



UNIVERSITI PUTRA MALAYSIA

***RELATIONSHIP BETWEEN STRESSFUL LIFE EVENTS AND PARENTAL
VERBAL AGGRESSION, AND DEPRESSIVE SYMPTOMS IN
MALAYSIAN ADOLESCENTS, WITH SEX AND PARENTAL WARMTH AS
MODERATORS***

BARRA SHARISSE MAY

FEM 2017 30



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MODERATORS**

By

BARRA SHARISSE MAY

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in
Fulfillment of the Requirements for the Degree of Master of Science**

October 2017



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DEDICATION

TO PAPA,
who encouraged me to reach for the stars

TO MAMA,
*who reminded me that I don't have to aspire for the largest and brightest star, for the
little stars are just as bright*

TO MY HUSBAND,
my companion in my quest for the stars

TO MY SONS,
for whom the stars are meant

AND

TO ALLAH S.W.T.,
Who guides my way to the stars

Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Master of Science

RELATIONSHIP BETWEEN STRESSFUL LIFE EVENTS AND PARENTAL VERBAL AGGRESSION, AND DEPRESSIVE SYMPTOMS IN MALAYSIAN ADOLESCENTS, WITH SEX AND PARENTAL WARMTH AS MODERATORS

By

BARRA SHARISSE MAY

October 2017

Chair : Rozumah Baharudin, PhD
Faculty : Human Ecology

Depression is a serious mental health problem amongst Malaysian adolescents. There is a wide range of detrimental effects of depression such as smoking, suicide, impaired functioning, financial costs, and the possibility of recurrence in later years. Previous studies have found that stressful life events (SLE) and parental verbal aggression predict depression in adolescents. The relationships between these risk factors and depression have also been found to differ for females and males. Additionally, parental warmth has been studied as a factor that decreases the negative effect of stressful life events and parental verbal aggression. However, within the Malaysian context, there is lack of empirical data on the relationships among these variables. As such, using a secondary data source, the current study conducted a quantitative investigation of the impact of stressful life events and parental verbal aggression on depressive symptoms. Additionally, this study examined the moderating roles of parental warmth and sex. The sample consisted of 1092 secondary-school adolescents aged between 13 and 19 years (mean = 15.32) who were recruited using probability proportional to size (PPS) cluster sampling from the states of Johor, Kelantan, Kuala Lumpur, and Pulau Pinang. For hypotheses testing, binary logistic regression was performed using SPSS (v. 20). Results of this study revealed that the prevalence of depressive symptoms among Malaysian adolescents was 57%. In the univariable analyses, stressful life events, paternal verbal aggression (PVA), and maternal verbal aggression (MVA) were all unique predictors of depression. However, in the multivariable model, paternal verbal aggression was no longer a significant predictor of depression, controlling for all other variables in the regression equation. Moreover, girls showed a higher probability of depression than boys with increasing levels of stressful life events. Low levels of paternal warmth (PW) resulted in increasing probability of depression as paternal verbal aggression increased. On the other hand, high levels of paternal warmth elicited decreasing probability of depression even when paternal verbal aggression increased. Furthermore, even at high levels of paternal warmth, the probability of depression continued to rise as maternal verbal aggression increased. In contrast, maternal warmth

(MW) did not moderate any of the hypothesized associations between the risk factors and depression. In conclusion, stressful life events and maternal verbal aggression had robust main effects on depression, sex was a significant moderator of the relationship between stressful life events and depression, and paternal warmth was generally a factor that reduced the negative effects of paternal verbal aggression. These findings imply that harsh parenting employed by the mother has a more harmful effect on the adolescent's mental health than that of the father; whereas positive parenting by the father may be more important in safeguarding adolescents from developing depression than that of the mother. Moreover, findings from this study may be useful in improving the mental health programs of the country.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia
sebagai memenuhi keperluan untuk ijazah Master Sains

**PERKAITAN ANTARA PERISTIWA-PERISTIWA HIDUP YANG TERTEKAN
DAN KELANGSANGAN LISAN IBU BAPA, DAN SIMPTOM-SIMPTOM
KEMURUNGAN DALAM REMAJA MALAYSIA, DENGAN JANTINA DAN
KEMESRAAN IBU BAPA SEBAGAI MODERATOR**

Oleh

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Kemurungan adalah satu masalah kesihatan mental yang serius dalam kalangan remaja-remaja Malaysia. Terdapat pelbagai kesan kemurungan yang memudaratkan seperti merokok, bunuh diri, kefungsiian lemah, kos-kos kewangan, dan kemungkinan pengulangan pada tahun-tahun kemudian. Kajian-kajian sebelum ini telah mendapati bahawa peristiwa-peristiwa hidup yang tertekan dan kelangsangan lisan ibu bapa meramalkan kemurungan dalam remaja. Perkaitan-perkaitan antara faktor-faktor risiko ini dan kemurungan juga telah didapati berbeza perempuan dan lelaki. Selanjutnya, kemesraan ibu bapa telah dikaji sebagai faktor yang mengurangkan kesan-kesan negatif peristiwa-peristiwa hidup yang tertekan dan kelangsangan lisan ibu bapa. Walaubagaimanapun, dalam konteks Malaysia, terdapat kekurangan data empirikal tentang perkaitan-perkaitan dalam kalangan pembolehubah ini. Oleh itu, menggunakan sumber data sekunder, kajian ini telah menjalankan satu penyiasatan kuantitatif tentang impak daripada peristiwa-peristiwa hidup yang tertekan dan kelangsangan lisan ibu bapa ke atas gejala-gejala kemurungan. Selanjutnya, kajian ini memeriksa peranan-peranan kemesraan ibu bapa dan jantina sebagai *moderator*. Sampel mengandungi 1092 orang remaja sekolah menengah berusia di antara 13 dan 19 tahun (min = 15.32) yang direkrut menggunakan persampelan berkelompok kebarangkalian berkadaran saiz daripada negeri-negeri Johor, Kelantan, Kuala Lumpur, dan Pulau Pinang. Bagi menguji hipotesis, regresi logistik binari dijalankan menggunakan SPSS (v. 20). Hasil-hasil daripada kajian ini mendedahkan bahawa prevalen simptom kemurungan dalam kalangan remaja Malaysia adalah 57%. Dalam analisis univariabel, peristiwa-peristiwa hidup yang tertekan, kelangsangan lisan bapa, dan kelangsangan lisan ibu kesemuanya adalah peramal-peramal unik kemurungan. Walaubagaimanapun, dalam model multivariabel, kelangsangan lisan bapa bukan lagi satu peramal penting kemurungan apabila semua pembolehubah lain dikawal dalam persamaan regresi. Tambahan pula, remaja perempuan menunjukkan kebarangkalian kemurungan lebih tinggi daripada lelaki dengan peningkatan tahap peristiwa-peristiwa hidup yang tertekan. Tahap kemesraan rendah bapa mengakibatkan peningkatan kebarangkalian kemurungan

