

Small Steps Towards Healing: Indian Adolescents Combating Depression

Ruchi Dubey Chaturvedi

Associate Professor, Department of Psychology, Jai Hind College (Empowered Autonomous), Mumbai, India

Corresponding author: Ruchi Dubey Chaturvedi

Email – ruchi.chaturvedi@jaihindcollege.edu.in

ABSTRACT

Background: The present study was undertaken on Indian adolescents to examine the interaction of depression with resilience and parent-adolescent interactions.

Methodology: For the current study Convenient and Snowball sampling techniques were used to contact 80 Indian students, studying in first year undergraduate courses, in Mumbai city. The sample had an equal number of boys and girls. The mean age of the participants was 17.2 years, and they belonged to middle class and upper middle-class families. The study was undertaken in three phases and involved Quantitative analysis and Qualitative analysis. In the phase 1 of the study, Beck's Depression Inventory BDI-II was administered online to all the 80 participants.

Results: The scoring was done, and two extreme groups were selected for further investigation: Group 1: those whose depression scores were between 1-10 (Category: These ups and downs are considered normal); Group 2: those whose depression scores were between 21-30 (Category: Moderate Depression). Group 1 had 09 participants (5 males and 4 females); Group 2 had 11 participants (4 males and 7 females). In phase 2, all the participants of the two groups were administered the second scale, namely, 'Resiliency Quiz- How Resilient Are You?'. The Mean Resilient score of Group 1 was 83 (Category: Very Resilient) and Mean Resilient score of Group 2 was 56.09 (Category: Slow, but adequate). Parametric test t-test was done for the two groups, with unequal variances, to gauge if the two groups Resilience scores differed statistically significantly from each other. The obtained t value ($t=14.86$) was statistically significant at $p < .01$ level. Qualitative analysis involving Thematic analysis was carried out on the responses of the two groups. Results indicated that regarding the mothers' parental interactions with their adolescent children, the two groups were well matched in terms of mothers being highly protective and exhibiting low indifference and low neglectful behaviours towards them.

Conclusion: It is recommended that psychoeducation and counselling be carried out periodically for the parents of adolescent children, to enhance the parent-adolescent interactions.

Keywords: Depression, Affective component, Somatic component, Triad of negative cognitions for depression, Resilience, Parenting styles

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INTRODUCTION

In the past few decades, the world has witnessed major transitions arising out of factors like, globalization, urbanization, industrialization, technological boom, human migration, and COVID 19 pandemic. There has been a noticeable shift away from cooperative and collectivistic culture, and towards a capitalist and individualistic mindset. It has transformed the nature of organizations, societies, families, cultural beliefs and value systems. People are faced with many stressors due to this dynamism, temporariness, and uncertainties. In this scenario it is imperative that people become resilient and cope functionally to these rapid changes. Special concern and focus should be allocated to adolescents, as they are entangled between

different generation's conflicting value systems, beliefs, ideas and expectations. They are standing at crossroads, making significant decisions of one's life, in a fiercely competitive vigorous world.

Adolescence, a revolutionary phase in human life, involves major changes in physical, mental, emotional and social aspects. This phase, bridging the gulf between childhood and adulthood, comes with its typical stresses and strains, which predisposes them towards various psychological problems, prominent among them being Depression. It is notable that the rate of depression increases as children enter adolescence, with a dramatic rise in the past five decades. Many studies have shown a 6% to 9% prevalence rate of depression among adolescents while they are still in high school. The main causal factors are relationship and performance issues. Despite this only 20% - 25% receive treatment. The National Comorbidity Study done in America [1] has shown that there is a trend of early onset of depression with a maximum rate among 18–29-year-olds. Such findings are a cause for concern as it affects public health in the coming decades.

Kavya and others [2] reported overall prevalence of depression in the State of Andhra Pradesh, India, to be 58.4%; in which 28% were having mild depression, 15.3% were having severe depression and 15.1% were having moderate depression. Their results pointed towards a strong influence of depression with age, family size, substance abuse done by family members, father's level of education and occupation, and socio-economic strata of the family. Hence, college students must be apprised about depression and should have access to counselling within college premises. Earlier statistics in India had indicated that in rural areas prevalence of depression was 13.9 per 1000 and in urban areas it was 30.7 per 1000 people. The busy and ambitious lifestyle of people in urban areas is taking a toll on their mental health. Most vulnerable are adolescents in urban areas who face additional risk factors like, low SES, poor academic performance, social rejection, victims of abuse, being a part of a family where there is discord between parents and having sexual orientation which is considered improper by the society.

