DEPRESSED ADOLESCENTS AND SOCIAL SUPPORT

by

Susan Martin Lesnik

A Thesis Submitted to the Faculty of the

DEPARTMENT OF PSYCHOLOGY

In Partial Fulfillment of the Requirements
For the Degree of

MASTER OF ARTS

In the Graduate College

THE UNIVERSITY OF ARIZONA

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SIGNED: Susan M. Resnik

APPROVAL BY THESIS DIRECTOR

This thesis has been approved on the date shown below:

Harold S. Arkowitz — 12-2-85

Harold S. Arkowitz
Associate Professor of Psychology

Date

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ABSTRACT

The relationship between adolescent depression and social support was studied using the Mezzich and Mezzich Face Valid Depression Scale for Adolescents, the Social Avoidance and Distress Scale, Fear of Negative Evaluation Scale, Social Network Questionnaire, Social Network Grid and a demographic questionnaire. The subjects were 270 public high school students of both sexes. Multivariate analysis of variance, univariate analysis of variance and standarized discriminant function analysis were calculated on the data.

Depressed adolescents of both sexes were found to be more fearful of negative evaluations and more socially avoidant and distressed than the non-depressed group. Quantity and quality of social support were not found to differ significantly between groups.

CHAPTER 1

INTRODUCTION

This study was designed to determine the relationship between adolescent depression and social support and to test the hypothesis that depressed adolescents are lacking in social support.

Although research in the area of adolescent depression is still very much in a preliminary stage, it appears imperative that empirical research be carried out to define and study adolescent depression and its components. Suicide has become a prevelant phenonmenon within this age group (Glaser, 1981) and given the relationship between depression and suicide (Beck, 1975; Birtchnell and Alarcon, 1971; Hudgens, 1974), an understanding of adolescent depression, its causes and cures, becomes even more necessary. In addition, social support during the adolescent years has been shown to be an important factor in normal developmental growth and the absence of such support may be a predictor of possible pathology in the adolescent (Petzel and Riddle, 1981).

Definition and Measurement Issues

During the last 20 years, a large amount of careful clinical research on the etiology, classification and treatment of depression in adults has taken place. However, the area of child and adolescent depression has only very recently come into focus, having been largely neglected until now. Toolan (1969) stated that overt manifestations of depression are rare in children and adolescents but that depressive feelings and equivalents are frequent. Until recently, this assumption that depression is "masked" in children and adolescents was commonly held by both researchers and clinicians. An empirical study by Balser and Masterson (1959) concluded that depression, as known in adults, is not necessarily present in adolescent suicide attempts. Masterson (1968) stated that many of the manifestations of depression and other psychological disorders in adolescents were expressions of a basic and generalized emotional turmoil, common to this age group.

Kovacs and Beck (1977) took issue with this view and presented a number of studies in which all elements of adult depression were found with reasonable frequency among children and adolescents. Carlson and Cantwell (1980) concluded from a study of 210 children ranging in age from 7 to 17 that 1) It is possible to diagnose children over 7 as having a major depressive disorder, and 2) that the "masked" symptoms

referred to in earlier studies are often nothing more than presenting complaints, with these children often meeting the criteria for other disorders such as attention deficit disorders, conduct disorders and anorexia nervosa as well as depression. Within the last few years, Kovacs (1980), Teri (1981) and Kazdin and Petti (1982) have stated that although the presence of depression within the child and adolescent population has been generally accepted, little empirical research has focused directly on this area.

The editors of the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) have acknowledged the general acceptance of Major Depressive Disorder in adolescents by including that age group under the category of Major Depressive Episode, clarifying this inclusion by stating that although the essential features of a major depressive episode are similar in infants, children, adolescent and adults, there are differences in associated features. In adolescents, these differences are listed as feelings of wanting to leave home, or of not being understood and approved of, restlessness, grouchiness, aggression and negativistic or antisocial behavior. Sulkiness, a reluctance to cooperate in family ventures and withdrawl from social activities are frequent. School difficulties are likely. There may be inattention to personal appearance and increased emotionality, with particular sensitivity to rejection in love relationships (American Psychiatric Association, 1980).

It is the view of this writer that the classification of adolescent depression should be distinguished from that of adult depression, as there appears to be additional symptoms not commonly associated with adult depression that may be present in adolescent depression.

