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# **The effects of monoparental and traditional families on adolescents**

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**Abstract.** This study examines the impact of single-parent and traditional families on depression and self-esteem among adolescents, with the aim of identifying differences in the level of the two concepts mentioned. The tests were applied to a group of 60 subjects belonging to both the male and female gender, and the age range is between 16 and 20 years. Given the above, the objectives of the paper are: establishing the differences in self-esteem and depression between the two types of families. Following statistical calculations, all objectives have been achieved, all hypotheses are valid. There are significant differences in depression and self-esteem among adolescents in traditional and single-parent families, with the latter having significantly higher scores for depression and lower scores for self-esteem.

**Keywords.** adolescents, monoparental, differences, depression, self-esteem

## **1. Introduction**

### **1.1 Depression**

According to Neamțu (2016) depression represents that nervous or psychotic disorder, that collapse of the mood based on sadness, inactivity, feelings of rejection and despair. Also, Larousse (1993) considers that numerous depressions occur as a result of an unpleasant event or any other experience that requires the subject to adapt to a new situation.

It is worth mentioning that the manifestation is different from human to human. It can be fleeting or permanent, mild or severe (Jeican, R., 1995). Of course, as Birch (1999) states, there are cases in which depression is so deep that it can cause suicide, and unfortunately these cases are increasingly common.

Referring to the stage of adolescence, we can say that depression is a state that most adolescents face. Seligman (2021) shows us that the factors that lead to depressive symptoms during this period are diverse:

- hormonal disorders



- non-integration into a social group
- feeling of inferiority
- first disappointment in love
- bullying

The family environment has also shown to play a significant role in the emergence and maintenance of depressive illnesses and symptoms. According to Huberty (2012), family dynamics and the connection between parental depression and child depression have been the focus of the study's main findings (Beardslee, W.R., Versage, E.M., & Gladstone, T.R.G., 1998). The family environment, interactions among family members, and family stresses have all been proven to be connected with depression in children and adolescents. Family issues can therefore have a significant impact on teenage depression.

Also, over the years, there has been a general consensus that single-parent families are at a greater socio-economic disadvantage compared to the traditional family. Single paternity poses additional economic challenges that intensify stress levels, which can cause more difficulties in the parent child relationship. Thus, the adversity of childhood, including divorce, seem to cause both short-term and long-term problems, various disorders in childhood and, subsequently, depression in adolescence (Kellam, S.G., Ensminger, M.E., & Turner, R.J., 1977).

Being a sensitive period in which the entourage plays an extremely important role in the social development of the individual we can say that depression can lead to certain undesirable acts, more precisely the consumption of alcohol and drugs. Despite the assertions of some researchers (Gfroerer, J., De la Rosa, M., 1993; Ford-Gilboe, 2000; Robins, L.N., Przybeck, T.R., 1987), many other studies (Booth, A., Amato, P.R., 2001; Cairney, J., Boyle, M., Offord D.R & Racine, Y., 2003; Chilcoat, H.D., Anthony, J.C., 1996; Cummings, E.M., Keller, P.S., & Davies, P., 2005; Demo, D.H., Acock, A.C., 1988; etc.) have found that the composition of the household has a significant impact on adolescents' problematic.

We can conclude that, depression is a fairly significant disorder during the period of adolescence, and the causes are diverse. As for the family climate, we noticed above that it can be a possible factor for the onset of depression.

## **1.2 Self-esteem**

Self-esteem is an evaluative component of the self, referring to the affective feelings of the individual and the emotions felt about his entire person (Strickland, *apud* Scârneci, F., 2009). Thus, self-esteem refers to personal self-assessment.

Lutanen and Crocker (1992, *apud* Carr, A., 1999), structured the concept of self-esteem into two broad categories: personal self-esteem--referring strictly to the judgments and subjective evaluation of one's own actions or of oneself; and collective self-esteem--referring to judgments on the group or group's actions. Also, Rosenberg and Harter (*apud* Bolognini, M., Preteur, Y., 1998) consider self-esteem to be influenced by the way in which the individual perceives his own competences in areas where success is important to himself.

At the same time, Strickland (*apud* Scârneci, F., 2009) believes that self-esteem encompasses confidence and self-acceptance. Thus, the child with high self-esteem, tends to be more motivated to have good performances, but if the self-esteem is conditioned by success, they tend to feel incapable of success and demoralize at failure.