apabila kelangsangan lisan bapa meningkat. Sebaliknya, tahap kemesraan tinggi bapa mencungkil penurunan kebarangkalian kemurungan walaupun apabila kelangsangan lisan bapa meningkat. Tambahan pula, walaupun di tahap kemesraan tinggi bapa, kebarangkalian kemurungan terus meningkat apabila kelangsangan lisan ibu meningkat. Sebaliknya, kemesraan ibu tidak menyederhanakan mana-mana daripada perkaitan-perkaitan yang dijangka antara faktor-faktor risiko dan kemurungan. Kesimpulannya, peristiwa-peristiwa hidup yang tertekan dan kelangsangan lisan ibu mempunyai kesan utama yang kuat ke atas kemurungan, jantina adalah satu *moderator* penting hubungan antara peristiwa-peristiwa hidup yang tertekan dan kemurungan, dan kemesraan bapa pada umumnya adalah faktor yang mengurangkan kesan-kesan negatif kelangsangan lisan bapa. Dapatan-dapatan ini mengimpkasikan bahawa keibubapaan yang kasar yang digunakan oleh ibu mempunyai kesan lebih bahaya ke atas kesihatan mental remaja daripada oleh bapa; manakala keibubapaan yang positif oleh bapa mungkin lebih penting dalam menjaga remaja daripada mengalami kemurungan daripada ibu. Tambahan pula, dapatan-dapatan daripada kajian ini mungkin berguna dalam memperbaiki program-program kesihatan mental negara.

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I certify that a Thesis Examination Committee has met on 6 October 2017 to conduct the final examination of Barra Sharisse May on her thesis entitled "Relationship between Stressful Life Events and Parental Verbal Aggression, and Depressive Symptoms in Malaysian Adolescents, With Sex and Parental Warmth as Moderators" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Science.

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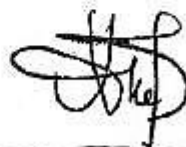
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Member of
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LIST OF ABBREVIATIONS

-2LL	-2 Log Likelihood
BDI-Malay	Beck Depression Inventory for Malays
CI	Confidence Interval
DASS	Depression Anxiety and Stress Scale
df	Degree of Freedom
EMIS	Malaysian Educational Management Information System
FRGS	Fundamental Research Grant Scheme
GSHS	Global School-based Health Survey
H-L	Hosmer-Lemeshow
LEC	Life Events Checklist-Malay
MOH	Ministry of Health
MPBI	Malaysian Parenting Behaviour Inventory
MVA	Maternal Verbal Aggression
MW	Maternal Warmth
NHBS	National Health and Morbidity Survey
OR	Odds Ratio
PARTheory	Parental Acceptance-Rejection Theory
PPS	Probability Proportional to Size
PVA	Paternal Verbal Aggression
PW	Paternal Warmth
ROC	Receiver Operating Characteristic
SES	Socioeconomic Status
SLE	Stressful Life Events
SPSS	Statistical Package for Social Sciences Software
UPM	Universiti Putra Malaysia
VIF	Variance Inflation Factor

CHAPTER I

INTRODUCTION

The aim of this chapter is to introduce the subject matter studied by this thesis. The sections are organized into the: (1.1) background of the study, which highlights the circumstances that stirred the researcher's interest to study depressive symptoms in Malaysian adolescents; (1.2) statement of the problem, which, according to Creswell (2012), describes the research issue, justification of the importance of the problem, deficiencies in literature, and the audience who will benefit from the study; (1.3) research questions; (1.4) theoretical perspectives that guided the selection of study variables and the interpretation of their hypothesized relationships, as well as the analytical approach for hypothesis testing; (1.5) conceptual framework; (1.6) research objectives and hypotheses; (1.7) significance of the study; (1.8) definition of terminologies; (1.9) structure of the thesis; and (1.10) chapter summary.

1.1 Background of the Study

Adolescence is characterized by a dramatic increase in depressive symptoms and disorders for both boys and girls (Bastin, Mezulis, Ahles, Raes, & Bijttebier, 2015; Oliva, Parra, & Reina, 2014). Estimates from the 2015 National Health and Morbidity Survey (NHBS) revealed that emotional problems among Malaysian adolescents had a prevalence rate of 15.9% (Institute for Public Health, 2015). As a matter of fact, empirical investigations of late, revealed that the prevalence rates for depressive symptoms among Malaysian secondary-school adolescents aged 13 to 19 years ranged from 10.3% to 39.7% (Ibrahim, Amit, & Suen, 2014; Kaur et al., 2014; Ramli, et al., 2008; Wahab et al., 2013), whereas 30% for clinically diagnosed depressive disorders among juvenile detainees (Wazir, Ismail, Chan, Naing, & Shah, 2016). In addition, approximately 11.1% of secondary-school adolescents scored within the range of severe depressive symptomatology (Ibrahim et al., 2014).

Such compelling reports warrant concern in light of research documenting that depressive symptoms in Malaysian adolescents are predictive of health-risk behaviors such as susceptibility to smoking (Lim, Chong, Khoo, & Kaur, 2014), and suicidal ideation or behaviors (Ahmad, Cheong, Ibrahim, & Rosman, 2014; Ibrahim, et al., 2014; Talib & Abdollahi, 2015). Notwithstanding the societal expenditures (Kessler, 2012; Lynch & Clarke, 2006) and the impairments in academic, peer, family, and physical functioning associated with depressed mood and symptoms (Mahon & Yarcheski, 2001), this scenario is further aggravated by the likelihood of recurrence and persistence of depressive symptoms beyond this developmental period (Dunn & Goodyer, 2006; Fergusson, Horwood, Ridder, & Beautrais, 2005). As a matter of fact, adolescent depressive symptoms have been found to predict early adulthood depressive disorders (Aalto-Setälä, Marttunen, Tuulio-Henrikson, Poikolainen, & Lonnqvist, 2002). Suffice it to say, the occurrence of adolescent symptoms of depression among Malaysians may be deemed as a debilitating psychological health problem that is in dire need of intervention.