Symptoms of depression comprise of feelings of extreme sadness, irritation, poor concentration, persistent fatigue, hopelessness, helplessness and suicidal tendencies. 85% to 87% of depressed youth even show impairments in day-to-day functioning, involving academics and interpersonal relationships. The Helplessness Model of Seligman proposes that when people encounter many risk factors, involving biological, cognitive, emotional and interpersonal factors, they tend to overgeneralize, become passive, pessimistic, slip into despair, and tend to adopt dysfunctional coping styles. These increased risk for depression [3]. All this leads to misinterpretation of social cues, deficits in behavioural skills for coping with novel social situations and regulating emotions. Adolescents face situations which increase their abstract thinking, self-consciousness, future uncertainties, pressures of educational achievement and career choices, number of transitions associated with puberty, changes in interactions with peers and family and even changes in education. The cumulative effects of these are quite stressful and can predispose them towards depression [4].

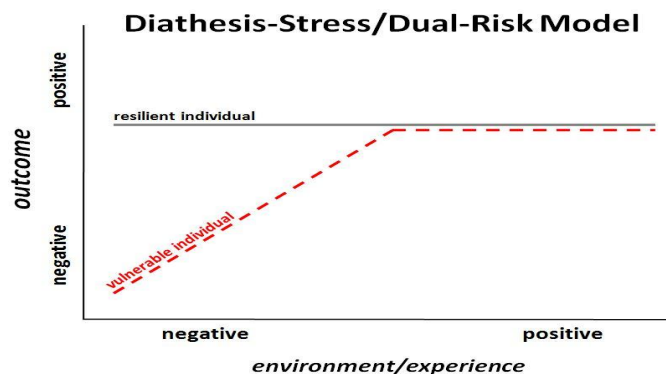
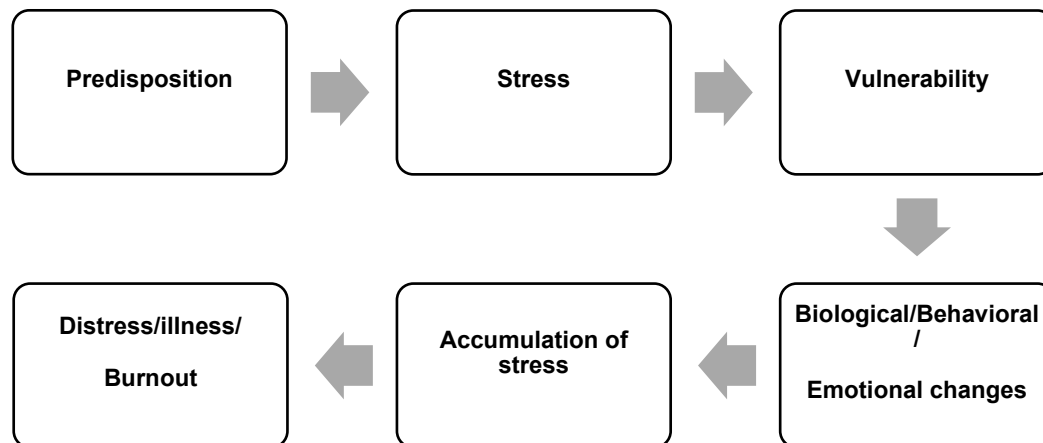
Depression related research has clearly shown a gene-environment interaction. Heritability component is estimated to be between 31% - 42%. The Monoamine Depletion Model has implicated deficits in neurotransmitters norepinephrine and serotonin in depressed people. Researchers are attempting to determine whether the hormone secreted in response to stress - cortisol, also has a role to play in causing depression [5].

Beck [6] developed a triad of negative cognitions for depression, namely, about the world, the future and the self. He proposed that depression has two components. First was the affective component which had eight components. Second was the somatic component which had thirteen components. The two scales are correlated up to 0.57, suggesting that the physical and psychological aspects of depression are related.

Diathesis Stress Model [7] demonstrates how accumulation of stress leads to a complete breakdown of health in individuals.