Paralleling the debate concerning the classification of child and adolescent depression has been disagreement concerning measurement. There have been two different strategies used to measure adolescent depression. One has been to view child and adolescent depression as a variation of adult depression and the other has been to approach depression in this population as different from adult depression.

Kovacs (1980) gives a two-fold justification for adapting an adult scale for use with children and adolescents. First, Kovacs points out that all the symptoms encompassed by the Beck Depression Inventory have been mentioned in the literature as characteristic of childhood depression. Second, while it is unclear to what degree the model of adult depression is appropriate to children, the similarities in symptom pictures seem to outweigh the differences. The Children's Depression Inventory, developed by Kovacs (1980), while showing fairly respectable psychometric properties (internal consistency = .86, item-total score correlations statistically significant and varying between .31 and .54), is still at the stage of many of the other recently developed

child and adolescent depression assessment measure. It needs additional data to support its validity and reliability before widespread clinical use.

Kazdin and Petti (1982) in their review of child and adolescent measures state that while adult depression measures serve as an excellent starting point for developing methods to assess child and adolescent depression, symptoms are often found in depressed children and adolescents that are not included in adult criteria (i.e., sexual acting out, and school refusal). At this point in adolescent depression research, there have been very few attempts to separate symptoms specific to adolescent depression from those in adults.

Several measures of child and adolescent depression have recently emerged, most of them derived from measures of adult depression. Among these, the Children's Depression Inventory (Kovacs and Beck, 1977), the Modified-Zung Self-Rating Scale (Lefkowitz and Tesing, 1980), and the Center for Epidemiological Studies-Depression Scales Modified for Children (Weissman et al, 1980), can be traced back to the Beck Depression Inventory, the Zung Self-Rating Depression Scale and the Center for Epidemiological Studies Depression Scale, respectively. Most of the modifications made on these scales to make them suitable for use with children and adolescents have not been one of content change, but rather reduction of number of items, rewording and different response

formats. With this in mind, Mezzich and Mezzich (1979) felt that there was a clear need for improved identification and measurement of depression in adolescents. They developed the Face Valid Depression Scale for Adolescents with items specific to 12-17 year olds included. They noted that although the core adolescent syndrome overlaps to a considerable extent with the syndrome usually seen in adults, it also has some developmental peculiarities of its own, such as more symptoms of acting-out behaviors and feelings of social abandonment (Mezzich and Mezzich, 1979).

The Face Valid Depression Scale for Adolescents is the only current measure available that has included items specific to adolescents. Because there are some symptoms of depression in adolescents that do not seem to be present in children or adults, it would seem appropriate that a measure such as the Face Valid Depression Scale for Adolescents be utilized with the adolescent age group as an aid to more accurate diagnosis. For this reason, the Mezzich and Mezzich scale was chosen for inclusion in the present study.

Psychosocial Factors

Recently, research has focused on the importance of social variables in adult depression. Coyne (1976) defined depression as a response to the disruption of the social space in which the person obtained support and validation of his/her experiences and that the social environment surrounding this

person will determine how far into a depression he/she will go. Coyne further stated that having an understanding of the social context is vital to the understanding of depression.

In various studies done through community surveys, the strongest finding has been that a lack of social support has a direct relationship to depression. Brown and Harris (1978) identified four factors leaving women more vulnerable to developing a depressive disorder: having 3 or more children under the age of 14, being unemployed, losing one's mother before the age of 11, and the lack of a confiding relationship with a spouse or boyfriend. The importance of not having an intimate confiding relationship as a risk factor for depression has been replicated by Brown (1979) who found that people living alone, or only with young children, and lacking "confidant" support, had a higher risk of developing depressive disorders. Clayton, Halikas and Maurice (1972) showed that among the recently widowed, lacking a confiding relationship with children is virtually the only environmental difference between those who become depressed and those who do not. In a follow-up study to Brown, Slater and Depue (1981) found that significantly more suicide attempters than controls lacked confidant social support. It appears that adequate social support may act as a "buffer" against a depressive reaction to stressful life events.