Nonetheless, the Malaysian government is not lagging behind in acknowledging that adolescent depressive symptomatology is a pressing health issue in the community. In fact, the Ministry of Health (MOH), through its Non-Communicable Diseases Prevention Malaysia program has implemented the Healthy Mind Services, which involve screening individuals for symptoms of anxiety, depression, and stress, identifying risk factors, offering referrals for counseling, and teaching mental health life skills and relaxation strategies (Non-Communicable Disease Section, 2010). This program has been implemented in schools to identify at-risk adolescent students (Ahmad, et al., 2014; Ching, Jiar, & Jaffri, 2015). Nevertheless, it is worth noting that these screening procedures utilized the Depression Anxiety and Stress Scale or DASS (Non-Communicable Disease Section, 2010), which measures general stress levels, but does not provide specific information on the types and frequency of stressful life events experienced. Such limitation could hamper the design and implementation of optimal stress coping strategies. Nonetheless, as stipulated in the psychiatric and mental health services operational policy, conducting stress management trainings is at the core of the family intervention programs endorsed by the government (Medical Development Division, 2011).

Despite such efforts from health institutions, depressive symptoms continue to burden some of the young Malaysians. All the more disconcerting is the finding by Hanafiah and Bortel (2015) that Malaysians with mental health problems may be rejected, stigmatized, and discriminated against by their own family and friends, which further leads to negative self-perceptions and functional impairments. In the same manner, research by Yeap & Low (2009) revealed that the overall level of Malaysians' knowledge about mental health was low, in that, they held certain misconceptions, such as believing that individuals having mental health difficulties are not easy to talk to, dangerous, violent, should not have the same rights as those without disorders, and are mainly to be blamed for their own conditions. But the more alarming findings from their study were the beliefs of adult Malaysians that children are not affected by depression and anxiety disorders that others do not care or sympathize with the mentally ill, and less than 10% will seek help from a psychiatrist if necessary.

These findings may be a testament that Malaysian adolescents with depressive and other psychopathological symptoms may not be receiving the appropriate understanding and support conducive to recovery. Although policies on adolescent mental health have been instituted by the government, improvements in prevention and intervention programs as well as widespread information dissemination about the nature of psychological disorders are still necessary. Against this background, identifying risk and protective factors is a promising first step in refining the country's mental health policies geared toward combatting depression.

1.2 Statement of the Problem

Depression is an incapacitating psychological disorder that has a clear pattern of development from childhood through adolescence (Hankin et al., 2015). Depressive symptoms and their detrimental effects on adolescent Malaysians have been amply described in contemporary literature. Thus, it is indispensable to identify risk factors

for the emergence of depressive symptomatology in order to develop efficacious prevention and intervention strategies. Among the paramount risk factors for adolescent depression that have been highlighted by literature are stressful life events and parenting behaviors (Roberts & Bishop, 2005).

A probable explanation for the upsurge of depressive symptoms among adolescents is the increasing trajectory of stressful life events during adolescence (Hankin, 2006). Stressful life events are experiences which are psychologically threatening and may occur within a limited amount of time (Sheets & Craighead, 2014). Theoretical and empirical literature has implicated stressful life events as risk factors for depressive symptoms and disorders. In fact, reliable lines of evidence have thoroughly documented the hypothesized depressogenic influence of stressful life events (e.g., Fox, Halpern, Ryan, & Lowe, 2010; Hazel, Oppenheimer, Technow, Young, & Hankin, 2014; Sanchez, Lambert, & Ialongo, 2012; Shapero et al., 2015; Young, 2016; Zhang, Li, Gong, & Ungar, 2013; Zimmerman, Ramirez-Valles, Zapert, & Maton, 2000).

Despite this overwhelming observation, the applicability of such finding towards explaining adolescent depression among Malaysians remains understudied. Research on stressful life events have mainly focused on adult Malaysian samples (e.g., Abdul Kadir & Bifulco, 2011; Kader Maideen, Mohd. Sidik, Rampal, & Mukhtar, 2014). On the other hand, studies involving adolescents have primarily investigated perceived stress (e.g., Wahab et al., 2013; Yaacob, Juhari, Talib, & Uba, 2009), which is conceptually different from stressful life events and has been criticized for potential confounding with the outcome that is being studied (Hammen, 2016). Given that adolescence is a time when young boys and girls go through and must cope with substantial amounts of stressful life events (Auerbach, Admon, & Pizzagalli, 2014; Garcia, L., Alvarez-Dardet, & Garcia, V., 2009), in conjunction with an array of developmental changes that may heighten negative emotions and vulnerability for internalizing symptoms (Larson & Ham, 1993), then, the lack of relevant studies that sampled Malaysian adolescents was reckoned a major drawback of existing literature.

Parenting behaviors have likewise been instrumental in comprehending the occurrence of adolescent depression. In recent years, researchers have manifested an interest in parental verbal aggression as a potential predictor of psychopathological symptoms. However, only a handful of studies have directly examined the association between parental verbal aggression and adolescent symptoms of depression (e.g., Donovan & Brassard, 2011; Wang & Kenny, 2014a). Instead, most researchers investigated parental verbal aggression as a determinant of depression in emerging adults (e.g., Miller-Perrin, Perrin, & Kocur, 2009; Polcari, Rabi, Bolger, & Teicher, 2014; Taillieu and Brownridge, 2013; Teicher, Samson, Polcari, & McGreenery, 2006), or of internalizing symptoms in 8- and 12-year old children (e.g., Anonas & Alampay, 2015; McKee et al., 2007; de Zoysa, Newcombe, & Rajapakse, 2010). It is worth mentioning though, that different mental health conditions vary in its features and correlates (Bares, Andrade, Delva, Grogan-Kaylor, & Kamata, 2011; Beuke, Fischer, & McDowall, 2003); hence, conducting a study on the potential depressogenic impact of parental verbal aggression, specifically on depressive symptoms and not on general internalizing behaviors is indispensable.

Additionally, one of the main obstacles for the dearth of research in parental verbal aggression is the popularity of studying other forms of harsh parenting. In fact, physical aggression or punishment by parents has received much attention from researchers (Teicher et al., 2006; Vissing, Straus, Gelles and Harrop, 1991; Wang & Kenny, 2014a), despite findings that parental verbally aggressive behaviors may have more damaging effects than physical aggression (Teicher et al., 2006). Henceforth, there is still much to be discovered about the extent of influence that parental verbal aggression may inflict on adolescents' depressive symptomatology.

