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THE IMPACT OF PARENTING PRACTICES ON COPING SKILLS AND RESILIENCE: A STUDY OF DEPRESSION AMONG YOUNG ADULTS

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ABSTRACT

Parenting practices play a major role in shaping the psychological well-being of young adults. As we know that emerging adulthood is marked by so many challenges, including identity exploration, academic and career demands, and shifting social roles, which may increase vulnerability to depression. With an emphasis on depression among young adults in India, this study examines how parenting styles affect coping mechanisms and resilience. Theories of coping, resilience, and depression's cognitive frameworks will all help in our comprehension of how these factors affect young adults. In order to reduce symptoms of depression, the study examines how positive parenting techniques like engagement, warmth, and autonomy can help children become more resilient and develop adaptive coping mechanisms. Findings from different sources indicated that positive parenting practices significantly predict resilience and coping, which in turn buffer against depression. The implications highlight that parent's guidance and support is important to enhance psychological and social well-being in young adults. It is also important for parents to identify early signs and symptoms of depression in children.

Keywords: Parenting Practices, Coping Skills, Resilience, Depression, Young Adults

1. INTRODUCTION

Parenting and mental health outcomes become a major concern for the new generation. From the transition period, adolescence to young adulthood experiences major changes in physical, psychological, social, emotional, and behavioural needs. According to Arnett (2000), young adults often face numerous challenges and transitions, such as exploring identity, forming intimate relationships, pursuing education and career goals, and managing financial independence. The practices parents are adopting for handling the child's behavioural and emotional needs and paying attention to daily activities require a lot of patience and care. This will not only impact their current well-being but also have an impact on long-term mental health outcomes. As an individual progresses through adolescence to adulthood, the effects of parenting styles and parenting practices impact mental health outcomes in adults.

India is a country with almost one-third of its population constituted by the young generation, as per the report of the National Health and Family Survey (2019). Around one-fifth of the total population of the adolescent age group, i.e., 250 million. Adolescence is the phase of transition from childhood to early adulthood. This change is undoubtedly a tough stage as it comes with lots of psychological, hormonal, and physical changes (John &Cherian, 2001). At this stage, they need guidance, moral support, and positive mentorship. In the absence of positive reinforcement, adolescents may deviate from the right path and may fall into psychosocial struggles leading to stress, lack of confidence, and even depression. These are the concerns of a normal adolescent, while for an orphan, it becomes far more difficult than for others due to a lack of guidance and support.

Among the Indian population, the prevalence of psychological problems among adolescents was reported to be very high, i.e., 32% which is often ignored (Muzammil, Kishore, and Semwal, 2009). Moreover, problems faced by male adolescents are more than those of females. Mindfulness is a psychological technique that has been found to promote relaxation and thereby reduce depression and other associated problems. The present study is an effort to find the effect of mindfulness among orphan adolescents.

This chapter of the study will focus on the background of different variables to be studied, and theories related to these variables. The relevance of resilience in tackling the hostile environment, the use of coping mechanisms, and the avoidance of depressive thoughts in relation to mindfulness will be discussed and proceed stepwise through five main sections, i.e.,

- Resilience
- Depression
- Mindfulness-based stress reduction

2. RESILINECE

Resilience includes conquering stressful situations and showing resistance to adversities (Bowes & Jaffee, 2013). The definition of Resilience adopted by the American Psychological Association (APA) states that "Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress- such as family and relationship problems, serious health problems, or workplace and financial stressors" (Newman, 2005). Resilience is a capability of an individual to adjust to stressful life situations with ease and adapt successfully to misfortune (Ahern, Ark &Byers, 2008). Resilience helps to strengthen the mental ability to recover or revert from adverse experiences. Rutter (2013) described resilience as a dynamic entity in which, despite hostile conditions, the person performs positively with a relatively good outcome.

As per Masten's (2001) perspective, the category of conditions that are characterized by positive outcomes despite major threats to adaptation and development is termed Resilience. Resiliency has been defined by Greenberg (2006) as a sequence of positive changes that prevent maladaptive transformation which would have occurred otherwise under unfavourable or stressful circumstances.

A resilient person scores more on resiliency aspects, i.e.,

- Individuals with resilience are consistently healthier, experience longer and better lives, and are not held back by their psychological hindrances (Masten and Coatsworth, 1998).
- Psychologists have found that a resilient nature helps to counteract the negative effects of strain and fosters healthy adjustments. This effective regulation ultimately leads to a more satisfied life (Greenberg, 2006; Masten & Garmezy, 1990).
- Resilience is defined as the act of "bouncing back." It is the capability to return to one's original mental state and to deal with stress in a positive manner (Tugade & Fredrickson, 2004). This ability helps a person effectively manage stressful situations during difficult times.