The importance of social support during the adolescent years has been well documented (Conger, 1977; Douvan and

Adelson, 1966; Freud, 1958; Toolan, 1969). Social support appears to be a strong component of normal developmental growth and the absence of this support has been shown to be a predictor of possible psychopathology in the adolescent (Petzel and Riddle, 1981). Although adolescence is generally a time of intense sociability, it can often be a time of intense loneliness as well, and having one or more close friends may make a great difference in the life of the adolescent. During this developmental stage, there are particular advantages to friendship that may not be present in earlier or later relationships. A strong supportive friendship can offer a climate for growth and self-knowledge that the family is not equipped to offer and that very few persons can provide for themselves. Douvan and Adelson (1966) said that these friendships engage, discharge, cultivate and transform the most acute passions of the adolescents, there by allowing them to confront and master them. The adolescent places particular emphasis on what a true friendship is: they want their friend to be loyal, trustworthy and a reliable source of support in any emotional crisis.

Anna Freud (1958) observed that peer relations and support during adolescence may provide an important opportunity, sometimes the last major opportunity, for repairing psychological damage incurred during the years of

early and middle childhood and for developing new and more rewarding relationships, both with one's self and others.

At this time, very little is known about the role of social support in adolescent depression. Of the few studies done relative to the social aspects of adolescent depression, Kandel and Davies (1982) showed a significant positive correlation of depressed mood with the perceived degree of importance of peer relations and with the adolescent's feeling of distance from both parents. In another study, (Cohen-Sandler et al, 1982), hospitalized depressed adolescents had experienced rejection by their peers prior to entering junior high school and this perceived rejection had continued for the 12 months prior to their hospitalization. These studies indicate that depressed adolescents are more oriented toward their peers than toward their parents, yet perceive themselves to be rejected by their peers.

Petzel and Riddle (1981) in their review of psychosocial and cognitive aspects of adolescent suicide, state that frequently suicidal adolescents are described as socially isolate, withdrawn, alienated, lonely and rejected. Peck and Schrut (1971) compared college students completing, attempting and threatening suicide with non-suicidal students. 61% of the suicidal, compared with 31% of the non-suicidal students "spent considerable spare time in solitary activities in high school, dated less and appeared more isolated." Cantor (1976) reported that youthful suicide attempters,

compared to other emotionally disturbed adolescents, had few or no friends during childhood, could talk about their personal problems with no one, and during adolescence, did not value friendships.

Mezzich and Mezzich (1979) did a discriminant cluster analysis of 46 depressed adolescents, using the Face Valid Depression Scale for Adolescents. Of the 3 group classifications derived from the subjects, Group I was mainly characterized by restlessness, grouchiness and wishes of happiness. This group was labelled "restless". Group II was predominately characterized by feelings of social abandonment, feeling unimportant and death wishes. This group was labelled "socially frustrated". The third group, which appeared to have more in common with adult depression was labelled "endogenous" because of its strong somatic and self-blame symptoms pattern, which resembles the characterization of endogenous depression in adults. These results show that at least some groups of depressed adolescents seem to be characterized by social difficulties.

Whether lack of social support and isolation are a cause or effect of depression is not known at this time. Perhaps adequate social support provides protection against depression and without this support, a person may have a great predisposition to react to stress in a depressive way. Another viewpoint would suggest that after a person becomes

depressed, social support is withdrawn because of the inability of the person's social system to understand and cope with the depressed person. These are questions that have not yet been answered.

Because of the important link between social support and depression in adults, and the importance of social interactions and support in the developmental processes of the adolescent, the link between adolescent depression and social support merits study. Although there is a paucity of research in this area, there are reasons to suspect that social support and peer relationships may be important factors in adolescent depression. Disruptions in either may make the adolescent more vulnerable to the development of depression. Because the transitional period of adolescence is one in which young people are beginning the process of independence from the family (with old supports not as strong as when the adolescent was younger), and establishing other social support systems (which are still tentative), a disturbance in this process may be a strong factor in the depression of adolescence.

In this study, a random sample of high school students were assessed for depression, psychosocial factors such as fear of negative evaluations and social avoidance, and quantity and quality of their social support system. The following two hypotheses were tested:

1. Depressed adolescents of both sexes will be more socially anxious and more fearful of negative evaluations than the non-depressed controls.