An investigation of depression would not be sufficiently informative without consideration of adolescent sex. Grant et al. (2006) reported that in their meta-analysis, sex was examined as a moderator for the association between adverse life events and symptoms in over a hundred studies. Accordingly, they found that more than half of the studies reported significant findings for the moderating role of child sex. Correspondingly, sex of the child must also be taken into account when examining parenting behaviors (Braza et al., 2015; Cavanaugh et al., 2015; Chang, Schwartz, Dodge, & McBride-Chang, 2003). Nevertheless, divergent findings have been found as regards the role of sex in moderating the association between parenting behaviors and depression. Some studies have yielded significant findings (e.g., Chang et al., 2003; Berzenski & Yates, 2013; whereas others failed to do so (e.g., Eberhart, Shih, Hammen, & Brennan, 2006; McKee et al., 2007). Such inconsistencies in empirical outcomes call for further investigation.

It goes without saying that the eventual aim of this study was to contribute to the formulation of programs that can decrease, if not, prevent the occurrence of depressive symptoms in adolescents. As such, studying protective factors, such as parental warmth, was regarded essential at the outset of this research. However, evidence for the buffering role of parental warmth in the association between risk factors and adolescent depression has been contradictory. Several researchers have found significant moderating effects (e.g., Ge, Natsuaki, Neiderhiser, & Reiss, 2009; Murberg & Bru, 2004; Quach, Epstein, Riley, Falconier, & Fang, 2015), while there were some who were unsuccessful in confirming that parental warmth is a significant protective factor for depressed adolescents who were facing undesirable life situations and/or harsh parenting (e.g., Burton, Stice, & Seeley, 2004; Jaschek, Carter-Pokras, He, Lee, & Canino, 2016). Such conflicting findings impede generalizations and clear-cut understanding on the moderating role of parental warmth.

There are three other deficiencies in current literature that merit consideration. First, there is scarcity of published empirical data on parental verbal aggression as a risk factor and parental warmth as a protective factor for the occurrence of depressive symptoms in adolescents in the Malaysian context. As emphasized by Jafari, Baharudin, and Archer (2016), collectivist cultures have been neglected by most studies that examined the association between parenting behaviors and adolescent outcomes. Consequently, given such collectivist nature of Malaysia where family relationships are highly regarded and there exists strong adherence to values such as familism, filial piety, obedience, interdependence, parental authority, and family obligations (Jafari et al., 2016; Keshavarz & Baharudin, 2009), investigating adolescent

depression within the context of parent-child dynamics would be more socially and culturally relevant.

Second, only a few studies distinguished between maternal and paternal verbal aggression (e.g., Anonas & Alampay, 2015; Donovan & Brassard, 2011; Wang & Kenny, 2014a) and warmth (e.g., Anonas & Alampay, 2015; Ge, Lorenz, Conger, Elder, & Simons, 1994). Inasmuch as mothers may adopt different parenting strategies than fathers (Braza et al., 2015; McKinney & Renk, 2008); a sex-specific analysis of parenting behavior would be more enlightening. Finally, stressful life events and parental verbal aggression have largely been studied separately as risk factors for adolescent depressive symptoms. Inasmuch as it is implausible for a single etiological model to sufficiently explain the development of depression, a host of processes and factors must be examined simultaneously (Hankin, 2006). Hence, the present study surmised the necessity for a multivariable framework for investigating risk and protective factors for depressive symptoms.

Overall, it is yet to be clarified whether the same evidence for the relationships among stressful life events, parental verbal aggression, parental warmth, sex, and depressive symptoms that were revealed in Western research hold true for Malaysian adolescents due to sparseness of pertinent data. In the same manner, studies on the supposed role of both parental warmth and sex as moderators have elicited opposing findings. Considering all these gaps as well as the Malaysian government's advocacy of abating psychological disorders through stress management strategies and family intervention programs, the conceptual paradigm of this thesis was formulated. Specifically, this research aimed to address the aforementioned limitations by a cross-sectional investigation on depressive symptoms in Malaysians aged 13 to 19 years old, with stressful life events and parental verbal aggression as potential risk factors, and parental warmth and sex as moderators.

1.3 Research Questions

The preceding sections accentuated the need to investigate the potential depressogenic impact of stressful life events and parental verbal aggression, with parental warmth and sex as moderators. In particular, this research sought answers to the following issues:

1. Are stressful life events, paternal verbal aggression, and maternal verbal aggression significant risk factors for depressive symptoms?
2. Does adolescent sex moderate the associations of stressful life events and parental verbal aggression with depressive symptoms?
3. Does parental warmth protect adolescents from the depressogenic impact of stressful life events and parental verbal aggression?

1.4 Theoretical Perspectives

A number of different but inter-related theories served as guiding models for the identification of research questions, study variables and their hypothesized

relationships, as well as the data analysis procedures. As illustrated in Figure 1.1, the theories that were verified were Resilience Theory, Stress Exposure Model, Parental Acceptance-Rejection Theory, Stress Reactivity Model, and Stress-Buffering Framework.