Bhatia [8] considers mental health as the ability to balance feelings, desires, ambitions and deal effectively with everyday living. Mental health has been classified into six dimensions: integrated personality with ability to understand others; internal consistency between one's potentials and goals; attitude which enhances group affiliation; objective and realistic orientation; having positive attitude towards self and the ability to adjust to one's environmental factors. Deficits in interaction with family adversely affect all the six dimensions of mental health. Achievement and adaptability to changes is positively related to mental health and emotional competency. Positive relation between occupational status of parents and their adolescent

children's academic achievement and mental health. This highlights the importance of family in maintaining good mental and physical health of its members.



Research done on Indian society shows a shift in the causal factors of depression among children. Earlier, a major determinant was parental pressure; nowadays interpersonal relationship problems with peer groups are a leading cause. Rising cost of living and dearth of resources just adds to these day-to-day pressures. If comprehensive steps are not initiated, this statistic will only rise. Treatment available in India for mental disorders have become safer, more effective and there is a shift in society's outlook towards mental health and psychological well-being. However, she also points towards India facing a severe shortage of mental health professionals! Looking at the gravity of such a situation, government bodies, NGOs, and public-private partnership can provide greater accessibility to online and offline mental health interventions [9]. Social interactions have undergone complete metamorphosis- moved away from joint family set-up and physically meeting friends, to virtual friends from social networking sites. Prolonged interactions of such kind, impairs the brain to regulate the neurotransmitter-Serotonin level when faced with stress, thereby leading to loneliness and depression. Today's adolescents and youth face stressors like, pressures of cross-cultural issues, family dysfunctions, interpersonal relationships, peer pressure for substance abuse, academic performance, job and college life.

Hariharan recommends adolescents adapting coping styles like, change in their locus of control, cognitive mediation and behavioural skill to handle stress [10]. Stress, derived from a Latin word 'strictus', deals with a person's response to the demands placed on him. Such responses are of physical, behavioural, emotional and cognitive kinds. Positive mental health involves wellbeing, sense of satisfaction and confidence. While the negative mental health is manifested in symptoms of psychological disorders like, anxiety, depression, OCD, phobias, and delusions. Selye [11] even cites eustress, rising out of positive events, causing stress. All types of stress and eustress cause similar physiological changes in body hormones and neurotransmitters. According to the National Crime Records Bureau-NCRB [12], 372 suicides were reported every day across India within a year, of which 73 were due to illnesses that the victims suffered from. In India people age 15-24 years have the highest suicide rate, like the international trend. The annual suicide rate among youth

gives rise to shocking statistics: in females it is 80 per 100,000, in males it is 34 per 100,000, and it is 10.4 per 100,000 in the general population of India. Depression is closely linked to suicidal rate and suicide ideation. Kumar and Chandrasekaran [13] had reported that in India 40-45% of the suicidal attempters are adolescents. Sharma and others [14] had carried out an extensive study on 550 Indian adolescents aged between 14-19 years. They found that most vulnerable age for suicide was 16-19 years, and status of parents and mother's education are also associated with this. Researchers have realized that a resilient mindset is neither a luxury nor a blessing possessed by some people. It is an essential component which must be possessed by all individuals, whether they face adversities. It is related to personal characteristics, social relations, coping and health [15]. Resilience is negatively related to anxiety, depression, negative affect and physical symptoms [16]. People with Hardy Personality have three essential components at a higher level, namely, control, commitment and challenge, which helps them to handle stress effectively. even added the dimension of resilience in coping with stress. The protective factors that support resilience involve incorporating personality traits to enable coping with stress and mustering resources for making functional adjustments.

