief by saying that "inner conflicts normally arise from childhood and often can lead to mental illness" (Comer, 2005). **Psychoanalytical theory of Freud** emphasized the individual's loss of self-esteem in depression. The psychoanalytic view suggests that low self-esteem is often the result of anger inward when experiencing loss. The individual does not learn to express his or her anger believing that it is wrong to do so and thus internalizes it. **The Psychodynamic model** was first developed by Freud and Karl Abraham in the twentieth century. Karl Abraham (1911, 1924) suggested that depression arises when one loses a love object toward whom one had ambivalent, positive and negative feelings. These negative feelings turn to intense anger. At the same time, positive feelings give rise to guilt. So these two models were a contradiction to the biological model and they stated that depression was not a symptom of organic dysfunction but it is a defense mounted by the ego against intrapsychic conflict.

The **Cognitive model of Depression** was developed by Beck (1967) and it states that individuals who experience depression display a bias in the way they search for information and process the information. This bias influence what a person sees, how he organizes the information and what he thinks of events related to his life. This bias enables him to

make a very negative and worthless picture of himself and his world around him. It becomes very difficult for him to disengage from negative stimuli. The individual also engages in negative rumination which means that he is constantly engaging in repetitive negative thoughts and this is considered as the main characteristic of depression. The cognitive model is a learning theory model that suggests that adverse events that occur in life can lead to the development of depressive schemas. So, when a new stressor appears, it can activate the previous negative schemas. These negative schemas form a triad which means a person will have a negative view of himself, his personal world and will have a gloomy picture world.

Lewinsohn (1981) proposed a **behavioral and interpersonal model of depression**. Amenson and Lewinsohn (1981) elaborated on this model and proposed that depression can be elicited when a person's behavior no longer brings the accustomed reinforcement or gratification. The failure to receive positive reinforcement contingent on one's responses or an increase in the rate of negative reinforcements, leads to a reduction in effort and activity, thus resulting in even less chance of coping with aversive conditions and achieving need gratification. According to Lewinsohn, depressed individuals do not receive enough positive support from significant others because they lack the social skills necessary for eliciting positive responses. Furthermore, depressed people are seen as less able of giving back to others, also thereby decreasing their chances for receiving support.

The concept of autonomy has captured the interest of many developmental psychologists and figures prominently in the work of behavioural scientists working in the field of adolescent development. There has been a continuous effort by researchers in defining, explaining and exploring the multidimensional characteristics associated with adolescent emotional autonomy. Emotional autonomy has variedly been defined by researchers as-detachment, separation-individuation, psychosocial-maturity, self-regulation, self-control, self-efficacy, self-determination, decision making and independence.

Steinberg and Silverberg (1986) gave the term "emotional autonomy" to describe the affective disengagement of the adolescent from his or her parents, and established a scale to measure it. This term according to them suggests a detachment from parents, which means withdrawing from the family and moving to wider community. Emotional Autonomy Scale, that has been developed, is a measure of detachment and it assesses the adolescent's ability to perceive parents as people, parental deidealization, non-dependency on parents and individuation. Thus, high scores of emotional autonomy on this scale will suggest that the adolescents' are detached from their parents.

A major task of an adolescent is to achieve autonomy in his life and in his relationships (Karabanova, & Poskrebysheva, 2013). Adolescence is a vital period and it is a period of problematic behaviors and internalizing issues. It is considered as problematic age issue as adolescents may find themselves incapable of handling issues. One of the key tasks of developmental adolescent's issue is to establish an emotional autonomy and their independence from their dependence on parents. However, they still require a safety condition gained from emotional dependency on parents and adults (Yusuf, 2016). Emotional autonomy has a positive implication in the development of the adolescent, primarily pertaining to their personality, social life, and other academic oriented activities. Emotional autonomy enables the adolescents to initiate, meets the challenges in a positive manner, become self-confident and independent, also being able to respect others sincerely (Monks, 2001 in Hartini, 2015; Yusuf, 2016).

