

# Review on Interpersonal Relationships and Depression among Shelter's Children in Tehran/Iran

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## Abstract

This paper aims to review interpersonal relationship and depression among children living in shelters. The results revealed a negative significant correlation between various interpersonal relationship No significant difference in depression among male and female respondents. The review of this study will help guardians, social workers and psychologists to organize some intervention programmes so as to reduce depression among children living in Tehran's shelters.

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*Index terms*— interpersonal relationship, depression, shelter, children.

## 1 Introduction

uch of the research available on depression among children focus on development of depression among children living with families compared to children living in shelters. The literature on depression among children in shelters has shown that depression is more than just a feeling of sadness. People who are depressed are not just moody or feeling "blue" for a few days (Kessler, Chiu, Demler & Walters, 2005). They feel down for a long period of time or in some cases, they feel anxiety or tiredness for some weeks or months. As depression affects a person's way of feeling, thinking or behaving, it may affect the different aspects of the person's life (Kessler, Chiu, Demler & Walters, 2005).

## 2 II. Depression

Feeling of depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Some people feel this way at one time or another for a short time period. However, true clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time (Bayat, Naderi Far, Bayat, Miri & Saeed, 2005).

According to Street, Nathan and Durkin (2003) empirical studies have declared that childhood depression is not a transitional period and it will result in considerable psychological disorders and may cause depression in future. Moreover, certain behaviour found in adolescents and particular environmental factors do definitely lead to adolescent depression.

Similarly, Orton (2008) studied on depression among youth aged 7-14 years in America and identified that among children suffering from depression, the symptoms include bad temper, lack of interest in activities, losing weight, sleeping problems and fatigue, feeling of worthlessness, having problem in concentrating, lack of self confidence, negative thinking and being irrational. The experience of depression among children might continue for long lasting period, and children who overcome their depression in the primary steps are highly at risk of being depressed in the future (Orton, 2008).

On the other hand, Navabi Nejad (2000) stated that among twenty eight (28) million children living in Iran, two millions of them are suffering from depression. Similarly, Bryant (2008) found that about 2.5% of all children and up to 8.3% of all adolescents in the United States suffer from depression. Although clinical depression is mostly seen in adolescents, very young children may also suffer from depression. Moreover, he stated that the high rate of depression among adolescents and the appearance of depression in very young children showed the need for research on depression among children, and therefore children will benefit the intervention programs which are designed based on the findings (Bryant 2008).

Similarly, the prevalence of depression was estimated between 0.4% and 2.5% in young children, while these were 0.4% and 8.3% for adolescents and the rate of depressive symptoms for males was shown to decrease after

## 7 INTERPERSONAL RELATIONSHIP

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46 the age of 9, while depression was indicated to increase after the age of 12 for females (Orton, 2008). However,  
47 in another study by Eckshtain (2008), the prevalence of depressive symptoms among children was from 0.4% to  
48 2.5%, and the rates were similar for males and females.

49 Additionally, in another study by Chu, Dave and Wei-Cherng (2002) on relationship between depression and  
50 substance abuse among multiple-diagnosed homeless population in services-enhanced transitional housing, a high  
51 rate of depression was found among children living in shelters in America. Moreover, Satyanarayana, Enns, Cox,  
52 & Sareen (2009) researched on prevalence and correlates of chronic depression in the Canadian community health.  
53 The collected sample included 36984 children aged 15 years old and above.

54 They found that chronic depression is a general form of depression and 2.7% of people suffered from this form  
55 of depression.

### 56 3 III. Depression and Gender Differences

57 Study by Berg (2001) demonstrated that females had reported a higher rate of depression than males. There  
58 are many reasons for this, and these include a combination between biological changes and social transitions,  
59 as well as the complex environment that exposes females to a wide range of problems which declares a strong  
60 relationship between gender differences and developing of depression. The result of this study shows the need  
61 for more emphasis to be given on gender differences. Similarly, according to Bryant (2008), it is important to  
62 note that the level of depression in males is greater than that of females and females report depression more than  
63 males. Therefore, gender is believed to affect development of depression in both children and adolescents.