2. Depressed subjects will have a weaker support system and a small support network than the non-depressed controls.

CHAPTER 2

METHOD

Six self-report questionnaires were administered to 270 public high school students of both sexes, ranging in age from 14 to 18. All the subjects were from a public high school in a mid-sized southwestern city. The ethnic background of the subjects was predominately white. The students were administered the questionnaires in randomly selected classes, from 9th through 12th grade. There were no adminstrations given to special classes of any kind, thereby assuring an unbiased sample. The Face Valid Depression Scale for Adolescents was used to assess the presence of depression with a criteria of a score of 7 and below (one standared deviation from the Mezzich and Mezzich mean) used for the non-depressed sample, and a score of 16 and above for the depressed sample. Although Mezzich and Mezzich arrived at a mean of 16.5 for their adolescent sample when developing their measure, it should be noted that their group was composed of 212 adolescent psychiatric patients, with both outpatient and hospitalized status. A review of the literature showed no norms for non-psychiatric adolescents. Therefore, it was

decided to use 16 as the cut-off point for depression in the current study of non-psychiatric subjects.

The sample used for the final analyses were 136 students from the original group. These 136 students, 51 males and 85 females, were selected based on their scores on the Mezzich and Mezzich Face Valid Depression Scale for Adolescents. Sixty-eight subjects (14 males, 54 females) also made up the depressed group.

The following instruments were used:

Face Valid Depression Scale for Adolescents. This scale was used to differentiate depressed from non-depressed subjects. It is a 35-question self-report questionnaire, scored zero for those questions answered in a positive direction and 1 for those answered in a negative direction (see Appendix A). A score of 26 or above is considered depressed. This cut-off score was derived from a sample of 212 adolescents, where the range of scores was from 0 to 33 with a mean of 16.5, and a standard deviation of 9.3 (Mezzich and Mezzich, 1979). Although this is a relatively new scale, initial studies have shown it to be highly reliable (Mezzich and Mezzich, 1979). The content validity of the scale has been confirmed by the procedure used for its development, i.e., the scale items were selected by five clinicians to represent agreed-upon manifestations of depression in adolescents (Kazdin and Petti, 1982). The scale also

correlates significantly with the MMPI D Scale. A major reason for selecting this scale was the fact that at this time, it is the only one devised specifically for adolescents which is also psychometrically sound.

A Demographic Questionnaire. This questionnaire included such items as age, ethnic group, grade in school, number of siblings, birth order position, status of living arrangements (live with mother, father, both or other), occupation and education of parents. (See Appendix A).

Social Avoidance and Distress Scale. The SAD Scale was developed to identify those people who tend to avoid social interactions, work alone, worry more and feel less confident about social relationships. The scale is a 28-item self-report inventory which is answered true or false, (see Appendix A). The overall mean for this scale for college students is 9 with a standard deviation of 8. The product-moment correlation of the two subscales of the SAD, avoidance and distress, is .75, showing good scale homogeneity. The KR-20 reliability statistic is .94. In order to insure that the relationship of the scale to social desirability was minimized, a product-moment correlation with the Crowne-Marlowe Social Desirability Scale was calculated, with a result of -.25. Data for test-retest reliability were gathered on two separate samples, with an average test-retest reliability of .74 (Watson and Friend, 1969). Additional research on this scale (see reviews by Arkowitz, 1977; Galassi

and Galassi, 1979; Hersen and Bellack, 1977) with reference to reliability and validity has provided moderate degree of support.

Fear of Negative Evaluation Scale. This scale, developed by Watson and Friend (1969), is constructed similarily to the SAD scale, but measures fear of negative evaluations by others. If the perception of peer rejection is a component of adolescent depression, this scale could provide useful information in that area. There are 30 items on the scale, with an overall mean of 15 and a standard deviation of 8, (see Appendix A). The reliability of the scale, based on two separate samples, averages .86 and several validational studies appear to confirm that the scale does measure fear of negative evaluations by others (Watson and Friend, 1969).

Social Network Questionnaire (C. Schaefer, personal communication, 1983). This is a short answer questionnaire that asks the subject to list those people with whom he/she is currently involved, including parents, siblings, friends, boyfriend or girlfriend and other relatives. The results from this measure are one of a head count nature, i.e., mother, grandmother, and boyfriend = 3; father, mother, 2 brothers, 1 sister and 2 friends = 7. The purpose of this questionnaire was to assess the quantative involvement that the subject has with others. (See Appendix A).