Budiman (2010) mentions some psycho-social processes which encourage the adolescence to develop emotional autonomy. They consist of reducing relation between parent and child and of love expression; increasing distribution of authority and responsibility; decreasing of verbal interaction and meeting frequency between adolescent and parent; increasing interaction in a peer group. Steinberg (2014) stated that development of emotional autonomy could be optimized through two things, detachment, and individuation. Detachment is a process where adolescent decides to relinquish an emotional boundary from their parents or other figures. Meanwhile, individuation is a process which goes progressively towards the sense of independent and those who are independent.

Developmentally, it has been stated that trends in boys and girls may differ. Pubertal onset occurs earlier for girls as compared to the boys and the biological transitional period is a risk for girls as they experience depression more than the boys. Suicidal ideations are more closely related with depression and hence it can be stated that suicide risk will be more prevalent in girls at an early age as compared to the boys. On the other hand, conduct disorder is also experienced by the youth and it appears that antisocial and delinquent behavior appears earlier for boys as compared to the girls. Adolescent girl's suicidality rates reach their maximum during the early adolescence and this is earlier in comparison to the boys.

Nolen-Hoeksema and Girgus (1994) have suggested that notable differences in development of depression or depressive symptoms are there between males and females after the age of 15 years. They also reported that females will be twice as likely to develop depression as compared to their male counterparts. Consequently, literature also supports the view that suicide ideation and suicidal tendencies will be more in females based on the factor of depression alone in comparison to males (Lewinsohn et al., 2001; Brenzo, 2006).

Emotional autonomy, in a manner is the psychological move of the adolescents, away from their parents, thus resulting in separation, detachment and alienation. It is strongly linked with suicide ideation among adolescents (Pace, and Zappulla, 2010). Ryan and Lynch (1989) have discussed emotional autonomy in sense of negative family functioning. Thus, emotional autonomy has been reported to share a positive relationship with depression, maladjustment and other internalizing and externalizing behaviors (Ryan, and Lynch, 1989; Calandri, et al., 2019).

The goal is to develop autonomy while maintaining positive relationships with the family. Aveh and Jalalat (2015) explain that emotional autonomy and the way of caretaking by the parents can contribute to the identity formation of the adolescent.

### OBJECTIVE OF THE STUDY

In this study, an effort has been made to study emotional autonomy as a predictor of depression and to understand these differences in prediction. This study will be important to understand the autonomy in relationships and depression associated with it in male and female adolescents. The following are the objectives of the study:

- To predict depression from emotional autonomy.
- To understand gender differences in the prediction of depression from emotional autonomy.

### SAMPLE

In the present study, students of various schools and colleges of Amritsar city were taken as subjects. The choice of the sample was based on the convenience of availability of the subjects and the co-operation extended by the authorities as well as the students. The subjects who were not enthusiastic about participation were therefore not selected. Thus, incidental sampling is employed in this study. Care was taken that the schools chosen were more or less homogenous with regards to socio economic, cultural background and academic milieu.

The adolescents were taken within age group 15-22 years. There are 242 females and 158 males in the sample. The total sample consists of 400 adolescents. The frequency distribution, means and standard deviations of age are presented tables 3.1 and 3.2. The table shows that the mean age of males is 18.36 with a standard deviation of 1.66 and the mean age of females is 19.14 with a standard deviation of 1.76.

### PSYCHOLOGICAL TESTS

The various tests employed in this study are:

- **Beck Depression Inventory (BDI-II)-Beck, Steer and Brown (1996)**

It is one of the most popular and widely used depression inventory which can be used in individuals aged 13 and above. BDI-II is a 21 multiple choice question-based inventory that measures various aspects of depression in an individual like guilt, hopelessness, helplessness, weight loss, etc. The individuals in this version of BDI are asked to rate how they are feeling since past two weeks as against the earlier version that rated individuals since past one week only. The answers are scaled from 0 to 3. Scores from 0 to 13 indicates minimum depression, from 14 to 19 is mild depression, 20 to 28 indicates moderate depression and finally individuals falling in the range 29-63 are said to be having severe depression. The reliability of the test stands at  $r=0.93$  while the internal consistency is on higher side i.e.  $\alpha = .91$  as suggested by the test maker. BDI \_II has good reliability, yielding a coefficient alpha of .92 for the outpatient population and of .93 for college students as suggested by the test maker. This shows that the test has a high level of internal consistency.