Around the age of 8, children have a vision of their own values and competences, but it is only at puberty that this conception of their own values becomes reality. Self-esteem tends to be higher during preschool and then, around the age of 12, a significant decrease occurs, caused by the body changes to which he is subjected, but it will gradually increase until adolescence (Carr, A., 1999, p. 22). Nathaniel Branden (1996, *apud* Humpreys, T., 2007) argues that self-esteem represents "the ability to face the fundamental difficulties of life without losing hope."

Below we present a portrait of the teenager according to the self-esteem set by Humpreys (2007):

- Teenagers who lack confidence: they are prone to be careless with themselves, they are afraid of everything that is new, they "hate" themselves, they are very critical with their own body and person, they have a deep inferiority or superiority complex, the latter, having the role of "mask" to hide the inferiority complex. They can also have suicidal tendencies, they are usually introverted, sensitive.
- Young people with average self-esteem: they are envious of the people around them for their successes or objects, they have little autonomy, sometimes they can be anxious
- Teenagers who have high self-esteem are self-reliant, accepting of their physical appearance and self-worth, energetic, upbeat, and emotionally mature. As a result, it is clear that teenagers who have strong self-esteem are more driven to succeed than those whose self-esteem is dependent on achievement (Salceanu, C., 2015).

## **2. The research**

### **2.1 Objectives and hypotheses**

This study was conducted to discover the effects of single-parent and traditional families on depression and self-esteem among adolescents. The aim is to find out the differences in self-esteem and depression levels in the adolescents from the two types of families.

Hypothesis 1: It is assumed that there is a difference between adolescents from single-parent families and those from traditional families in terms of depression.

Hypothesis 2: It is assumed that teenagers from single-parent households and those from conventional families have different levels of self-esteem.

### **2.2 Lot of participants**

For the research were used a number of 60 subjects in the period of adolescence, who have the ages between 16-20 years. From the point of view of gender, subjects of both the female and the male gender were chosen and in terms of family type, the participants come from mono- and traditional families.

### **2.3 Description of the used methods**

One of the tools used to carry out this research is the BASC-2 questionnaire, which is part of the Behaviour Assessment System for Children (Reynolds, C.R., Kamphaus, R.V., 1992). For children and adolescents between the ages of 2 and 25, this behavioural assessment system is used to assess behaviour and self-perception. Additionally, Basc-2 was created to make it easier to identify and categorise the various emotional and behavioural issues that might affect kids. At the same time, the system contains two assessment scales: one for teachers (Assessment Scale for Teachers, Teacher Rating Scale, TRS) and another for parents (Assessment Scale for Parents,



Parent Rating Scale, PRS) according to Reynolds and Kamphaus (1992, p.15-16).

The assessment scales used by BASC-2 cover a vast area of adaptive behaviors and problem-behaviors manifested by children in a family or social context, among which: anxiety, depression, aggressiveness, somatization etc.

Another tool used in our research is given by the Rosenberg questionnaire. This scale was originally developed to measure the overall sense of personal value and self-acceptance. The scale includes 10 items with 4 possibilities of response between total disagreement (1 point) and total agreement (4 points). Scores can be between 10 and 40, and high scores indicate low self-esteem.

## 2.4 Data analysis and processing

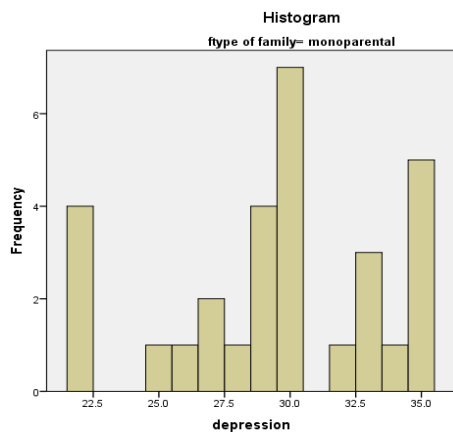
**Hypothesis 1: It is assumed that there is a difference between adolescents from single-parent families and those from traditional families in terms of depression.**

Table 1. The test of normality indicates that we have a normal distribution because both values of the SIG exceed the value of 0.05, which leads us to use the parametric method.