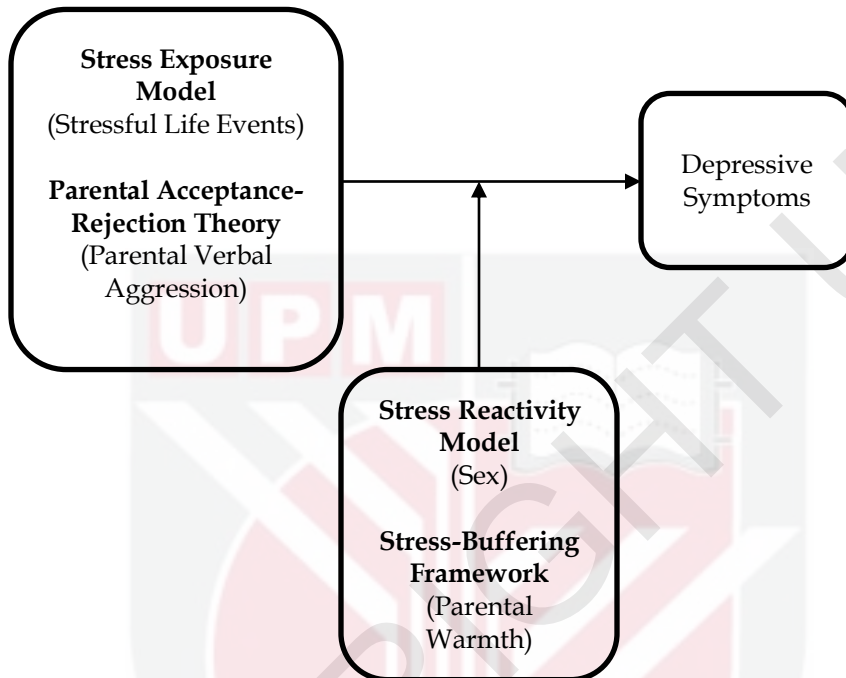


Figure 1.1: Theoretical Underpinnings of the Study

1.4.1 Resilience Theory

By definition, resilience is an “interactive concept that refers to a relative resistance to environmental risk experiences or the overcoming of stress or adversity” (Rutter, 2006, p. 1). Similarly, Masten (2016) defined resilience as “the capacity of a system for successful adaptation to disturbances that threaten system function, viability, or development” (p.297). Essentially, resilience involves coping with and disabling the negative effects of risk factors and traumatic experiences (Fergus & Zimmerman, 2005). Masten (2001) pointed out that if the basic adaptation systems of an individual are functioning well, then development is strengthened despite exposure to severe adversities; however, when these systems are dysfunctional, then developmental difficulties are much greater in the face of harsh life conditions. In other words, resilience theory underscores that individuals attain positive psychological outcomes despite exposure to adverse or threatening life situations (Fergus & Zimmerman, 2005; Luthar, Cicchetti, & Becker, 2000; Rutter, 2006; Yates, Tyrell, & Masten, 2015; Zimmerman, 2013).

The key elements for the occurrence of resilience are exposure to risks and the presence of promotive factors. A risk factor refers to “antecedent conditions associated with an increase in the likelihood of adverse, deleterious, or undesirable outcomes” (Kazdin, Kraemer, Kessler, Kupfer, & Offord, 1997, p.377). On the other hand, promotive factors, which equip adolescents with personal, social and contextual qualities imperative for desirable outcomes, may be classified into: a) assets or positive internal attributes of a person, such as self-esteem or self-concept; and b) resources or external forces like parental support or skills programs for adolescents (Zimmerman, 2013). For Garmezy (1991) promotive factors may be derived from personal characteristics, such as temperament and cognitive skills, a family characterized by cohesion, warm or responsive parents and external support from the community, like teachers in school. In essence, promotive factors are positive variables that interrupt the developmental path from risks to poor health outcomes and mental anguish (Zimmerman, 2013).

Two of the most commonly studied resilience paradigms are compensatory and protective models. In compensatory model, a promotive factor has a unique, direct effect on an outcome (Fergus & Zimmerman, 2005). Specifically, its influence is independent of and in contrast to the effects of risk factors, in that, promotive factors elicit positive adolescent outcomes while risk factors bring about harmful consequences on child development. Conversely, protective models suggest that risk and promotive factors interact to modify the association between a risk factor and an outcome (Yates et al., 2015). In particular, Zimmerman (2013) elaborated that promotive factors may interact with risk factors to diminish the latter’s deleterious influence on adolescent outcomes (i.e., risk-protective model), or they may act together with other assets or resources to enhance healthy psychological development of an individual (i.e., protective-protective model). A predictor variable is considered as a protective factor if it functions as a shield against the impact of risks or adversities (Wright & Masten, 2004). Moreover, both compensatory and protective models can be examined using regression procedures with unique, direct effects for the former and interaction terms for the latter (Fergus & Zimmerman, 2005).

Of particular relevance to this thesis was the risk-protective model of resilience, which was elaborated by Masten (2001) using a variable-focused approach highlighting the use of multivariate statistical analysis to test the associations among risk factors, outcomes, and individual or environmental protective factors as moderators. A wealth of studies has investigated the applicability of the risk-protective model of resilience toward an understanding of adolescent depression (e.g., Beam, Gil-Rivas, Greenberger, & Chen, 2002; Breton et al., 2015; Colman et al., 2014; Guibord, Bell, Romano, & Rouillard, 2011; Jaschek, et al., 2016). Among the most extensively studied risk factors for adolescent depression are negative cognitions, low self-esteem, genetics, negative parenting behaviors, and stressful life events (Garber & Rao, 2014; Roberts & Bishop, 2005; Thapar, A., Collishaw, Pine, & Thapar, A. K., 2012). Moreover, protective factors may encompass family support, positive attachment and relationship with parents, supportive peers, self-worth, optimism, family cohesion, and coping mechanisms (Beam et al., 2002; Carbonell et al., 2002; Roberts & Bishop, 2005; Wright & Masten, 2004).

Some proponents of resilience theory also recognize vulnerability factors as potential moderators of the relationship between risks and child outcomes. Vulnerability refers to individual attributes that bring about susceptibility to negative outcomes (Wright & Masten, 2004). Specifically, this model indicates that vulnerability factors worsen the negative effects that risk factors inflict on child outcomes (Luthar et al., 2000; Yates et al., 2015). Within the context of a moderated effects model, a vulnerable characteristic may be required for risk factors to intensify psychopathology.

1.4.2 Stress Exposure Model

One of the most consistently linked risk factors for adolescent depression is exposure to stressful life events. Central to the stress exposure model is the notion of a unidirectional stress-depression relationship, wherein stressful life events significantly increase the risk for the development of depression (Herres & Kobak, 2014; Liu & Alloy, 2010). The stress exposure framework emerged in the 1970s and is generally attributed to the seminal study by Brown and Harris (1978) of 458 women in London, which revealed that severe negative life events and chronic difficulties precipitate depression. In a nutshell, the Brown and Harris model suggested that stressful life events, referred to as provoking agents in their study, heightened a vulnerable woman's risk for depression.

By and large, this theory posits that stressful life events precede the development of depression and that individuals who have experienced stress are more likely to get depressed compared to those who have not (Garber, 2006). In particular, this approach points out that stress may contribute to the onset, recurrence, and persistence of depression (Hammen & Rudolph, 2003; Rudolph et al., 2000). Cicchetti and Toth (1998) argued that contextual influences may be more significant than genetic factors in the early onset of depression because of a child's helplessness in changing their environment. In addition, major or minor stressful life events disrupt mechanisms that sustain physiological, emotional, and cognitive homeostasis (Ingram & Luxton, 2005). Presumably, it is the failure to sufficiently manage stress that elicits depression and not the stressful life event per se (Meyer et al., 1993). In essence, any undesirable event that a vulnerable person believes will bring about loss of his sense of being successful, competent, or worthwhile could elicit depression (Hammen, 2009).