This questionnaire, as well as the Social Network Grid, were chosen for several reasons. Most importantly, these measures were developed and used by the author (C. Schaefer), specifically for adolescents, using a language and style easily understood by that age group. Secondly, they are relatively short questionnaires. The time limitation imposed during this study to run each group of subjects was one class period (45 minutes). During this time, instructions had to be given and questionnaires completed. Using both the SNQ and the SNG in conjunction with the other measures allowed for completion of all six questionnaires within the allocated time. However, because of the relative newness of this scale, reliability and validity have not yet been demonstrated.

Social Network Grid (C. Schaefer, personal communication, 1983). This chart is used in conjunction with the SNQ. The people on the subject's SNQ are listed and several questions are asked about each person on the list. Examples are: How long have you known this person (a few months, a year or more?) Which of these persons could you discuss a very personal problem with, and which of these persons could you really count on? The subject responds by putting a checkmark where applicable next to each name listed. In order to quantify this measure, one point was given for each checkmark. The total number, holding it constant, gives a measure of the depth of social support the subject perceives himself/herself to have. (See Appendix A). Research relating

to the reliability and validity of this scale is lacking, as in the Social Network Questionnaire above, for the same reasons.

The data were analyzed using multivariate analyses of variance followed by univariate analyses of variance on each dependent variable, and a discriminant function analysis for prediction of group membership.

CHAPTER 3

RESULTS

Results from analyses performed on the demographic data are presented in Tables 1 and 2.

The analyses of the total sample as well as the depressed and non-depressed subsamples (depressed = score of 7 or below on the Mezzich and Mezzich scale) show a higher percentage of depressed females within the depressed group, a higher average GPA for both sexes of the depressed group than for the non-depressed group and a higher percentage of oldest children for both sexes of the depressed group than for the non-depressed group. Conversely, for both sexes within the non-depressed group, the highest percentage were youngest children.

The demographic variables were also analyzed using T-tests with a Bonferroni adjustment of the alpha level to a .004 level of significance in order to compensate for the multiple variables. This produced a significant difference in grade point average with the depressed group having a higher GPA than the non-depressed group, significant at the .001 level.

Table 1. Demographic Data

Variable	Total Sample N=136	Depressed Group N=68	Non-Depressed Group N=68
Age (Mean)	16.3	16.2	16.5
Sex %			
Male	37.5	20.6	54.4
Female	62.5	79.4	45.6
Race %			
White	89.0	89.7	88.2
Minority	11.0	10.3	11.8
GPA (Mean)	3.4	3.6	3.1
Birth Order %			
Oldest	39.7	48.5	30.9
Youngest	28.7	16.2	41.2
Middle	25.0	27.9	22.1
Only	6.6	7.4	5.9
Live With:			
M or F	31.6	29.4	33.9
Both Parents	68.4	70.6	66.2

Table 2. Demographic Data - By Group and Sex

Variable	Dep Males N=14	Dep Females N=54	Non-Dep Males N=36	Non-Dep Females N=32
Age (Mean)	16.3	16.2	16.5	16.5
Race %				
White	78.6	92.6	83.3	93.5
Minority	21.4	7.4	16.7	6.5
GPA (Mean)	3.7	3.5	3.2	3.0
Birth Order %				
Oldest	57.1	46.3	30.6	29.0
Youngest	7.1	18.5	44.4	38.7
Middle	28.6	27.8	19.4	25.8
Only	7.1	7.4	5.6	6.5
Live With:				
M or F	28.5	29.7	27.8	38.7
Both Parents	71.4	70.4	72.2	61.3

A multivariate analysis of variance was calculated. As hypothesized, the results show that depressed adolescents of both sexes are more socially anxious ($p<.001$) and more fearful of negative evaluations by others ($p<.001$) than the non-depressed controls. There were no sex differences. Means and standard deviations by group and sex are presented in Table 3.

Univariate F tests with 1, 134 degrees of freedom on both the Social Avoidance and Distress Scale and the Fear of Negative Evaluation Scale (SAD: $F = 44.53$, $p<.001$ and FNE: $F = 86.73$, $p<.001$) confirm the findings of the multivariate analysis, showing that the depressed adolescents in this study are more fearful of negative evaluations by others and more socially anxious.