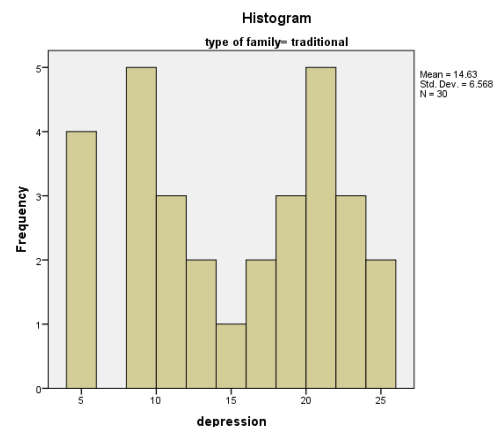
**Tests of Normality**

| type of family |              | Kolmogorov-Smirnov <sup>a</sup> |    |      | Shapiro-Wilk |    |      |
|----------------|--------------|---------------------------------|----|------|--------------|----|------|
|                |              | Statistic                       | df | Sig. | Statistic    | df | Sig. |
| depression     | monoparental | .145                            | 30 | .107 | .913         | 30 | .017 |
|                | traditional  | .147                            | 30 | .097 | .919         | 30 | .026 |

a. Lilliefors Significance Correction



Histogram 1



Histogram 2

Table 2. The group's statistical table indicates the difference between the scores of adolescents in single-parent families (average = 29.57) and adolescents in traditional families (average = 14.63) depending on the level of depression.

**Group Statistics**

| type of family |              | N  | Mean  | Std. Deviation | Std. Error Mean |
|----------------|--------------|----|-------|----------------|-----------------|
| depression     | monoparental | 30 | 29.57 | 4.108          | .750            |
|                | traditional  | 30 | 14.63 | 6.568          | 1.199           |



Table 3. The theory is supported by statistical calculations, which show that at a relevant threshold of  $p=000$ , there are statistically significant differences between adolescents from single-parent households and those from conventional families.

| Independent Samples Test |                             |   |      |                              |        |                 |                 |                       |   |        |
|--------------------------|-----------------------------|---|------|------------------------------|--------|-----------------|-----------------|-----------------------|---|--------|
|                          |                             | Levene's Test for Equality of Variances |      | t-test for Equality of Means |        |                 |                 |                       |   |        |
|                          |                             | F                                       | Sig. | t                            | df     | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference |        |
|                          |                             |   |      |                              |        |                 |                 | Lower                 |   | Upper  |
| depression               | Equal variances assumed     | 15.402                                  | .000 | 10.558                       | 58     | .000            | 14.933          | 1.414                 | 12.102                                    | 17.764 |
|                          | Equal variances not assumed |   |      | 10.558                       | 48.678 | .000            | 14.933          | 1.414                 | 12.091                                    | 17.776 |

associated with the life of the teenager coming from a single-parent home. When a parent dies or gets divorced, or when they move into a home with only one parent, many teenagers find it difficult to adjust fast. Familial dysfunction is to blame for this. Therefore, I think that teenagers from single-parent households require a lot of emotional assistance in order to successfully navigate the stages of grief and adaptation, to reintegrate resilience, and to long-term reestablish a healthy self and family.

According to most studies (Amato, P.R., Keith, B., 1991; Daryanani I., Hamilton, J.L., Abramson, L.Y., Alloy, L.B., 2016; Hilton, J.M., Devall, E.L., 1998), teenagers raised in one-parent families are more prone to have depressive disorder symptoms. Hankin (2006) asserts that this risk is likely to worsen during adolescence, a developmental stage that is characterised by a noticeably raised risk for the beginning of depressive symptoms and episodes. Ge, Lorenz, Conger, Elder, and Simons (1994) assert that teenagers report greater depressed symptoms and have more depressive episodes than children under the age of 12 do.

A Meta-analysis of 67 studies on children from divorced families in the 1990s (Amato, P.R., 2001) showed that adolescents in divorced families had more problems of conduct, social, academic and depression than those in undivided families. A study (Lewinsohn, P.M., Roberts, R.E., Seeley, J.R., Rhode, P., Gotlib, I.H., Hops, H., 1994) also documented the link between a parent's death and depressive disorders, most likely as a result of both social and economic reasons.