- **Emotional Autonomy Scale (EAS)-Steinberg and Silverberg (1986)**

This measure of emotional autonomy was developed by Steinberg and Silverberg keeping in mind Blos's perspective on individuation as a guiding framework. There are four components of emotional autonomy:

Two relatively more cognitive components:

- 1) Perceives parents as people
- 2) Deidealization

Two relatively more affective components:

- 3) Non-dependency on parents
- 4) Individuation.

The items were based on the contemporary perspective that de-emphasizes the storm and stress of adolescent detachment, rebellion and conflict but lays more stress on the processes of individuation. A total of 20 items constitute the test and are presented in declarative statements. Adolescents were asked to indicate their degree of agreement with each item on a four-point scale ranging from strongly agree to strongly disagree. The maximum score is of 80 and minimum score is 20. The internal consistency as determined by Cronbach's alpha is .75.

### STATISTICAL ANALYSIS

Regression analysis is used for achieving the objectives.

### RESULTS AND DISCUSSION

Regression analysis was applied separately for girls and boys. Overall score on emotional autonomy was not preferred, as taking the dimensions as predictor variables would provide more insight into as what affects the level of depression among adolescents

**Table No 1: Table showing results from regression analysis predicting depression from dimensions of emotional autonomy for females**

| Variable       | Regression Coefficient | Std Error | Standardized Regression Coefficient |                 |
|----------------|------------------------|-----------|-------------------------------------|-----------------|
| Deidealization | .30                    | .236      | .091                                | <b>R = 0.32</b> |

|                             |     |      |        |                             |
|-----------------------------|-----|------|--------|-----------------------------|
| Non-Dependency              | .56 | .314 | .124*  | <b>R<sup>2</sup> = 0.10</b> |
| Individuation               | .86 | .249 | .238** | <b>F ratio = 6.93</b>       |
| Perceives parents as people | .39 | .218 | .120*  |                             |

Note. \*\* p < 0.01; \* p < 0.05

Table No 1 shows the results from regression analysis for females, wherein depression was taken as the criterion variable and the four dimensions of emotional autonomy were entered as predictor variables in the model. The model predicting depression for females had significant F ratio (p < 0.01) and could be accounted for 10% of variance in depression. As evident from the table, three dimensions of emotional autonomy, non-dependency on parents, individuation and perceiving parents as people were significant and positive predictors of depression among females. It indicates that as females gain more emotional autonomy on these factors, their level of depression also rises.

**Table No 2: Table showing results from regression analysis predicting depression from dimensions of emotional autonomy for males**

| Variable                    | Regression Coefficient | Std Error | Standardized Regression Coefficient |                             |
|-----------------------------|------------------------|-----------|-------------------------------------|-----------------------------|
| Deidealization              | .21                    | .29       | .08                                 | <b>R = 0.24</b>             |
| Non-Dependency              | .05                    | .41       | .01                                 | <b>R<sup>2</sup> = 0.06</b> |
| Individuation               | .47                    | .32       | .15                                 | <b>F ratio = 1.70</b>       |
| Perceives parents as people | .26                    | .30       | .09                                 |                             |

Note. \*\* p < 0.01; \* p < 0.05

On the contrary to the results for females, in males the model predicting depression had insignificant F ratio (p > 0.05) and could be accounted for 6% of variance in depression. None of the four dimensions of emotional autonomy proved to be significant in predicting depression among males. This further provides us great insight into how factors of emotional autonomy work differently in male and female adolescents in predicting depression. The obtained results have been discussed in the next section.

## DISCUSSION

The study was conducted with an aim to predict depression among adolescents from emotional autonomy. The regression analysis was carried out separately from males and females in order to understand the gender differences in prediction of depression based on an adolescent's emotional autonomy. Perusal of Table No 1 shows that emotional autonomy emerged as a significant predictor of depression in females except for one dimension of same i.e. deidealization. Remaining all three dimensions emerged as significant and positive predictors of depression.