64 On the other hand, Nazroo (2001) found that the prevalence of depression is affected by gender differences.  
65 He also declared that female showed depressive symptoms up to twice the rate do male. In the similar  
66 study, O'Donnell (2008) studied on explanatory styles, parenting, and adolescence depression and found gender  
67 differences in depression among adolescents and that females report symptoms of depression considerably more  
68 than males. In particular, females are reported as having higher risk of being depressed during childhood and  
69 early adolescence, and this creates a gender gap in depression during adolescence.

### 70 4 IV.

71 Depression and Age Differences Bryant (2008) focused on the age differences among youth and its relationship to  
72 depression in the study on psychosocial correlates of depressive symptoms among 248 African-American children.  
73 Although some studies show no clear relations between these two variables among children, other studies have  
74 discovered that age is considerably associated with depression. He also found that there was no significant  
75 relationship between age and depression. Matlin (2008) stated prevalence of depression increases across the  
76 lifetime, especially during adolescence. A noticeable increase is observed between the ages of 13 and 15 years  
77 and reaches its maximum level between the ages of 17 and 18. The level of depression in adolescence is even  
78 higher. Similarly, a study by Varley (2002) found that forty percent of adolescents between the ages of 14 and  
79 15 years reported depressive symptoms. This positive correlation between depression and age might be due to  
80 physiological changes, increasing social and academic needs, as well as exposure to harmful experiences.

81 In addition, Berg (2001) declared that although social problems decrease with age, the level of depression  
82 within depressed children living in shelters rises with age. During adulthood, the level of social problems in  
83 youths suffering from depression, antisocial behaviours, school problems, and the overall levels of depression  
84 increase with age. Similarly, the study by Prinstein, Borelli, Cheah, Simon, & Aikins (2005) revealed that  
85 adolescent females with poor peer friendships reported higher level of depressive symptoms.

86 V.

### 87 5 Depression in Shelter

88 According to Zima, Wells, and Freeman (1994) children suffering depression and evaluate the relationship between  
89 child problems and the use of physical and mental health services among 169 schoolage children in Los Angeles.  
90 For this purpose, interviewers used standard measures of depression, and behavioural problems to assess the  
91 respondents' answers. The majority (78%) of the children were found to be suffering from depression, having  
92 behavioural problem, or poor school performance. Only one third of their parents were aware of the mentioned  
93 problems, while 15% of them had never received any mental or physical health care.

94 Depression among sheltered children was also evaluated by Wagner and Menke (1991). In their study, 51%  
95 of sheltered children between the ages of 7 and 12 years old were found to have required mental health care for  
96 depression according to scores on the (CDI). Meanwhile, thirty five percent (35%) obtained the scores which  
97 indicated clinical depression or were similar to the scores obtained by a sample of children receiving treatment  
98 for depression.

### 99 6 VI.

### 100 7 Interpersonal Relationship

101 According to Jin Yu, Hoffman Tepper and Russell, (2009) within a group of children, being accepted by peers is an  
102 indication of popularity and social status, while friendship is rooted in mutual respect and liking. Friendships in

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103 early adolescence are very supportive and children share a more common sense of feeling. Although friendships and  
104 peer acceptance are different, both have been found to affect childhood development. In specific, peer acceptance  
105 creates a more powerful sense of belonging and fewer behavioural problems in children, while friendships mostly  
106 affect feeling of loneliness. However, both friendships and peer acceptance have been found to improve self-esteem  
107 (Jin Yu, et al., 2009).

108 Interestingly, Barton and Cohen, (2004) classroom gender composition, children's peer relations and social life  
109 of children is affected by gender of peers.

110 Throughout childhood, children involve cultures which are defined by gender. In schools, the gender  
111 composition of class will affect social communication of children. An apparent gender difference is mostly reported  
112 in the form of aggressive behaviour used by boys versus girls.

113 Similarly, King, Boyce and King (1999) discovered that most children found it quite easy to talk to their  
114 same-gender friends about issues that bothered them, and this was particularly stated as easy by mostly girls.  
115 Furthermore, children will obviously feel more comfortable to talk about bothering issues to the opposite-gender  
116 friends when they move from early adolescence to the middle adolescence.

