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The Relationship between Attachment and Depression In American and Bolivian Adolescents

By

Alejandra Morales, M.A., M.S.Ed.

A Doctoral Project Submitted in Partial Fulfillment of
the Requirements for the Degree of Doctor of Psychology
in the Department of Psychology at Pace University

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I have read the final version of the doctoral project and certify that it meets the relevant requirements for the Psy.D. degree in School-Clinical Child Psychology.

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(Project Consultant's Signature) (Date)

DEDICATION

To my husband Orlando, who has been supportive throughout these years of my professional growth, and who has been able to withstand and survive the demands of my life as a student.

To my children, Andrea and Dennis, who have taught me and continue to remind me of the beauty, wonder, and perplexity of being a child. Thank you for being understanding, I love you very much.

To my parents who taught me the importance of perseverance, will, responsibility and the belief of following my goals.

Enfin, to my analyst Rose Marie, who fostered growth, reflection, the ability to see myself as I am and understand that the truth in life lies within myself.

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To my close friends who have shared in this journey of five years, sharing the challenges of our program and life outside of school. All of this has cultivated our friendship and only brought us closer as friends and colleagues. Thank you, Miriam, for your contribution to this project.

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ABSTRACT

High rates of adolescent depression and suicide continue to be of concern to the school community, families and mental health professionals. Variability in findings of the prevalence and etiology of depression has been attributed to differences in its definition and measurement. Studies in the United States and Europe have focused mostly on psychiatric populations with less of an emphasis on identifying depression in non-clinical adolescent populations. The cross cultural research published on adolescent depression has also been scant with particular reference to Central and South America.

The research literature indicates that the risk factors in adolescent depression seem to be multidetermined. Studies suggests that adolescents share a number of risk factors: family history of affective disorders, inadequate parenting, interpersonal difficulties within the family and insecure parental attachments. This study examined the relationship between attachment and depression in American and Bolivian adolescents. The sample consisted of 956 male and female high school students, from grades 9-12, obtained from two populations: 1) three private Bolivian high schools, 2) a public suburban high school in the United States. The second sample was taken from a larger longitudinal study.

The Parental Bonding Inventory and the Center for Epidemiological Studies Depression Scale were the measures used to assess relationships among parental care and overprotection and degree of depression in the two populations. Significant correlations were obtained for the care and overprotection dimensions of attachment and depressive symptomatology. Country of origin by parental attachment interactions were found. Interaction effects were significant for country of origin and the care dimension, indicating that the perception of maternal care significantly contributed to the degree of depressive symptomatology in adolescents from the United States and Bolivia. Interaction effects were also significant for country of origin and gender as predictors of depression in both samples. Cultural differences specific to adolescent development in Bolivia are discussed. Psychodynamic theories of development are applied within a cultural context pertinent to attachment and depression.

CHAPTER I

Introduction

But what am I?
An infant crying in the night:
An infant crying for the light:
And with no language but a cry.

Alfred, Lord Tennyson, "In Memoriam"

Depression in children and adolescents has become an increasing concern to developmental psychology. Mental health professionals have been faced with the challenge to investigate further this phenomenon given the relationship that has been found between depression and increasing rates of adolescent suicide.

The research history on depression has mostly relied on adult populations with less significance given to children and adolescents. The literature on childhood and adolescent depression within the last 20 years suggests that much of the difficulty in identifying depression in children and adolescents relates to three issues: whether depression exists in children and adolescents; whether masked depression should be considered as a depressive syndrome; and whether symptoms of childhood depression are unique or part

of adult syndromes. More recently, studies have speculated that beyond a universal developmental process, high persistent depressive affect is not part of normal adolescent development and may be associated with other adverse events.

Currently, the variable findings on the prevalence of adolescent depression are attributed to the differences in the definition and measurement of depression, and the small or nonrepresentative samples used in the studies (Fleming & Offord, 1990). As result, "depression" has had multiple definitions which have ranged from identifying a characterization of exaggerated feelings to presenting a complex pattern of cognitive thinking and behavior, while another has included in the definition behavioral and somatic symptoms of illness (Brage 1995). Studies presenting the clinical features of depression are varied and complex. Kazdin (1989) showed in a study with children that different methods to define depression led to the selection of different groups within a same sample and that the criteria for one didn't fill the criteria of depression of another for the majority of the sample. Similarly, Berganza and Aguilar (1992) selected different criteria within the same group of 339

adolescents and found variation in the rates of depression. Whereas, Ryan and Lynch (1987) compared 95 children to adolescents ranging in age from 6-18 years using the same criteria. The results revealed that there were no significant differences between the two groups in the symptomatology presented.

In view of this, to make a diagnosis of a depressive disorder requires the ability to report complex emotions and cognitive maturity, which younger children may not be able to report and its form of expression may be different and more related to the developmental level of the child. Research on the clinical features of depression has shown that for children and adolescents the depressive symptoms include anhedonia, decreased school performance, social withdrawal, disturbance in sleep and appetite, fatigue, somatic complains, irritability, guilt, low self esteem, weeping, and depressed affect (Ryan et.al. 1987). This in conjunction with non-verbal communication, such as facial expressions, body posture, tone of voice, level of activity are important factors that may differ from the symptoms presented by adults. Other depressed children and adolescents may present with problems suggestive of other psychiatric disorders (Birmaher, Ryan, Williamson & Brent, 1996).

Despite these controversial positions in defining childhood and adolescent depression, the assessment of depression has been made based on

observed behavioral symptoms used for the diagnosis of adults. According to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM IV), the inclusion criteria for major depression on the DSM IV is defined as dysphoric mood or loss of interest or pleasure in the person's usual activities characterized by persistent symptoms such as hopelessness, irritability, and or feeling blue or sad, significant weight loss or gain, sleep disturbance, fatigue or loss of energy, feelings of worthlessness, difficulties in concentration and suicidal ideation (American Psychiatric Association, 1994).

An additional contributing factor, that has been found to lead to different results on the prevalence of adolescent depression is in the selection of measurement instruments, their reliability, validity, norms, and developmental significance. Standard methods for assessment of depression and depressive symptoms have included: clinical structured interviews, self-report questionnaires, parent, teacher and peer rating scales. All of these assessment measures are useful in the identification of depression yet have their limitations. It has been suggested that multiple methods of assessment can diminish the risk of distortion due to reporting biases or insufficient information (Reynolds & Johnston, 1994; Richters, 1992; Achenbach, McConaughy, & Howell 1987).

CHAPTER II

Literature Review

Prevalence of Adolescent Depression

Given the presentation of controversies and issues associated with the complexity in assessment and definition of depression in children and adolescents a review of epidemiological studies of childhood and adolescent depression over a ten year span (1980-1989) presents alarming statistics. Studies confirm a higher incidence of depression in adolescents compared to both children and adults. In school-age children the prevalence of depressive disorder ranged from 0.4% and 2.5% and in adolescents from 0.4% to 8.3%. Fleming and Offord (1990) concluded that the prevalence of depression is less than 3% in children and increases considerably in adolescence in a review of 14 studies with children of ages 6-19 years old. Reynolds (1992) has suggested that 10-20% of adolescents from the general population have experienced a depressive disorder. Kashani (1987) reported a prevalence of 4.7% for major depressive disorder and 3.3% for dysthymic disorder in a study of 150 adolescents. Studies by Bird, Canino, Rubio-Stipec, Gould, Ribera, Sesman, Woodbury, Huertas-Goldman, Pagan, Sanchez-Lacay, and Moscoso (1988);