Notably, young individuals often encounter an array of life events that may result in significant changes in their lives, such as birth of siblings, changing from one school to another, parental separation, death in the family, and serious injury or illness, that are potential stressors which they need to cope with and adapt to (Johnson, 1982). Literature likewise suggests that parental verbal aggression is a stressful life event for a child. As a matter of fact, verbal or symbolic actions displayed by caretakers that generate psychological pain to the child are among the most invasive and worst forms of stressful events in a child's day-to-day life (Wolfe & McIsaac, 2011). Indeed, hostile parenting patterns are stressors that can elicit depression in young individuals (McLeod, Weisz, & Wood, 2007).

1.4.3 Parental Acceptance-Rejection Theory (PARTheory)

Generally, the parental acceptance-rejection theory underscores a parenting behavior with two dimensions, namely acceptance and rejection. Proponents of this theory described parental acceptance as characterized by liking, showing approval of the child's personality and interest in the activities and well-being of the child, and verbally and physically demonstrating love to the child, including hugging, praising, and playing with the child (Rohner & Rohner, 1981). At the other end of the spectrum is parental rejection which refers to "the withdrawal of warmth, affection, care, comfort, concern, nurturance, support, or simply love that parents can feel and express toward their children, or that the children can subjectively experience", (Rohner & Brothers, 1999, p. 88). Parental rejection may manifest in the form of verbal aggressiveness, such as nagging, scolding, ridiculing, cursing and humiliating the child, speaking in a harsh denigrating tone, and saying cruel, unkind, and thoughtless things to the child (Rohner & Rohner, 1981).

The fundamental principle of PARTheory's personality subtheory is that a child's perception of whether he is accepted or rejected by his parents will have an effect on his personality dispositions, behavioral functioning, and psychological adjustment (Khaleque & Rohner, 2012). The personality subtheory emphasizes a child's innate need for positive response from his parents. When a child receives adequate parental acceptance, he is likely to develop emotional stability and responsiveness (Khaleque & Rohner, 2012). In contrast, when a child is rejected by his parents, he tends to develop maladjusted dispositions, in that, he may become less emotionally stable, develops a negative view of the world and a low sense of personal esteem and adequacy, becomes emotionally upset, and feels unlovable or unworthy of being loved (Rohner & Brothers, 1999; Rohner & Rohner, 1980).

This model further suggests that a lack of parental acceptance or high parental rejection may bring about negative affect in the child, such as resentment, anger, and other intensely distressing and painful emotions (Khaleque & Rohner, 2012). Fundamentally, depression in adolescents may stem from a parent-child relationship that is replete with rejection, which may be expressed through parental verbal aggression. Support for the personality subtheory of PARTheory in explaining depression in adolescents may be gleaned from individual and meta-analytic studies (e.g., Miranda, Affuso, Esposito, & Bacchini, 2016; Rohner & Britner, 2002; Tillman, & Juntunen, 2013).

1.4.4 Stress Reactivity Model

Consistent with the risk-vulnerability framework of resilience, the stress reactivity model postulates that sex may moderate the associations between stressful life events and depression (Mezulis, Funasaki, Charbonneau & Hyde, 2009). Along these lines, female sex has been ascertained as a substantially salient vulnerability factor for depression (Williams & Neighbors, 2006). Some researchers have hypothesized that males' and females' reactions to adverse life events differ, such that girls have the higher likelihood to internalize stress responses; whereas boys are more likely to

externalize how they handle stressors (Thompson, Kingree, & Desai, 2004). Specifically, this approach suggests that girls are more likely than their male counterparts to be depressed as a response to higher levels of undesirable life circumstances (Shih, Eberhart, Hammen, & Brennan, 2006). This greater reactivity of females relative to males has been attributed to various factors, such as pubertal timing (Graber, Lewinsohn, Seeley, & Brooks-Gunn, 1997; Ge, Conger, & Elder, 2001) and differences in biological responses to stress, coping mechanisms, and self-concept (Nolen-Hoeksema, 2001).

The stress reactivity model is investigated through moderation analysis, wherein the interaction between sex and a risk factor is analyzed as a predictor of an outcome variable. Numerous studies have used such moderation framework to explain sex differences in the depressogenic impact of stressful life events (e.g., Agoston & Rudolph, 2016; Barile, Grogan, Henrich, Brookmeyer, & Shahar, 2012; Johnson, Whisman, Corley, Hewitt, & Rhee, 2012; Moksnes, Moljord, Espnes, & Byrne, 2010; Hankin et al., 2015). Likewise, past studies on the relationship between harsh parenting and adolescent outcomes have also explored the moderating role of sex (e.g. Berzenski & Yates, 2013; Eberhart, et al., 2006; McKee et al., 2007). Indeed, understanding the reasons for disparities in depression between males and females is conducive to the formulation of prevention programs (Garber, 2006) and in comprehending the antecedents of depression in general (Nolen-Hoeksema, 2001).

1.4.5 Stress Buffering Framework

Most individuals who face stressful life events do not get depressed (Hammen, 2016). As a matter of fact, a great number of children and adolescents exhibit resilience amidst experiencing risk factors for depression (Gladstone & Beardslee, 2009). For this reason, the pathways through which negative life events influence depression have integrated the vital role of protective factors. The nature of such mechanism is elucidated by the stress buffering model, which specifically identifies adverse life events as risk factors, and perceived social support as a promotive factor for the development of child outcomes. The central assumption of this theory is that social support ameliorates the potential depressogenic effects of undesirable experiences in life (Burton et al., 2004). In other words, the stress buffering hypothesis is consistent with the risk-protective model of resilience in emphasizing the vital role of assets and resources in mitigating the development of adolescent depression in the presence of negative life events.

A forefather of the stress-buffering model, Sidney Cobb (1976), defined social support as, an “information leading the subject to believe that he is cared for and loved, esteemed, and a member of a network of mutual obligation” (p. 300). Cohen & Wills (1985) classified four different types of social resources that may operate as buffers against adverse repercussions of life stress into the following: (a) esteem or emotional support, which is manifested by conveying to the person that he is accepted and valued, unconditionally; (b) informational support, which involves providing guidance on how to cope with stressful experiences; (c) instrumental support, which encompasses provisions of material aids; and (d) diffuse support and belongingness, which involves

social companionship. They further expounded that esteem and informational support are likely to be receptive to various types of stressful events; while instrumental support and diffuse support are assumed to operate only when they are attuned to the particular need elicited by a stressful event.

In stressful life events research, interpersonal relationships are regarded as sources of social support with the inherent assumption that they act as protectors against life stress (Aro, Hanninen, & Paronen, 1989). Intimate or close, confiding relationships provide sufficient esteem and information support to individuals undergoing stressors (Cohen & Wills, 1985). As underscored in empirical literature, previous studies have reported that social support from family and peers is associated with less depression (Gaylord-Harden, Ragsdale, Mandara, Richards, & Petersen, 2006). As a matter of fact, there is robust empirical support for the stress-buffering model if parental support was examined as a protective factor against stressors (Hazel et al., 2014).