The phenomenon of 'Epigenesis'—a product of 'phenotype and environmental interaction' affecting resilience gains significance for the researchers. The factors in the immediate and extended environment of adolescents needs to be investigated to ensure that they experience least psychological problems and have ideal psychological growth into adulthood [17]. Studies have given three dimensions of risk factors of resilience, namely, a) Risk Vs. Protective Factor; b) Vulnerability Vs. Invulnerability; and c) Resilience Vs. Lack of Resilience. It has led to the following conclusions: -

- Early nurturing and age-related stimulation decrease vulnerability.
- Risk-Protective Factors show their effect after continuous interaction with the children and adolescents.
- Protective factors increase resilience and decrease vulnerability.
- Length and Time of exposure to risk factors affects Outcomes.
- Dispositional Attributes of the child elicits certain responses from the Environment
 - (e.g. easy temperament of the child will elicit different response from others
 - relative to the difficult temperament of the child).
- Positive Outcomes emerge when the family, especially parents, encourage trust,
 - autonomy and connections with others.
- External Support Systems in the neighbourhood and community reinforces Self-
 - Esteem and Self-efficacy.
- Many Psychosocial factors and Outcomes overlap between individuals who are
 - Resilient and those who have not experienced any adversities (e.g. positive self-
 - concept, mental health, parental availability and parental participation.

Earlier decades have seen researchers and educators following two approaches to handle adversely affected individuals- 'Deficit Model' and 'Fix the Deficits'. However, currently a preventive course should be adapted- identify and harness the strength of all children, adolescents and youth, to reduce mental health problems and shape resilient mindsets. Brooks and Goldstein [18] propose a 'Preventive Intervention Program' for making youth Resilient. Countries have also launched programs like, 'Youth at risk'.

Resilience would help the adolescent's achieve positive developmental outcomes and avoid maladaptive outcomes when faced with adverse conditions. Factors in the immediate and extended environment, namely, parent-adolescent relationships would help nurture 'Islands of Competence'. Studies have investigated the effect of parents using reward, punishment, participation, neglect, love, rejection, indifference and demand to discipline and regulate their children, [19]. Parental interactions, governed by openness and co-regulation, adequate flexibility and receptivity, with some constraining guidelines, are often associated with adolescents' higher levels of academic achievement. Psychoeducation and other interventions to strengthen the parent-adolescent relationship, will ensure adolescents' wellbeing, better school integration, higher adaptive achievement strategies in adulthood, increased self-enhancing attributions, and lower levels of failure expectations.

The past few decades have seen iconic theoretical constructs being proposed regarding parent-child interactions. Freud's perspective implicated early life experiences. Erikson proposed eight stages of development, with each involving a conflict between positive and negative forces. Bowlby's Attachment theory emphasizes the attachment styles of children with their caregivers. Bandura's Social learning theory stressed that children learn new information and develop new skills by observing the actions of parents, peers and others. Vygotsky's sociocultural theory focuses on how cultural beliefs and attitudes of adults and peers impact the learning in children. Skinner's operant conditioning theory acknowledged how learning can be moulded with the use of rewards and punishment [20].

Moore, Kinghorn & Bandy [21] found a significant link between parent-child relationship and the children's behavioural issues, like externalizing, social ability, school involvement, internalization (depression), and also parental feelings of irritation. Kaur, Maheshwari, and Thapar [22] conducted exploratory, cross-sectional study on 200 school going children from Faridkot district, Punjab to understand the impact of early socialization process carried out by family and community. The results revealed that while maximum children displayed cordial relationships with their parents, the children had better relationships with their mothers, relative to their fathers. Mother-child pattern of relationship was: 77.5% cordial, 18.5% good and 4% above average. Father-child pattern of relationship was: 0.5% below average, 75 % cordial, 21.5% average, 4% above average. A study [23] gave contrary results from Rohtak, Haryana. They observed that boys had better relationships with their parents relative to girls. This could be attributed to cultural norms and value systems existing in that area. Shaban and Mattoo [24] carried out gender based comparative analysis on adolescent-parent relationship in rural areas of Anantnag district of Kashmir valley. They observed gender differences in only three parental practices, namely, symbolic punishment, rejecting and love. Parents were similar in their protectiveness towards their male and female. Sharma, and Dube [25] studied parent-child relationship among 60 adolescent girls, living in Jaipur City, Rajasthan. The results had an element of surprise as fathers were reported to be more loving, caring, and sharing a closer bond with their daughters than mothers! Mothers were using more negative practices like, rejecting, neglecting, indifference and object punishment. Mothers and fathers were matching in being protective, demanding, and using symbolic rewards and object rewards with their adolescent female offspring. Shah and Nakhat [26] observed that relation between a parent-child becomes more crucial when the child is in adolescence stage of development, as they are experiencing major physiological and psychological changes, and they tend to seek more warmth, support and safety from their parents.