Furthermore, we emphasise the long-standing consensus that single-parent homes are socioeconomically more disadvantaged than the average family (Kim, S.K., Kang, M.H., 2005). Single paternity poses additional economic challenges that intensify stress levels, which can cause more difficulties in the parent child relationship. According to Avison (2002) the prevalence of poverty in the single-parent family has been estimated to be up to 50%, compared to about 5% in families consisting of two parents, and this economic disadvantage can still lead to higher rates of emotional problems and depressive episodes in adolescents (Offord, D.R., Boyle, M.H., & Jones, B.R., 1987).

We can also bring up the effects that depressive episodes can cause. It happens that teenagers raised in a single-parent family are most of the time unattended (by their own heads), this represents an opportunity for the teenager to try certain vices. Thus, we can amiti that drugs, tobacco and alcohol are the main temptations that arise in the entourage of adolescents. Even more so, if the teenager is in a depressive episode with the greater the tendency of interiorization in the world of vices.



So, starting from the finding made, we highlight that a prospective study conducted by William, Lechner, Janssen, Christopher, Kahler, McGovern & Leventhal (2017) involving 100 subjects, found that depressive symptoms reported in adolescence were manifested in the increased desire of adolescents to use drugs. Thus, as amran specialists also say, Fatimah & Khadijah (2012) there are great challenges for an individual from a dysfunctional family to manifest their depressive episodes compared to an individual from a traditional family.

We can conclude that single parent families can make children more susceptible to a range of negative manifestations, in addition to having an impact on family dynamics and mother adjustment. At the same time, we have noticed that single-parent families are more likely to face poverty than families with two parents due to the loss of their partner's finances, which can cause depressive episodes in the adolescent's life (Goodrum, N.M., Jones, D.J., Kincaid, C.Y., Cueller, J., & Parent, J.M., 2012).

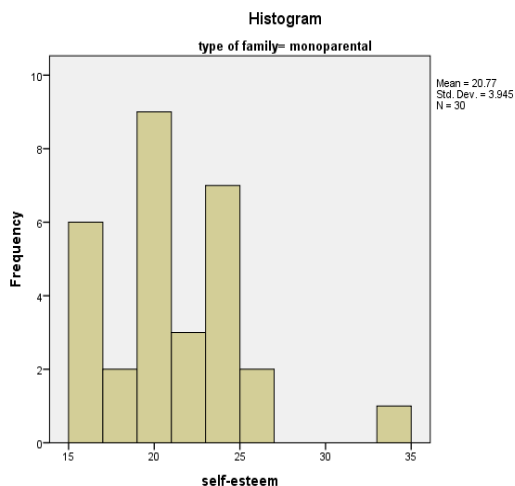
**Hypothesis 2: It is assumed that teenagers from single-parent households and those from conventional families have different levels of self-esteem.**

Table 4. Table 1. The test of normality indicates that we have a normal distribution because both values of the SIG exceed the value of 0.05, which leads us to use the parametric method.

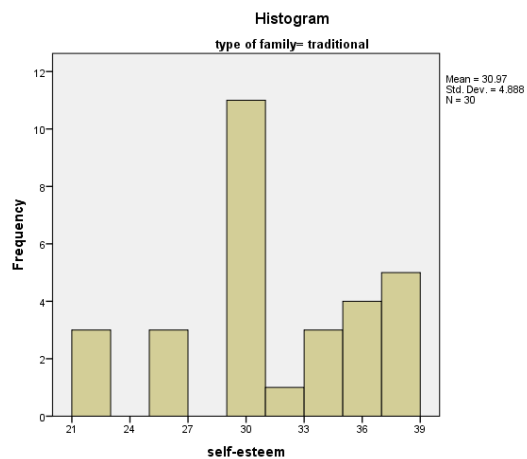
**Tests of Normality**

| type of family |              | Kolmogorov-Smirnov <sup>a</sup> |    |      | Shapiro-Wilk |    |      |
|----------------|--------------|---------------------------------|----|------|--------------|----|------|
|                |              | Statistic                       | df | Sig. | Statistic    | df | Sig. |
| self-esteem    | monoparental | .144                            | 30 | .116 | .883         | 30 | .003 |
|                | traditional  | .145                            | 30 | .108 | .927         | 30 | .041 |

a. Lilliefors Significance Correction



Histogram 3



Histogram 4



Table 5. The group's statistical table indicates the difference between the scores of adolescents from single-parent families (average = 20.77) and adolescents from traditional families (average = 30.97) for the size of self-esteem.