Indubitably, when a person is going through life challenges and difficult emotions, he often seeks out people close to him such as his parents, for help, support, comfort, and guidance (Velez et al., 2016). In this regard, parental warmth could be a relevant source of social support for children and adolescents (Ge et al., 2009). In fact, Davidson and Adams (2013) operationalized perceived social support from parents as involving parental warmth, responsiveness, nurturance, and affective communication. Indeed, parents can safeguard their children against maladjustment by helping them in dealing with stress (Bowlby, 1988).

Essentially, social support has the capacity to protect individuals who are going through some crisis or life stress from pathological conditions, such as depression (Cobb, 1976; Cohen & Wills, 1985). Conversely, to those individuals who receive little or no social support at all, stress will impose harmful effects on their well-being (Cohen & McKay, 1984). Social support presumably enhances an individual's self-esteem, confidence and self-efficacy that can increase his coping mechanisms in the face of stressful life events (Burton, et al., 2004). Such heightened adaptive efficacy is believed to diminish the potential effects of stress (Ge et al, 2009). Moreover, the sense of solidarity and belongingness derived from social support can uplift one's positive affect, thereby, protecting one from psychological disorders prompted by stressful events (Cohen & McKay, 1984).

1.5 Conceptual Framework

Literature suggests that a multitude of factors must be investigated to get a good grasp of the emergence of depression in adolescents. The complexity of depression's causal structure makes it implausible for only one risk factor to sufficiently explain its development (Dobson & Dozois, 2008; Garber, 2006). In view of this, Hammen (2005) suggested that a multivariate framework in investigating depression is necessary. Further, theoretical and empirical literature provided a foundation for identifying potential predictors of adolescent depressive symptoms. The overarching theory of the current research was the resilience model, which emphasizes the effects of risk factors

and moderators on child developmental outcomes. Therefore, the research variables for this study included risks, moderators, and an outcome variable (see Figure 1.2).

The selection of risk factors for depressive symptoms was based on the stress exposure model and parental acceptance-rejection theory. The stress exposure model posits that experiencing a single or multiple stressful life events may result in depressive disorders or symptoms. Similarly, PARTheory stipulates that parental rejection, which may be manifested by verbal aggression, may predict psychological maladjustment in the child. Consequently, the independent variables examined by this research were stressful life events, paternal verbal aggression, and maternal verbal aggression. Based on data from empirical literature (e.g., Donovan & Brassard, 2011; Hazel et al., 2014; Shapero et al., 2015; Wang & Kenny, 2014a; Young, 2016), the current study predicted that there will be direct positive associations between the said risk factors and depressive symptoms.

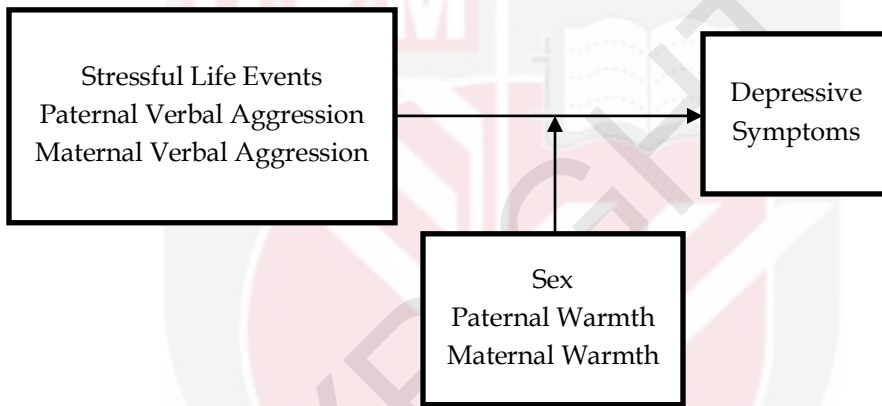


Figure 1.2: Conceptual Framework of the Study

Resilience theory further suggests a moderation analysis to examine the influence of a protective and/or a vulnerability factor on the associations between risks and an outcome. In accordance with the stress reactivity framework which suggests that females are more likely than males to develop depression when faced by undesirable events, the present research examined sex as a moderating factor. In addition, grounded on the stress buffering framework and risk-protective model of resilience which gives emphasis to social support as a protective factor, this study incorporated parental warmth as a potential modifier of the depressogenic impact of stressful life events and parental verbal aggression. Since parental warmth was regarded as a protective factor, a buffering interaction was hypothesized, wherein the continuous moderator was expected to weaken the effect of the continuous predictor on the outcome (Andersson, Cuervo-Cazurra, & Nielsen, 2014). Correspondingly, a number of studies have examined sex and parental warmth as moderators for the stress-depression link as well as the relationship between harsh parenting and depression (e.g., Agoston & Rudolph, 2016; Hankin et al., 2015; McKee et al., 2007).

1.6 Research Objectives and Hypotheses

The preceding sections demonstrated the need to investigate the depressogenic impact of stressful life events and parental verbal aggression, with parental warmth and sex as moderators. In particular, this thesis aimed to:

1. Determine if stressful life events, paternal verbal aggression, and maternal verbal aggression will significantly predict adolescent depression.
Hypothesis 1a: Increasing number of stressful life events is associated with depressive symptoms.
Hypothesis 1b: A higher level of perceived paternal verbal aggression is related to symptoms of depression.
Hypothesis 1c: Greater levels of perceived maternal verbal aggression correspond to an elevated likelihood of depressive symptoms in adolescents.
2. Examine if the hypothesized depressogenic impact of stressful life events and parental verbal aggression will be moderated by adolescent sex.
Hypothesis 2a: The probability of depression will be higher for females with greater number of stressful life events than their male counterparts.
Hypothesis 2b: There will be a significant interaction between sex and paternal verbal aggression in predicting adolescent depressive symptoms.
Hypothesis 2c: Sex will moderate the relationship between maternal verbal aggression and depressive symptomatology in adolescents.
3. Determine if parental warmth significantly interacts with stressful life events and parental verbal aggression in predicting adolescent depression.
Hypothesis 3a: Paternal warmth will diminish the depressogenic impact of stressful life events.
Hypothesis 3b: The depressogenic influence of paternal verbal aggression will be buffered by paternal warmth.
Hypothesis 3c: Paternal warmth will reduce the relationship between maternal verbal aggression and adolescent depressive symptoms.
Hypothesis 3d: Maternal warmth will buffer adolescents from depressive symptomatology when faced by stressful life events.
Hypothesis 3e: Maternal warmth will lessen the depressogenic impact of paternal verbal aggression.
Hypothesis 3f: The association between maternal verbal aggression and depression will be alleviated by maternal warmth.