METHODOLOGY

Aim

To investigate, in the context of Indian Adolescents, the relationship of Depression with Resilience and parent-adolescent interactions practiced by mothers and fathers.

Objectives

1. To assess the level of Depression prevalent among Indian adolescents.
2. To investigate if Depression has any relationship with Resilience in Indian adolescents.
3. To study if Depression among Indian adolescents is affected by the parent-adolescent interactions, as practiced by their mothers and fathers.

Operational Definition of Variables:

1. **Depression:** a state characterized by a range of symptoms, including cognitive (guilt, feelings of being punished), affective (hopelessness, irritability), and somatic/physical symptoms (fatigue, weight loss, lack of interest in sex).
2. **Resilience:** resilient people overcome adversities, bounce back from setbacks, thrive under extreme on-going pressure without acting in dysfunctional or harmful ways, have stress-resistant personalities, learn valuable lessons from rough experiences, and recover from traumatic experiences stronger, better, and wiser. They successfully adapt to difficult or challenging life experiences. When hurt or distressed, they can cope functionally without blaming other factors.

10 dimensions of Parent-Child Relationship Scale (PCRS) [27]:

1. **Protecting:** parents being very caring, protective towards any harm or danger.
2. **Rejection:** parents show a disconnect with their children as they avoid and disagree with them and do not offer support to them.
3. **Demanding:** parents create inflexible rules to control, order and direct their children.
4. **Indifferent:** parents give too much freedom to their children as they have very little concern for their activities
5. **Loving:** parents express love, compassion, concern towards their children because of this the children are high on motivation
6. **Neglecting:** parents consistently ignore and neglect their children.
7. **Symbolic Punishment:** parents use many forms of passive punishment and expressions to make the children feel unwanted, neglected
8. **Symbolic Reward:** parents use indirect positive reinforcements and expressions to express approval and appreciation towards their children
9. **Object Punishment:** parents use direct active harsh punishments on children like, hitting, abusing, withdrawing privileges, etc.
10. **Object Reward:** parents use direct active rewards on children like, gifts, extra screen time, going on recreational trips, etc.

Tools

Beck's Depression Inventory- BDI-II [28]: self-report inventory for assessing current depression and includes both cognitive, affective and physical symptoms of depression. The 21-item inventory uses a 4-point Likert scale, with each item rated from 0 to 3. The total score can range from 0 to 63, with higher scores indicating more severe depression. The categorizations based on the scores are: 1-10: normal ups and downs; 11-16: mild mood disturbance; 17-20: borderline clinical depression; 21-30: moderate depression; 31-40: severe depression; Over 40: extreme depression. The scale has strong reliability and validity, with a high internal consistency (Cronbach's alpha around 0.91-0.93) and a good test-retest reliability ($r=0.93$). It also demonstrates good convergent and discriminant validity.

'Resiliency Quiz- How Resilient Are You?' [29]: it is 20 items self-administering standardized scale. It is a 5-point Likert scale, with each statement having response categories ranging from 1: 'Very Little' to 5: 'Very Strong'. Scores of all the items must be added to get a total score on resilience. There are 5 categories on which an individual is placed based on the total score: 80 or higher: very resilient; 65-80: better than most; 50-65: slow, but adequate; 40-50: you're struggling; 40 or under: seek help. The scale demonstrates good reliability and validity, with Cronbach's alpha ranging from 0.824 to 0.871 and test-retest reliability ranging from 0.68 to 0.81.

Parent-adolescent interaction interview schedule [27]: A semi-structured open-ended interview schedule was developed, based on the dimensions of parent-child interactions, as proposed by Rao (1989) in her Parent Child Relationship Scale (PCRS). The original scale had 10 dimensions, with each dimension having 10 items. Statements were finalized after taking interviews of children (12-18 years) and their parents. The original tool required the subject to score their mother and father separately, using the 5-points Likert scale, ranging from 'Always' to 'Very Rarely'. The ten dimensions in the original scale were, protecting, symbolic punishment, rejecting, object punishment, demanding, indifferent, symbolic reward, loving, object reward and neglecting. It had test-retest reliability coefficients ranging from 0.770 to 0.871 for boys' sample and 0.772 to 0.873 for the girl's sample over the ten sub-scales. In the self-developed interview schedule 40 questions were initially framed using PCRS, 4 questions pertaining to each parenting dimension. The questions were given to two subject experts to assess. Based on their suggestions 17 statements were reframed and only 30 statements were retained, 3 questions pertaining to each dimension. For pilot study 10 undergraduate students were contacted and focus group discussion was conducted, in offline mode, using the interview schedule. The students were asked to assess their mothers and fathers' interactions with them. Their responses were noted and analysed. Based on this, all the 30 statements were considered appropriate and retained in the final format of the interview schedule.