The results of the analyses (both multivariate analysis and univariate analysis) performed on the dependent variables reflecting quantity and quality of social support systems were not found to be significant (SNQ: $F = .5510$, $p>.459$ and SNG: $F = 2.80$, $p>.96$).

In addition, a standardized discriminant function analysis was applied to the dependent variables (Social Avoidance and Distress Scale, Fear of Negative Evaluations Scale, Social Network Questionnaire and the Social Network Grid measure) in order to assess the contribution made by each to the prediction of group membership within the depressed or non-depressed groups. The results show that although the

Table 3. Means and Standard Deviations - By Group and Sex

Variable	Depressed		Non-Depressed	
	Males	Females	Males	Females
SAD	X=15.64 SD= 8.17	X=11.09 SD= 6°57	X= 5.61 SD= 3.89	X= 4.87 SD= 5.14
FNE	X=23.79 SD= 5.56	X=22.04 SD= 7.34	X=11.52 SD= 5.75	X=12.10 SD= 7.06
QUANTITY SOC SUPPORT	X=13.71 SD= 5.95	X=18.81 SD= 7.50	X=16.86 SD= 6.30	X=21.00 SD= 9.33
QUALITY SOC SUPPORT	X= 2.34 SD= .87	X= 2.16 SD= .69	X= 2.51 SD= 1.14	X= 2.41 SD= .71

Social Network Questionnaire and the Social Network Gird measures made very little contribution to the prediction of group membership (.02 and .21 respectively), the Fear of Negative Evaluations Scale and the Social Avoidance and Distress Scale did contribute significantly to the prediction of group membership (.80 and .33 respectively). The correlations between the dependent variables and the independent variable (Face Valid Depression Scale for Adolescents) are: SAD: -.662, FNE: -.924, SNQ: .073, SNG: .166, further confirming the importance of the FNE and SAD scales in assessing depression in the subjects.

CHAPTER 4

DISCUSSION

The most striking finding in this study was the importance of the fear of negative evaluations and social avoidance and distress in adolescent depression. Fear of negative evaluation was strongly correlated with depression, with a negative correlation of -.923 between the Fear of Negative Evaluation Scale and the Mezzich and Mezzich Depression Scale. In other words, the subjects who were rated as depressed were also rated as being significantly fearful of negative evaluation by others. This may help explain significantly higher grade point averages in the depressed subjects. Perhaps because they are so fearful of what others may think of them, they try very hard to maintain good grades, thereby maintaining the image that they feel others wish to see. Although one of the symptoms in a depressed adolescent may be inattention to school work, or school refusal (DSM III, 1980), perhaps this occurs later, when the adolescent is more severely depressed and unable to maintain the level of energy necessary to keep his/her grades high. This suggests that the fear of negative evaluations by others may not be as significant in the severely depressed adolescent (the sample

in this study had few severly depressed subjects; the majority were in the mild to moderately depressed range). There is some confirmation for this finding in a study done by Seiden (1966) showing that undergraduate students who committed suicide had a higher GPA than did students who did not commit suicide. The GPA of the 11 students who committed suicide fell precipitously over the final semester prior to their suicide, suggesting that when the students became more severely depressed, they were unable to continue the work necessary to maintain their previous grade point average.

Social avoidance and distress were also significantly higher for the depressed subjects than for non-depressed subjects, indicating that these adolescents tended to avoid social interaction, work alone, worry more and feel less confident about social relationships. This suggests that depressed adolescents who have a high level of fear of negative evaluations by others might tend to avoid social situations where they could be evaluated by others, whether it be their peers, teachers, or others within their social network. Although the link between social avoidance and fear of negative evaluations and depression within an adolescent population has not been a focus of research in the past, it is an area worthy of further study.

A second hypotheses, that depressed adolescents would have a weaker support system and a smaller support network than non-depressed controls, was not supported. Since

previous researchers have found that depressed adults are low in social support (Clayton et al, 1972; Brown and Harris, 1978; Brown, 1979; Slater and Depue, 1981), the lack of any such finding in this study raises some questions.