Wagnild and Young (1993) identified strength as a positive factor and developed the Resilience Scale (RS) to measure it. Their research using the RS revealed several key adaptation strategies linked to successful adjustments, which include:

- **CALMNESS:** Maintaining a logical and composed view of one's own health, specifically by not becoming aggressive when faced with difficult situations.
- **PATIENCE:** The ability to persevere and achieve goals despite adversity through continuous effort.
- **INDEPENDENCE:** This is characterized by a recognition of one's own personal strengths and limitations, having a sense of purpose, and a comfort with solitude.
- **PURPOSE AND SOLITUDE:** These reflect a meaningful understanding of human life and the ability to adapt to life's turmoil.

3. MODELS OF RESILIENCE

There are various models available to understand resilience. These models are described by Fergus and Zimmerman (2005). They mentioned three models of resilience as given below;

1) Compensatory Model
2) Protective Model
3) Challenge Model

Each of the resilience models justifies the variables related to the present study and its relevance to risk factors leading to a negative outcome.

- **COMPENSATORY MODEL:** The compensatory model assumes that protective features, such as resilience, act contrary to the risk situation. This model gives an idea of the direct involvement of the positive factor that results in an independent risk factor. Orphans with a high rate of trauma may develop negative thoughts that are different from those of an orphan who has experienced a lower level of trauma, but coping strategies can help compensate for the negative effects of stress. In this model, the final outcome is based on the additive effect of risk and compensatory factors, i.e., Risk factor (stress) + Compensatory factor (self-esteem) = Outcome.
- **PROTECTIVE FACTOR MODEL:** This model incorporates a link between protection and risk factors, which reduces the likelihood of adverse outcomes and measures the effect of exposure to risk (Leary, 1998). It shows the factors that protect good temporary effects and healthy personality traits despite negative or contradictory living conditions. Defensive factors identify emotional management skills, visual skills, learning and occupational skills, self-regulation ability, planning skills, health skills, and problem-solving skills (Ungar, 2004).
- **CHALLENGE MODEL:** This is the third model of resilience provided by Richardson (2002). It highlights the interaction between low and high levels of risk with side effects. Hence, it is linked with risk and danger. It is associated with moderate risk levels with negative or minimal side effects. It can be concluded that this model detects the risk and provides the ability to accept and try to manage the conflict in a difficult situation.

4. FACTORS AFFECTING RESILIENCE

Resilience is an integral part of a person's overall psychological development. However, it can be influenced by multiple factors. These factors may show the resistance in resilience or enhance its potential. On the basis of the type of circumstances and channelization of the thought process these factors are described in two types.

- Biological Factors
- Psychological Factors
- Social Factors

1) **BIOLOGICAL FACTORS:** Self-confidence, self-esteem, and self-concept form the foundation of resilience. But all these insights are based on the state of mind, i.e., how our brain is maintaining a balance by means of chemical messengers called neurotransmitters. Various studies have shown the neurobiological basis for resilience. Neuropeptide (NPY) and 5-Dehydroepiandrosterone (5-DHEA) are thought to limit the response to stress by reducing the sensitivity and sensitivity function, thus protecting the brain from potentially harmful effects of high cortisol levels, respectively (Hirsch & Zukowska, 2012).

Stress-induced DNA methylation changes in certain areas of the brain that govern behaviour and cognition can be harmful to mental health due to changes in physiological mechanisms, as does the cerebral haemoglobin effect (Yehuda & Lehrner, 2018). In addition, the relationship between social support and stress intensity is thought to be driven by the effect of the oxytocin system on the Hypothalamic Pituitary Adrenal (HPA) axis (Gordon, Martin &Leckman, 2011).

2) **PSYCHOLOGICAL FACTORS:** The risk is defined as interdependent variables that increase a person's chances of psychopathology or exposure to adverse developmental outcomes (Malindi, 2009). It can be related to any occasion, situation, or increase in issues pertaining to stress. Moreover, conflict, intellectual problems, and similar issues exacerbate the risk and negatively affect resilience. But, in case of some accidental issues, it does not ensure or guarantee that the selected outcome, together with failures, will necessarily occur. Alternatively, the presence of accidental issues indicates multiple sides of threat or opportunity, as these types of disturbances can extend further (Jenson, 2006).
3) **SOCIAL FACTORS:** When we talk about a person's ability to bounce back from hardship, we often focus on their inner grit and determination. But a huge part of resilience is woven into the social and environmental fabric of our lives. The conditions we grow up in and the challenges we face from the outside world profoundly shape our capacity to be resilient. Two of the most powerful social factors that impact this are violence and poverty.