Sample

Convenient and snowball sampling was done to select a sample of 80 Indian adolescents, studying in the first year of Undergraduate program, in colleges within the Mumbai city. It was ensured that the sample had an equal number of boys and girls- 40 each. The mean age of the participants was 17.2 years, and they all belonged to middle class and upper middle-class families.

Inclusion Criteria

Well-versed with English and in the use of online mode of functioning

Exclusion Criteria

Suffering from any major physical ailments

Studying in UG Correspondence courses

Ethical Consideration

The participants were apprised about the purpose of the study. They were also reassured that their responses would be kept confidential. After collecting data each participant was debriefed and thanked for their cooperation.

Procedure

The present study was undertaken on Indian adolescents to examine the relationship of depression with resilience and parent-adolescent interactions. Convenient and snowball sampling techniques were used to contact 80 first year Undergraduate college students, studying in Mumbai city. The study was undertaken in three phases and involved Quantitative analysis and Qualitative analysis. In the phase 1 of the study, Beck's Depression Inventory BDI-II, was administered to all the 80 participants, in online mode. The scoring was done, and two extreme groups were selected for further investigation: Group 1 consisted of only those whose depression scores were between 1-10 (Category: These ups and downs are considered normal); Group 2 consisted of only those whose depression scores were between 21-30 (Category: Moderate Depression). Group 1 had 09 participants (5 males and 4 females; Group 2 had 11 participants (4 males and 7 females). In phase 2, all the participants of the two groups were administered the second scale, namely, 'Resiliency Quiz- How Resilient Are You?'. The scoring was carried out and data was collated separately for the two extreme groups. In Phase 3, focus group discussion of the two groups was conducted separately, in offline mode. The self-developed, semi-structured open-ended interview schedule was used for this, to assess mothers and fathers' interactions, based along the ten dimensions as proposed by Rao. Quantitative analysis and Qualitative analysis were done on the data collected to understand the interaction of depression, with resilience and parent-adolescent interactions, in the two extreme groups.

RESULTS

Table 1: t-test value for two Resilience Groups, assuming unequal variances (N1=9, N2=11)

Resilience Groups	Mean	Level	Variance	t-value
Group 1	83	Very resilient	7.5	14.46**
Group 2	56.09	Slow, but resilient	26.89	

Note: ** p< 0.01

Beck's Depression Inventory BDI-II was administered and scored for 80 participants. Two extreme groups were selected: Group 1: whose depression scores was between 1-10 (Category: These ups and downs are considered normal); Group 2: whose depression scores were between 21-30 (Category: Moderate Depression). The second scale - 'Resiliency Quiz- How Resilient Are You?' was administered and scored for the two extreme groups. The Mean Resilient score of Group 1 was 83 (Category: Very Resilient) and Mean Resilient score of Group 2 was 56.09 (Category: Slow, but adequate). Parametric test t-test was done,

for two samples with unequal variances, to gauge if the two extreme groups based on depressive scores, were different in terms of their Resilience scores. The obtained t value ($t=14.86$) was statistically significant at $p<.01$ level. This led to the conclusion that Group 1, with no depressive symptoms, was exhibiting significantly higher resilience, relative to Group 2 who were suffering from moderate depression.