One possibility for the lack of results on the social support measures is that the measures of social support used in this study were not valid, and did not adequately measure either quality or quantity of social support. As mentioned previously, these two measures are relatively new, and have not been tested for reliability or validity. There is also the possibility that the measures are generally valid, but despite attempts to choose a measure appropriate for adolescents, the measures may not be valid for this particular population. There are reasons for this possibility:

1. The administration of the questionnaires was done in classroom groups, where students would be able to see how many people were on the list of the student sitting next to them (quantity of social support) and might have felt that they needed to have a certain number of people on their list also. This could be because they did not want their classmates to think that they were different, or because they felt that a long list must be what the researcher wanted as a response. Because of the high levels of fear of negative evaluations by others for the depressed adolescent, this would seem to be a factor to consider.

2. There is also the possibility that a depressed adolescent needs to feel that he/she has plenty of friends who he/she can turn to, even though in reality that may not be the case. They may write everyone that they have ever known, even casual acquaintances, in order to make their list seem long.

The non-significant results for social support in this study were unexpected and inconsistent with the results of studies of social support and depression in adults and the importance of social interactions and support within the adolescent population. Replication of this study, using other well-validated and reliable social support measures, especially one appropriate to adolescents, is needed in order to assess whether there is a difference in the social support systems of depressed adolescents and non-depressed adolescents, or whether there is, indeed, no difference.

APPENDIX A

Questionnaire Examples

FACE VALID DEPRESSION SCALE

Please circle the appropriate letter to indicate whether each item is True (T) or False (F) for you.

T F 1. I have a good appetite.
T F 2. My daily life is full of things that keep me interested.
T F 3. At times I have very much wanted to leave home.
T F 4. No one seems to understand me.
T F 5. I have had periods of days, weeks, or months when I couldn't take care of things because I couldn't "get going".
T F 6. My sleep is fitful and disturbed.
T F 7. I wish I could be as happy as others seev bm to be.
T F 8. I am an important person.
T F 9. Most of the time I feel blue.
T F 10. These days I find it hard not to give up hope of amounting to something.
T F 11. I am certainly lacking in self-confidence.
T F 12. I usually feel that life is worthwhile.
T F 13. My hardest battles are with myself.
T F 14. Much of the time I feel as if I have done something wrong or evil.
T F 15. I am happy most of the time.
T F 16. I seem to be about as capable and smart as most others around me.
T F 17. Often I can't understand why I have been so cross and grouchy.
T F 18. Sometimes I feel as if I must injure either myself or someone else.
T F 19. I certainly feel useless at times.
T F 20. I am neither gaining or losing weight.
T F 21. I cry easily.
T F 22. I brood a great deal.
T F 23. I have periods of such great restlessness that I cannot sit long in a chair.
T F 24. No one cares much what happens to you.
T F 25. I usually expect to succeed in things I do.
T F 26. I have difficulty in starting to do things.
T F 27. Life is a strain for me much of the time.
T F 28. Even when I am with people I feel lonely much of the time.
T F 29. Most of the time I wish I were dead.
T F 30. People often disappoint me.
T F 31. At times I think I am no good at all.
T F 32. I have had periods in which I lost sleep over worry.
T F 33. I very seldom have spells of the blues.
T F 34. The future seems hopeless to me.
T F 35. Often, even though everything is going fine for me, I feel that I don't care about anything.

DEMOGRAPHIC QUESTIONNAIRE

I am: _____younger than 13

_____13

_____14

_____15

_____16

_____17

_____18

_____older than 18

I am: _____Male _____Female

I am: _____White _____Hispanic _____Black _____Other

I am: _____9th grade ____10 grade ____11th grade ____12th grade

My grade average is: _____A _____B _____C _____D _____F

I have _____brothers and _____sisters

I am: _____the oldest ____youngest ____in the middle

I currently live with: _____Mother _____Father _____both parents

_____other relative _____other person

Father's occupation: _____

Highest grade completed for Father: _____

Mother's occupation _____

Highest grade completed for Mother: _____

SOCIAL AVOIDANCE AND DISTRESS SCALE

Please circle the appropriate letter to indicate whether each item is True (T) or False (F) for you.

