

Comparison of Clinically Depressed, Subclinical, and Normal Control Adolescent group regarding familiar interpersonal and cognitive factors

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Introduction

Although much is known about depression in youth, the subclinically depressed population is not yet well understood. The present study attempts to provide a clearer understanding of depressive symptomatology particularly subsyndromal levels of depression in adolescents.

Aims of the Study

The research was guided by one major research issue which explored whether depressed, subclinically depressed, and normal control adolescents differ in their depressogenic cognitive style as well as in their perceptions of the following five psychosocial variables: family cohesion, family conflict, family expressiveness, critical maternal messages, and peer social support.

Method

Sample and procedure

The sample consisted of 91 male and female adolescents, aged 13-17, from Stip, R. Macedonia (M=15.80; SD=1.22). We examined potential group differences and similarities between adolescents with three diagnostically identified groups: the group of clinically depressed (MDD; DD); the group of subclinically depressed, and the group of normal control adolescents-exhibiting no depressive symptomatology. Adolescents selected for the subclinically depressed group exhibited higher than average depressive symptomatology (CDI >12), but did not meet DSM-IV criteria for either MDD or DD. Normal control group adolescents consisted of students from primary and secondary schools in Stip.

Measures

A variety of familial interpersonal variables, as perceived by the adolescents (cohesion, expressiveness, conflict, and critical maternal communication style) and cognitive variables (adolescent's perceptions of the self, world, and future) were examined. The following instruments were used: M.I.N.I.; the Self-Report Measure of Family Functioning, Child Version; the Family Messages Measure –Mother; the Multidimensional Scale of Perceived Social Support; the Cognitive Triad Inventory for Children; and the Children's Depression Inventory.

Results

Table 1: Comparison of Means of Dependent Variables by Youth Diagnostic Category

	Clinical Group		Subclinical Group		Control Group	
	M	SD	M	SD	M	SD
CTI	24.94	12.97	38.94	10.55	64.68	7.05
COH	12.39	6.12	13.50	3.90	22.21	4.10
CON	12.15	4.56	13.05	3.05	9.16	3.80
EXP	11.48	5.15	15.00	3.15	18.75	3.85
FMMM	44.14	12.56	43.85	9.60	60.16	6.95
PEER	14.34	6.85	18.15	5.14	24.15	3.55

The results of the data analysis indicated that this hypothesis was supported.Using Wilk's Lambda, the MANOVA indicated that there were significant differences between diagnostic groups in the composite of the dependent variables, $F(14, 56) = 3.47, p < .002$.

It was expected that clinically depressed and subclinically depressed youth would differ significantly from the normal control youth on each of the six dependent variables. Significant differences between clinically depressed and subclinically depressed youth were expected, as well. A post hoc univariate ANOVA was performed in order to investigate group differences for each of the six dependent variables.

In summary, results from the present study indicate that adolescents with clinical and subclinical levels of depression have different negative cognitive triads. In terms of the family environment (cohesion and conflict) clinically depressed and subclinically depressed adolescents view their families in a more negative light.

Lastly, clinically depressed, subclinically depressed, and non-depressed adolescents differ significantly on family expressivnes, and have different perceptions of the peer support available to them.

Conclusions

Most importantly, results of this study suggest that adolescents with clinical and subclinical levels of depression should no longer be left on the margins of academic and clinical interest. This has extremely important implications for clinic practice, research and public health policy, as well. The identification of potential psychosocial variables on which depressive disorders and subclinical depression differ and are similar is an important task. In doing so, researchers will contribute to the development of better informed early intervention and prevention efforts designed to reduce the duration, severity, and associated complications of this disorder.

References

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