Table 2: Two extreme groups Mother-Adolescent Interactions along 10 dimensions (N1=9, N2=11)

S. No.	Mother-Adolescent Interaction	Group 1	Group 2
1	Protecting	High	High
2	Indifferent	Low	Low
3	Neglecting	Low	Low
4	Loving	High	Low
5	Demanding	Low	High
6	Rejecting	Low	High
7	Object reward	High	Low
8	Object punishment	High	Low
9	Symbolic reward	Low	High
10	Symbolic punishment	Low	High

Table 3: Two extreme groups Father-Adolescent Interactions along 10 dimensions (N1=9, N2=11)

S. No.	Father-Adolescent Interaction	Group 1	Group 2
1	Protecting	Low	High
2	Indifferent	High	Low
3	Neglecting	High	Low
4	Loving	Moderate	Moderate
5	Demanding	Low	High
6	Rejecting	Low	High
7	Object reward	High	Low
8	Object punishment	High	Low
9	Symbolic reward	Low	High
10	Symbolic punishment	Low	High

Comparative analysis of parent-adolescent interactions of mothers and fathers regarding their adolescent children, leads to some interesting insights. Group 1 can be a healthy and well-adjusted group as it has no signs of depression and has very high resilience. About interactions with their parents, their mothers were exhibiting high protectiveness and unconditional love, while fathers were moderate in expressing love. A major contrast that can be seen is that mothers are highly involved with their children, and show minimal indifference and neglect, while fathers are both indifferent and neglectful. They are similar in their use of Object rewards and Object punishments. In terms of protective factors, it can be inferred that fathers don't seem to be placing too many demands on their children and offering them enough freedom to explore. Mothers' complete involvement, concern, care and love is like a buffer for them, also compensating for the lack of father's involvement. Group 2 is exhibiting moderate levels of depression and has slow, adequate resilience. Mothers and fathers of Group 2 are well matched in being more protective, demanding, rejecting, and in using more of intrinsically oriented symbolic rewards and symbolic punishments. They are neither indifferent nor neglectful towards their children. It can be inferred that these might be risk factors for depression as it reduces freedom, places too much control, and stringent expectations on adolescents. As rewards and punishments are not overtly specified and made contingent on performance, the adolescents

are shrouded by uncertainties and ambiguities. The high degree of overlap between mothers and fathers' interactions, is leaving no room for flexibility and negotiations with the adolescents.

DISCUSSION

The Indian adolescent has tremendous potential to thrive and excel. To develop holistic personality, and maintain good mental health, they need to establish harmony between their potential and realistically set goals. They should be able to adapt and adjust to dynamic contextual factors and overcome hurdles and failures with resilience. Supportive and caring interaction with parents is a key contributor towards achieving these objectives.

Many studies have demonstrated the role of family and parental interactions in building resilience and good mental health in adolescents. Collins and others [30] observed competent appropriate parenting, involving democratic and authoritative style, parenting availability and monitoring, all emerging as protective factors for children in the face of adversity. Empathetic involvement of parents and caregivers as key for building resilience and healthy adjustment among children. Other studies point to the necessity of parents to emerge as charismatic adults and help their children learn effective problem solving and decision-making skills, to ensure their wellbeing. Hines [31] studied divorce-related transitions and its impact on adolescent development. Adolescent and younger children process divorce differently and a good parent-child relationship reduces even the adverse effects of parent's divorce.

Aoki [32] reported that in Japan there are major parenting issues due to father's lack of involvement in the upbringing of their children. This offers support to the various studies that have highlighted that for building the foundation of resilience and mental wellbeing in children at least one adult must believe in the worth and goodness of their child. Unconditional love offered by this adult will help the children to develop a sense of security, self-worth and self-dignity. In most cultures mothers are primary caretakers of infants and nurture their 'Islands of Competence' and help them to realize their mistakes. This bond forms the basis for future actions, as infants progress into childhood, adolescence and beyond. For Group 1 where parents use overt Object rewards and Object punishments, it is a direct approach guiding the adolescents to learn about what is expected from them, and what are the approved desirable behaviours. This clarity is helping the adolescents to perceive their mistakes and misjudgements and use them as opportunities for learning and making decisions. Group 2 is vulnerable to developing major depression. Their highly involved and protective parents, who can neither ignore nor neglect anything about them, are placing high demands, performance pressure and expectations. Parental love and affection, demonstrated subtly via symbolic rewards and symbolic punishments, appears to be conditional. If expectations are unmet, they reject their children. This is a form of emotional abuse. Such interactions are stifling the freedom and flexibility which adolescents generally demand.

When parents adapt nurturant and loving relationship with their children, communicate their expectations clearly, and accordingly offer rewards and punishments, the children in general experience self-worth and self-efficacy. When a person believes that a goal can be achieved by their own actions, they will apply the required effort [33].