Two key indicators which impose maximum impact on resilience in social factors are as follows:

- Violence
- Poverty

VIOLENCE: Exposure to any violence has been referred to as one of the resilience issues amongst youngsters. Those who have been sufferers of violence or witnesses of its perpetration in the past go through high levels of risk, leading to reduced resilience. Studies propose that exposure to war is less annoying and debilitating for kids than the separation they experience while sent away from their Parents (Ungar, 2013). A burgeoning literature on post-traumatic stress disorders (PTSD) and post-traumatic increase in problems has helped to explore which kids are most affected. Thus, previous exposure to violence is a predictor of possible struggles to be faced by adolescents in later life.

POVERTY: Poverty has been identified as another risk factor in children's resilience capabilities. Poverty is associated with greater integration and leads to unequal exposure to many risks, such as inadequate health care facilities and housing, family stress, and low birth weight in children, which negatively affects resilience. High IQ can be seen as a source of protection, while low IQ has been identified as a risk factor. Resilience is an internal source of strength and leads to positive adjustment to situations by means of determination, sense of humour, optimism, and happiness. External sources such as family, friends, achievement, success, etc., promote resilience.

5. STRATEGIES OF RESILIENCE

Zimmerman (2013) has derived three basic strategies that promote resilience. These strategies provide a way to build and strengthen the resilience capacity of an individual.

- **TAKING THINGS ONE DAY AT A TIME:** A fundamental strategy for building resilience is to focus on the present. Resilient individuals tend to maintain a strong positive attitude, treating each new day as a fresh opportunity to build upon previous progress. They avoid getting overwhelmed by the future, don't make excuses to procrastinate, and, crucially, they refuse to dwell on past mistakes or failures, preventing these things from weighing down their current efforts.
- **BEND BUT DON'T BREAK:** This strategy highlights the importance of flexibility. It is natural for resilient people to occasionally experience feelings of being depressed, anxious, or completely overwhelmed by a difficult situation. They are not immune to setbacks, which can be frequent. However, their key strength lies in their ability to bounce back. They consistently find a way to recover, rebuild a positive mindset, and develop effective methods to cope with negative events and emotions.
- **HOPE:** At the very core of a resilient personality is a sense of hope. This feeling of positive expectation is what generates the strength to persevere. Resilient people possess a deep-seated belief that their own stamina and persistent efforts will ultimately lead to success. This powerful sense of hope is what carries them through, especially during their most challenging and struggling days.

The above concepts have been found to be successful in keeping the individual motivated and to go through the stressful situations without being affected or with minimal temporary effect.

6. DEPRESSION

Depression is a type of mood disorder in which a person's feelings, thoughts, and actions are negatively affected. Depending upon the degree of severity, a person may feel low self-worth, sad, unwanted, and unloved, and all these thoughts affect the way they behave or act. It is a serious mental illness (leading to even suicide), which is often ignored due to a lack of awareness and social stigma associated with mental health treatments. In cases of untreated and severe forms of depression, the person is so disturbed inside that it costs the life of that individual by means of suicide. Nearly a billion lives are lost each year because of suicide, resulting in 3,000 suicides every day. For every 40 seconds, 1 or more people commit suicide (Marcus, Yasamy, Van, Chisholm & Saxena, 2012). Each year, more than 17 million adults suffer from some form of depression.

7. DIAGNOSIS OF DEPRESSION

Generally, depression is characterized by feelings of sadness, fatigue, concentration issues, irritation, questioning self-worth, suicidal thoughts, crying, tiredness, loneliness, and disturbance in sleeping. These are all symptoms of depression. They can be long-lasting or recurrent, due to which a person may feel disturbed most of the time in day-to-day activities.

There are standard sets of classification of clinical depression for diagnostic and therapeutic purposes. The two main criteria used by clinicians are as follows:

- The Diagnostic and Statistical Manual of Mental Disorders (DSM) version 5
- The International Classification of Diseases (ICD-10).