1.7 Significance of the Study

There were several reasons why conducting this study was paramount. Foremost of which, this study heeded the call of previous researchers to conduct further investigations on the risk and protective factors for adolescent depressive symptoms. Knowledge of factors which place subgroups of Malaysian adolescents at risk for

depressive symptomatology would contribute to the extension of related theoretical models. The findings of this study can also advance the field of developmental psychology by providing new information regarding the salient associations between adolescent depressive symptoms, sex-specific positive and negative parenting behaviors, and adverse life experiences in the Asian setting. Additionally, this paper will contribute to further clarification of adolescent male-female differences in experiencing depression.

Furthermore, the identification of specific variables that influence depressive symptoms in adolescents would provide essential practical and policy implications. As previously mentioned, the Malaysian government has started taking the necessary steps to mitigate adolescent mental health problems by implementing the Healthy Mind Services. This and other prevention and intervention programs by both government and non-government institutions will be improved and appropriately tailored to adolescents through findings from the current research. For instance, data on the relationship between stressful life events and adolescent depressive symptoms may be utilized in expanding the stress management trainings promoted by the Ministry of Health.

Moreover, results from this study concerning the depressogenic impact of parental verbal aggression and the protective role of parental warmth may be used in improving the existing family-based or interpersonal psychotherapy programs for depressed and vulnerable adolescents. Such findings may guide the parents themselves in adopting parenting behaviors which are conducive to the healthy psychological well-being of their children. Similarly, findings from this thesis may be used as guide for the formulation of policies that cater to the distinctive needs of adolescent males and females. Outcomes from this research may also be used for the dissemination of evidence-based information on the nature and correlates of adolescent depression to rectify misconceptions and expel stigmatization surrounding mental ill-health among Malaysians. Lastly, other segments of the society such as teachers, youth, clinicians, and the community as a whole, will be able to acquire essential information that they can use in safeguarding adolescents from depression.

1.8 Definition of Terminologies

The major terms used in this study are subsequently defined, both conceptually and operationally, for ease of comprehension and to avoid misunderstandings.

Adolescent

Santrock (2015) described adolescents as young individuals aged 10 to 19 years old who are going through physical, cognitive, emotional, and social changes inherent in the developmental period between childhood and adulthood. Operationally, it corresponds to Malaysian secondary-school students aged 13 to 19 years old.

Depression

Thapar et al. (2012) defined depression as a group of symptoms coupled with impairments. For this research, it refers to the presence of depressive symptoms measured using the Beck Depression Inventory for Malays (BDI-Malay; Mukhtar & Oei, 2008). Specifically, an adolescent was considered depressed or having mild, moderate, or severe symptoms if his total score was ≥ 10 ; and nondepressed or free from depressive symptoms if his cumulative score was zero to nine.

Depressogenic

It refers to any substance which can lead to depressive symptoms (Celano, et al., 2011). For the purpose of this study, it pertains to the capacity of stressful life events and parental verbal aggression to predict adolescent depressive symptoms. Such operationalization was adopted from a multitude of previous studies (e.g., Bastin et al., 2014; Bouma, Ormel, Verhulst, & Oldehinkel, 2008; Bruce et al., 2006; Hankin, Mermelstein, & Roesch, 2007; Johnson et al., 2012).

Parental warmth

del Barrio, Holgado-Tello and Carrasco (2016) defined parental warmth as “rearing practices based on dialogue, rewards, involvement, comprehension, love, attention, and physical expression of affection toward the child” (p. 75). As used in this study, it is the aggregated score of the responses to the 10-item warmth subscale of Malaysian Parenting Behaviour Inventory (MPBI; Baharudin, Zulkefly, & Arshat 2014). The higher the score the more frequent the parent expressed warmth toward the respondent. Further, maternal warmth and paternal warmth were differentiated.

Parental verbal aggression

Vissing et al. (1991) defined parental verbal aggression as “communication intended to cause psychological pain to another person, or a communication perceived as having that intent; the communicative act may be active or passive, and verbal or nonverbal” (p.224). For the current investigation, it is the total score of responses to the 6-item harsh discipline subscale of MPBI. Higher scores demonstrate more frequent parental use of verbal aggression. Moreover, this research distinguished maternal verbal aggression from paternal verbal aggression.

Sex

As conceptually defined, sex refers to “either of the two major forms of individuals that occur in many species and that are distinguished respectively as female or male,

especially on the basis of their reproductive organs and structures,” (*Merriam-Webster’s*, 1993). In this study, it pertains to the self-reported personal attribute of respondents as either male or female.

Stressful life events

Johnson (1992) defined stressful life events as life experiences and changes that require significant coping and adaptation. In this study, it pertains to the total score of the responses to the 23-item Life Events Checklist-Malay (LEC-Malay; Baharudin, Zulkefely, & Arshat, 2016). Higher scores indicate more stressful life events experienced in the past 6 months. Moreover, following Cohen and McKay (1984), stressful life events will be used interchangeably with “stressors” in the present paper.

1.9 Structure of the Thesis

This thesis is composed of five themed chapters. The first chapter gives an introduction of the research topic and related matters, such as justifications for conducting the study, theoretical underpinnings, and conceptual model. The second chapter will consider reviewing and integrating empirical information on the research variables investigated by this study. Chapter 3 will describe both the sources and methodology employed to address the research questions. Chapter 4 presents and discusses the findings derived from the statistical analyses. Finally, the fifth chapter will reflect on the summary, conclusions, implications, limitations, and recommendations for future research.

1.10 Chapter Summary

Depression is a devastating psychological disorder that has been found to afflict adolescent Malaysians. The main theoretical model that guided this research was the resilience theory, which underscores risk and protective factors for depressive symptoms in adolescents. Also, several gaps in empirical literature were identified, particularly the lack of related studies in the Malaysian context, contradictory findings by previous research, and deficiencies in distinguishing the depressogenic effects of mothers’ and fathers’ parenting behaviors. Therefore, grounded on theoretical and empirical literature, this research aimed to assess the depressogenic influence of stressful life events, paternal verbal aggression, and maternal verbal aggression on Malaysian adolescents, with parental warmth and sex as moderators.

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