Erikson considers adolescence to be a stage involving the crisis of identity-versus-identity confusion. Societal pressures, expectations from parents and peers are very strong. This stage will be crucial for progression into the next stage of intimacy versus isolation. He suggested that adolescents pursue 'Psychological Moratorium', a phase when they try out many roles and related activities, which will eventually prepare them for adulthood. Adolescents start viewing themselves from a psychological perspective, viewing traits not as concrete entities but as abstractions. At an early adolescence stage, the argumentativeness and assertiveness is at its peak and so is the conflict with parents. It tapers down during the later phase of adolescence as parents become more yielding. Adolescence is also characterized by egocentrism, where the world is focused on oneself and adolescents are highly critical of authority figures [34].

CONCLUSION

For enhancing mental wellbeing, and resilience in adolescents, the most effective tool is co-regulation. Parents need to involve children in decision making and problem-solving issues which concern them and not reject them if they fail to live up to their expectations. Parents need to change their negative scripts, explore many alternatives and adapt a more flexible, open-minded attitude. This will encourage their children too to consider different possible solutions to problems.

Prominent protective factors against depression are the mothers unconditional love and acceptance of their children. Added to this is their nurturing, caring and participative involvement. In typical patriarchal families of Indian society, mothers are more directly involved in rearing up children, while fathers appear to be playing a secondary role. This pattern of parenting style is offering adequate personal space to adolescents to test and try their options. Various studies have pointed to the ideal parenting style where parents work as a team, do not become clones of each other, but at the same time offer consistency to their children in terms of realistic goals and disciplinary practices.

Overlap in mothers and fathers' use of Over Protectiveness, Demands, Rejection, Conditional Love, Symbolic love, and Symbolic Punishment, are not conducive to building good mental health and resilience in adolescents. In all forms of interaction and disciplinary practices involving children, parents need to ensure distributive justice (fair distribution of rewards and punishment), procedural justice (fairness in the procedures adapted for giving rewards and punishment) and transactional justice (clear and rational reasons for why rewards and punishments were given).

This study has highlighted the significance of reducing the prevalence of depression and enhancing the resilience of adolescents. Hardiness is a personality type which should be a norm among Indian adolescents. In this context, due to changes in the value system and nature of family structure, parent-child interactions need to be altered. Some of the positive parental practices are offering unconditional love and acceptance to children, becoming their compassionate partners, demand accomplishment of realistic and achievable goals, becoming effective and active listeners to them, supporting them with feedback and encouragement, and, giving reward and punishment in a just and unbiased manner, as and when required. These parenting practices for adolescents will help in building their self-worth, self-esteem, self-confidence and resilience, thereby reducing depression, in the most troubled phase of their development. In this phase, where every emotion and experience is heightened due to hormonal and physical changes, parents must extend unwavering support to their children. They must not be over controlling, hyper critical, overly demanding, rejecting, and avoid ambiguities in giving rewards and punishments. This research reiterates the necessity to keep adolescents free from depression by building their resilience and enhancing their relationship with their parents. It is a basic requirement for them to deal successfully with their relationships, academic pressures, and day-to-day hassles. They will emerge as responsible, compassionate and conscientious global citizens.

Scope for further research

Future research can investigate and compare adolescents from different socioeconomic strata for their mental health along six dimensions: integrated personality with ability to understand others; internal consistency between one's potentials and goals; attitude which enhances group affiliation; objective and realistic orientation; having positive attitude towards self and the ability to adjust to one's environmental factors. Studies can focus on effectiveness of interventions used for adolescents involving locus of control, cognitive mediation and behavioural skill to handle stress. Research can exclusively focus on studying adolescent cognitive functioning involving 'Self-Constraint', ability for self-control, and use of abstract thinking. Research can focus on adolescent's self-efficacy, and negotiation tactics they use at times of stress. Studies can try to understand the changing value system across generations, where detachment exists with materialism, collectivism with individualism and humanism with power orientation.

Limitations

Longitudinal study will highlight how parent-child interactions can change over time. Sample should include participants from all socio-economic strata of the Indian society. This would widen the study's

generalizability and applicability. Online interactions with participants have constraints regarding noting ancillary observations, non-verbal cues and social desirability factors.

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