**Group Statistics**

| type of family |              | N  | Mean  | Std. Deviation | Std. Error Mean |
|----------------|--------------|----|-------|----------------|-----------------|
| self-esteem    | monoparental | 30 | 20.77 | 3.945          | .720            |
|                | traditional  | 30 | 30.97 | 4.888          | .892            |

Table 6. Following statistical calculations, the hypothesis is confirmed, there is a significant difference between adolescents from single-parent families and those from traditional families at a meaningful threshold of  $p=000$ .

| Independent Samples Test |                             |   |      |                              |        |                 |                 |                       |   |        |
|--------------------------|-----------------------------|---|------|------------------------------|--------|-----------------|-----------------|-----------------------|---|--------|
|                          |                             | Levene's Test for Equality of Variances |      | t-test for Equality of Means |        |                 |                 |                       |   |        |
|                          |                             | F                                       | Sig. | t                            | df     | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference |        |
|                          |                             |   |      |                              |        |                 |                 |                       | Lower                                     | Upper  |
| self-esteem              | Equal variances assumed     | 1.462                                   | .231 | -8.894                       | 58     | .000            | -10.200         | 1.147                 | -12.496                                   | -7.904 |
|                          | Equal variances not assumed |   |      | -8.894                       | 55.525 | .000            | -10.200         | 1.147                 | -12.498                                   | -7.902 |

Harwood, Miller and Vasta (2010) argue that the family environment in which the child lives has a huge impact on the development of self-esteem, thus, conflicts between parents can generate the child's feeling of insecurity and thus, self-esteem can be affected due to the internal conflict that the adolescent feels.

According to research (Baumeister, R.F., Campbell, J.D., Krueger, J.I., & Vohs, K.D., 2003), adolescents who live in single-parent households have significantly lower self-esteem than those who do not.

At the same time, Hetherington's study (2003) shows that adolescents in families with divorced or remarried parents have a higher level of depression and anxiety, but also lower self-esteem compared to adolescents who grew up in a biparental family.

Such a result also had the study of Elfhag, Tynelius and Rasmussen (2008) and thus came to the conclusion that adolescents have a lower self-esteem if they come from a monoparental environment. The answer was provided by the fact that adolescents from single-parent households are more emotionally unstable, depressive, and have lower self-esteem than typical kids. Moreover, Erikson's developmental stage of adolescence put a lot of emphasis on establishing the identity of the ego, but according to Orth, Robins and Roberts (2008) teenagers in a single-parent family have low self-esteem and life satisfaction and are psychologically discouraged, which has come into question.

According to Amato and Keith's (1991) examination of 13,000 youngsters, 13,000 from homes with both parents, and 13,000 from single-parent families, teenagers from single-parent households have worse self-esteem.





Another study on self-esteem in single and biparental families was conducted in 2006 by DeHart, Pelham and Tennen, (2006). Out of 116 girls and boys, 50% lived with both parents, 38% had divorced parents, and 13% had always lived with one of their parents. First, studies have found that teens from single-parent households are more likely to experience depressive episodes than those who have both parents as carers. There were no appreciable changes in the female individuals.

The research by Bulanda and Majumdar (2009) supports and reinforces the idea that adolescents who are raised by a single parent have poorer self-esteem. We say this because this study claims that the death, divorce/separation of one of the parents has a significant impact on the self-esteem of adolescents.

### **Conclusions**

Our research has shown that there may be significant differences between adolescents in single-parent families and those in families with both parents in terms of self-esteem and depression. During the research we noticed that these differences occur due to several factors. Referring to the first variable in which we analyzed depressive behavior, the calculations showed significant differences in scores. First, studies have found that adolescents in single-parent households are more likely to experience depressive episodes than those who have both parents as caregivers. In reading literature and personal experience, we found that this difference is present due to social and economic considerations, which are some of the most significant elements that can cause adolescent depression.

Analyzing the second variable that indicates self-esteem, we concluded that the differences in the type of family are significant in this case as well. The explanation was given by the fact that adolescents from single-parent families are in the condition of a poor emotional environment, they are more depressed, with a lower self-esteem, compared to children in the traditional family.

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