7.1. DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM) VERSION 5 FOR DEPRESSION

The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) outlined the following criteria to make a diagnosis of depression. The individual must be experiencing five or more symptoms during the 2-week period and at least one of the symptoms that should be either (1) depressed mood or (2) loss of interest or pleasure (Regier, Kuhl & Kupfer, 2013). A list of symptoms is given below:

- Depressed (miserable) mood which may occur most of the day, nearly every day.
- Markedly diminished interest or pleasure in almost all activities most of the day, nearly every day.
- Significant weight loss when not dieting or weight gain, decrease or increase in appetite (stress eating) nearly every day.
- A slowing down of thought and a reduction of physical movement (observable by others and not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- Recurring thoughts of death or suicidal ideation with or without a specific plan

To receive a diagnosis of depression, these symptoms may cause the individual to experience clinically significant distress or impairment in social, occupational, or other important areas of work. The symptoms must also not be a result of substance abuse or another medical condition.

7.2. THE INTERNATIONAL CLASSIFICATION OF DISEASES (ICD-10)

Depression is classified in the ICD-10, which is the international standard for diagnosing health conditions. It falls under the block for mood disorders, specifically as a depressive episode. The ICD-10 uses codes like F32 for a single

episode and F33 for recurrent episodes to help clinicians accurately identify and document the condition. These codes are used worldwide to make sure depression is diagnosed consistently, whether someone is seeking help in a clinic, a hospital, or a community care setting. This common language helps guide treatment, supports research, and informs public health strategies related to mental health. There are three key symptoms for depression according to the ICD-10:

1) Persistent sadness
2) Loss of interests or pleasure
3) Fatigue or low energy

The main ICD-10 criterion for depression confirms that a depressed person experiences at least one of these symptoms most days, most of the time, for at least two weeks (World Health Organization, 1992). Then the psychiatrist would ask the following associated ICD-10 depression symptoms:

4) Disturbed sleep
5) Poor concentration or indecisiveness
6) Low self-confidence
7) Poor appetite
8) Suicidal thoughts
9) Agitation
10) Guilt feeling.

These are ten symptoms in total (3 main (I to III) and 7 associated (IV to X) for depression according to the ICD-10. If a person has fewer than four symptoms, they are not considered to be depressed. Four symptoms mean a person has mild depression. Moderate depression is five or six symptoms, and severe depression is seven or more symptoms.

8. ETIOLOGY OF DEPRESSION

As far as the etiology is concerned, depression can be triggered either by a traumatic experience of any kind or may be idiopathic in some cases. Depression comes into play when the individual's coping mechanism fails or is pushed to such a limit that the burden of negative thoughts can no longer be tolerated. On the basis of the origin of depression, the underlying causes can be biological or psychosocial. Though each cause is interrelated with the others, the one responsible for the onset of symptoms is taken as the primary cause.

8.1. BIOLOGICAL CAUSES OF DEPRESSION

It is based on the hypotheses that suggest that the cause of depression lies in genetic or physical defects that may or may not have a genetic basis. Depression has exhibited a strong connection with heredity. It is usually seen that in cases of chronic depression, there is a family history of depression in either side of the parental families. A recent genotypic study was conducted on three generations of depressed individuals in Los Angeles, which signified the involvement of alleles on a gene for phenotypic expression of depression. Moreover, biological factors also show changes in the cortical area of the brain of a depressed person as compared to a healthy brain (Bansal et al, 2016).

Another important factor responsible for depression and behavioural changes is the role played by Neurotransmitters; there are chemical messengers in the brain responsible for the conduction of nerve impulses. Depression is a disorder of the nervous system and can be the result of a deficiency of certain chemicals (neurotransmitters) at certain sites in the brain. Neurotransmitters, especially monoamine neurotransmitters, have been the most studied biological factors for depression. The most important monoamines are catecholamine, norepinephrine, dopamine, and serotonin. Serotonin plays a major role in depression.

8.2. PSYCHOLOGICAL CAUSES OF DEPRESSION

While we know biology and life circumstances play a huge part, psychology gives us some of the most useful tools for understanding what's going on inside a person's mind. It's not just about being sad; it's about the deep-seated

patterns of thinking, feeling, and behaving that can trap someone in a cycle of despair. Different psychological schools of thought have their own take on this, and each one shines a light on a different part of the problem.

PSYCHODYNAMIC APPROACH: The Psychodynamic Method is an example of Freud's psychoanalytic theory. Freud (1917) stated that many of the causes of stress come from biological causes. The psychoanalytic approach suggested that clinical episodes of depression occur because the revitalized configuration stimulates little self-awareness, threatening the ideas and other conceptual frameworks based on childhood experiences, which may lead a person to believe that he/she will never be loved by others, will never get any benefit, and will always have no ability to control what happens in their life.