This implies that non-dependency on parents or significant others in case of females leads to a heightened sense of depression and depressive feelings among them. Non dependency brings out a sense of responsibility, for one's own actions rather than taking guidance from parents. In case of females this may give rise to anxiety and uncertainty when they start doing things on their own. This leads to higher depression among them. Individuation again is a sense of being separate from parents and may be crucial in the process of identity development, But as the female adolescents pass through this process, it comes along with various others physical changes as well, which may lead to feelings of hopelessness and helplessness and such it is difficult to cope with this sudden shift. Hence it gives rise to feelings of depression. Perceiving parents as people is another dimension of emotional autonomy, where by the emotional connect with parents reduces as one enters the adolescent stage and they start to consider parents outside their parental status. It may give to rise to feelings like one has to deal with all the sudden changes himself/herself and thus bring about feelings of depression.

All the three dimensions of emotional autonomy emerged as positive predictors of depression among females. This thereby implying that as these feelings of detachment on emotion front rise, there is also a rise in depressive feelings, ultimately leading to depression in females. Previous studies have also established a positive link between emotional autonomy and depression (Ryan, and Lynch, 1989; Calandri, et al., 2019). Not only depression, but the same has also being positively linked with suicidal thoughts and behaviors (Pace, and Zappulla, 2010).

In the current study, when the regression analysis was run for males, it provided rather insignificant results for emotional autonomy predicting depression. The results itself make us delve further into the gender differences on how the variables interact differently. In case of males, the model though accounted for 6% of variance in depression but none of the dimensions of emotional autonomy proved to be significant predictors of same. It implies that detachment among males, and more so emotional autonomy does not impact that much on various internalizing behaviors as it does for females. The coping with changes in adolescent phase and the transition happens differently for males and females. There is also evidence for males resorting to more of externalizing behaviors and females with internalizing behaviors (Liu, 2004). Males tend to be more involved in aggressive behaviors and acting out that internalizing their feelings. Hence, emotional detachment from parents emerges as not that a significant predictor in predicting depression in males as it is in case of females. Previous literature also brings our gender differences in developing depression owing to factors like emotional autonomy (Lewinsohn et al., 2001; Brenzo et al., 2006).

The results of this study provide understanding into handling of emotions and detachment during adolescence by males and females. While emotional autonomy remains a strong and significant predictor of depression, as it has been established by various researchers; yet this specific study proves it true only for the female population. More so, it provides evidence

for males using more of externalizing behaviors or other factors that may lead to depression among them. But in case of females, it emerges as a strong and positive predictor of depression.

### IMPLICATIONS OF THE STUDY

The current study was conducted with an aim to see how emotional autonomy predicts depression in adolescents and gender differences in the same. Results from regression analysis revealed that three dimensions of emotional autonomy (non-dependency, individuation and perceiving parents as people) significantly and positively predicted depression among females. For males, on the contrary emotional autonomy did not emerge as a significant predictor of depression. The results provide understanding into the difference in the dynamics of both the genders pertaining to development of depression or depressive symptoms. The study can be further expanded involving externalizing behaviors and personality dimensions in order to delve more into these gender differences.

Emotional autonomy is an important concept and the study shows that if children are given high autonomy (i.e. detachment) and do not have supportive attachments, they will experience depression. The students should have the right to make decisions. They should be reliant and self-determined but this self-determination should be in the context of supportive environment. This support can be provided by parents. However, the role of teachers is also crucial during the adolescent years. The teachers too need to identify students and help them resolve their issues. This study is also helpful for mental health counselors outside school settings and in community settings. The adolescents can be made to build a healthy lifestyle and rational thinking which can eliminate these ideas from their minds.

Counseling is needed to be given both to males and females so that their developmental and academic issues are resolved. Orientation programs should be made compulsory in schools where students are taught coping strategies so that the idea of suicide does not enter their mind. The programs should also be open to the parents where parents and students are involved in communication activities in order to broaden their sharing capacities. Counseling centers are need to be set up at a large scale level in the cities as well as in schools. The stigma of going for counseling should also be discussed in detail so that the students can actually discuss their problems with the counselors.

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