T F 1. I feel relaxed even in unfamiliar social situations.
T F 2. I try to avoid situations which force me to be very sociable.
T F 3. It is easy for me to relax when I am with strangers.
T F 4. I have no particular desire to avoid people.
T F 5. I often find social occasions upsetting.
T F 6. I usually feel calm and comfortable at social occasions.
T F 7. I am usually at ease when talking to someone of the opposite sex.
T F 8. I try to avoid talking to people unless I know them well.
T F 9. If the chance comes to meet new people, I often take it.
T F 10. I often feel nervous or tense in casual get-togethers in which both sexes are present.
T F 11. I am usually nervous with people unless I know them well.
T F 12. I usually feel relaxed when I am with a group of people.
T F 13. I often want to get away from people.
T F 14. I usually feel uncomfortable when I am in a group of people I don't know.
T F 15. I usually feel relaxed when I meet someone for the first time.
T F 16. Being introduced to people makes me tense and nervous.
T F 17. Even though a room is full of strangers, I may enter it anyway.
T F 18. I would avoid walking up and joining a large group of people.
T F 19. When my superiors want to talk with me, I talk willingly.
T F 20. I often feel on edge when I am with a group of people.
T F 21. I tend to withdraw from people.
T F 22. I don't mind talking to people at parties or social gatherings.
T F 23. I am seldom at ease in a large group of people.
T F 24. I often think up excuses in order to avoid social engagements.
T F 25. I sometimes take the responsibility for introducing people to each other.
T F 26. I try to avoid formal social occasions.
T F 27. I usually go to whatever social engagements I have.
T F 28. I find it easy to relax with other people.

FEAR OF NEGATIVE EVALUATION SCALE

Please circle the appropriate letter to indicate whether each item is True (T) or False (F) for you.

T F 1. I rarely worry about seeming foolish to others.
T F 2. I worry about what people will think of me even when I know it doesn't make any difference.
T F 3. I become tense and jittery if I know someone is sizing me up.
T F 4. I am unconcerned even if I know people are forming an unfavorable impression of me.
T F 5. I feel very upset when I commit some social error.
T F 6. The opinions that important people have of me cause me little concern.
T F 7. I am often afraid that I may look ridiculous or make a fool of myself.
T F 8. I react very little when other people disapprove of me.
T F 9. I am frequently afraid of other people noticing my shortcomings.
T F 10. The disapproval of others would have little effect on me.
T F 11. If someone is evaluating me I tend to expect the worst.
T F 12. I rarely worry about what kind of impression I am making on someone.
T F 13. I am afraid that others will not approve of me.
T F 14. I am afraid that people will find fault with me.
T F 15. Other people's opinions of me do not bother me.
T F 16. I am not necessarily upset if I do not please someone.
T F 17. When I am talking to someone, I worry about what they may be thinking about me.
T F 18. I feel that you can't help making social errors sometimes, so why worry about it?
T F 19. I am usually worried about what kind of impression I make.
T F 20. I worry a lot about what my superiors think of me.
T F 21. If I know someone is judging me, it has little effect on me.
T F 22. I worry that others will think I am not worthwhile.
T F 23. I worry very little about what others may think of me.
T F 24. Sometimes I think I am too concerned with what other people think of me.
T F 25. I often worry that I will say or do the wrong things.
T F 26. I am often indifferent to the opinions others have of me.
T F 27. I am usually confident that others will have a favorable impression of me.
T F 28. I often worry that people who are important to me won't think very much of me.
T F 29. I brood about the opinions my friends have about me.
T F 30. I become tense and jittery if I know I am being judged by my superiors.

SOCIAL NETWORK QUESTIONNAIRE

1. List the name and relationship of all the people you are currently living with. Example: Mother (Jane), Father (Joe), etc.

2. What are the names of the people that you visit with on the telephone or get together with at least once a month?

3. Do you have any relatives that you see or talk to at least once a month? Do no include relatives that you are currently living with. Please list their names.

4. Do you have a boyfriend/girlfriend, or a best friend? What is his/her name?

5. Is there anyone else not on this list who is important to you and who you see or talk to at least once a month? Please list their name.

(LIST EACH NAME IN COLUMN 1 ON THE FOLLOWING PAGE)

SOCIAL NETWORK GRID

Social Network Members	How long have you known this person?		Which of these people have done you a special favor in the past few months?	Which of these people have really gone out of their way to help you when you needed it?	Which of these people could you discuss a very personal problem with?	Which of these people can you really count on?
	a few months	a year or more				
(1)	(2)	(3)	(4)	(5)	(6)	(7)

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