BEHAVIOURAL APPROACH: Behaviour shows the importance of nature in shaping character. It focuses on physical behaviour and situations in which people learn to behave in a certain way. There are some corrective terms in this theory, such as classical status, working environment, and social learning theory. Classical conditioning explains the cause of depression. It concludes that for a negative emotional state, as per the concept of social learning, behaviour is learned through observation, imitation, and reinforcement. The operating condition states that stress is caused by the removal of positive reinforcement from the environment. Certain events, such as the loss of a job, marital distress among families, broken families, and a lack of a support system, create frustration because they reduce good reinforcement. Depressed people are often disinterested in society (Lewinsohn, 1974). In other words, depression is a vicious cycle in which a person is pushed further and further.

COGNITIVE APPROACH: Aaron Beck (1996), the father of cognitive therapy, described a comprehensive approach to depression. It is a very influential form of stress management technique. Beck believed that pressure is defined as a triangle, often referred to as the cognitive triad, in which thoughts fall into three categories - starting with negative ideas about oneself, then about the world, and then the future. A person who is depressed and suffering within the realm of negativity focuses on the negative aspects of any situation, and his thoughts revolve around the same, due to which he fails to see any prospects, even in the future. These depressing thoughts reflect negative aspects of the past. One thinks of failure in the past and fears the future, and puts all blame for any misfortune on their mistakes. Beck (1966) emphasized that irrational thinking can overwhelms suffering of a person, which can cause depression. Other wrong choices that induce depression are as follows:

- **ARBITRARY INFERENCE:** Drawing a negative conclusion in the absence of supporting evidence.
- **SELECTIVE ABSTRACTION:** Focusing on the worst aspects of any situation.
- **MAGNIFICATION AND MINIMISATION:** In this bias, the problem will appear bigger than it is.
- **PERSONALIZATION:** Negative events are interpreted.
- **DICHOTOMOUS THINKING:** Everything is seen as black and white; there are no grey areas.

HUMANISTIC - EXISTENTIAL APPROACH: The existential approach focuses on the loss of self-esteem. According to Maslow (1962), human beings have the capacity of self-awareness and choice; however, their theories may differ. The self-actualizing human being has a meaningful life. Anything that blocks striving to fulfil their need. The blockages may be caused by anxiety over loneliness, isolation, or despair, resulting in depression.

Though depression is an alarming problem among adolescents, the orphan adolescents are more prone to depressive disorders. Their susceptibility to mental health problems and general health problems is high due to the circumstances under which they live. They are most likely affected by psychiatric disturbances, which are closely related to psychological disturbances, e.g., expression of anxiety, depression, impaired concentration, aggression, memory loss, and feelings of insecurity.

9. CONCLUSION

Parenting practices have a lasting influence on how young people deal with life's challenges. The review of existing literature shows that when parents provide warmth, involvement, and autonomy support then young adults are more likely to develop coping skills and resilience that protect them against depression. Therefore, they can easily cope up with mental health issues like depression. On the other hand, lack of guidance or neglectful practices can increase their

vulnerability, especially during the transition from adolescence to adulthood which is a period already marked with stress, identity concerns, and social pressures.

Resilience emerged as a central theme across studies which has been explained through models such as the compensatory, protective, and challenge models. These perspectives highlight that resilience is not a fixed trait but a dynamic process shaped by both risk factors and protective influences. Biological mechanisms, family relationships, and broader social conditions all play a role in determining whether young adults can adapt positively to difficulties. Coping strategies further act as bridges, helping them manage stress, regulate emotions, and maintain a sense of hope.

Depression, with its complex biological, psychological, and social causes, continues to be one of the most pressing mental health concerns among young people in India. The high prevalence reported in national and community studies makes it clear that interventions cannot be limited to clinical treatment alone. Parenting, family environments, and community-based support systems must be part of the larger solution. Vulnerable groups, such as orphans, are in even greater need of such support, as they lack consistent parental guidance.

In conclusion, the evidence reviewed suggests that strengthening positive parenting practices, encouraging resilience, and teaching effective coping skills are vital steps toward preventing depression among young adults. For a country like India, where a large share of the population is young, such efforts hold the potential to improve not only individual well-being but also the collective social fabric.

CONFLICT OF INTERESTS

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