## 117 8 VII.

### 118 9 Interpersonal Relationship and Depression

119 Hamill (2007) studied the correlation between behavioural inhibition and behavioural activation, peer relation-  
120 ships and depression, but no significant correlation was found between behavioural inhibition and depression.  
121 The sample included 151 adolescents in grades 7 to 12. Furthermore, he also found that there was no correlation  
122 between peer relationship support and lower depressive scores.

123 Similarly, Masten (2005) identified that poor peer relationship or lack of positive peer relations have been  
124 reported as harmful for development of psychopathology. In particular, poor peer relationship exposes children  
125 to a large number of problems including mental disorders, poor school performance and social problems.

126 In addition, Shih, Josephine, Eberhart and Nicole (2008) examined the relationship between interpersonal  
127 behaviours and interpersonal relationship. The study revealed that even when depression symptoms are reduced,  
128 they can still affect peer relationships and depression will result in poor interpersonal relationship.

## 129 10 VIII.

### 130 11 Theoretical Implications

131 Review of this study present evidences on the role that interpersonal relationships play in developing the  
132 symptoms of depression among the children living in shelters. The current study employed the Bronfenbrenner  
133 (2005) ecological theory and examined independent variables which included the relationships with classmates,  
134 psychologists, social workers, guardians and roommates, both at the Micro and Meso levels.

135 Human Ecological System theory is useful to understand and study the level of depression among children living  
136 in shelters. This theory can also be used to evaluate the influence of the interpersonal relationships on depression.  
137 Moreover, it's an approach to the study of growing human being that put emphasis on the interactions between  
138 the layers of ecological system theory and comprehensively expresses the way the people live and talks about  
139 bidirectional effects of the people and their environment on each other (Matlin, 2008). The proposed model was  
140 supported in this study. The finding showed that relationships between classmates, roommates, psychologists,  
141 social workers and guardians with depression were significantly negative correlated.

142 Furthermore, the study demonstrates that interpersonal relationship can affect depression among children in  
143 shelters. Children have some characteristics (e.g. age) that affect their biology and these characteristics influence  
144 the interaction of children in shelters. Gender is also one of the important characteristics of children. Male avoid  
145 expressing their emotion from early age and this is the signal of vulnerability, but there are little evidences that  
146 physiological basis of emotion are different between female and male (Owen Blakemore, Berenbaum & Liben,  
147 2008). The findings of the present study also showed that there is no significant difference between male and female  
148 and supported Human Ecological theory. The ecological theory also identifies that there might be environmental  
149 factors that protect children from depression. Children living shelters in Iran, mostly those who are at the  
150 risk of increasing depression, often experience challenges in their interactions with their classmates, roommates,  
151 guardians, psychologists and social workers. The ecological theory addresses these variables and recommends a  
152 way for researchers to study the significance of these variables and declare that there are environmental variables  
153 which increase the possibility of developing depression.

## 154 12 IX.

### 155 13 Suggestion for Future Programs

156 Psychologists, guardians and social workers should allocate enough time and be patient when helping the children  
157 as this can develop their trust. They should not personalize the problems like showing bad temper and rejection  
158 of help. On the contrary, they should consider them as having problems which are rooted in these children's  
159 families. They should always make effort to outreach those children who are hard to communicate. In addition,

160 arranging group discussions involving currently and previously sheltered children can create an opportunity  
161 for peer support. Moreover, organizing support groups and mentoring programs can definitely help currently  
162 sheltered children and they can be supported by children who have successfully overcome the problems they face  
163 living in shelters. Shelters should provide a comfortable living condition for children so as to fulfill their privacy  
164 and safety in the effort to decrease the pressure and stress that they experience every day in shelters. Researchers  
165 interested in broadening the knowledge of depression and Iranian children living in various shelters in Tehran  
166 should also factors play in developing depression among these children.

167 X.

## 168 14 Conclusion

169 This paper provided experimental evidences that interpersonal relationship might affect depression among  
170 children living in shelters. The study provides evidences of the correlation between depression and interpersonal  
171 relationship. Therefore, the current study has added more empirical evidences to the body of knowledge that  
172 will inform practice and guide policy makers in relation to depression among children living in various shelters.  
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<sup>2</sup>© 2013 Global Journals Inc. (US)seriously consider the role that interpersonal relationship

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