

How Parents Shape a Depressed Adolescent: Between Cold Treatment and Excessive Involvement ? Parenting Styles According to Enro's Theory.

Kawther Cherair *

¹ University Center of Tipaza (Algeria), cherair.kawther@cu-tipaza.dz

Receipt date : 23/07/2025 ; Acceptance Date: 03/11/2025

Abstract: This research aims to examine the differences in parenting styles and the emergence of depression among adolescents, based on Enro's tripartite classification of parenting patterns, with a focus on adolescence as a critical developmental stage. The study was conducted in the field on a sample of 225 male and female adolescents in the Blida province. A parenting style questionnaire and the Beck Depression Inventory (BDI) were used as assessment tools.

The results indicated that the moderate parenting style was the most prevalent among both fathers and mothers, while the warm and cold styles appeared with lower frequencies. Hypothesis testing revealed statistically significant differences between parenting styles and levels of adolescent depression.

The study concluded by emphasizing the importance of balance in family upbringing and the need for parents to be aware of their educational approaches, avoiding both excessive harshness and overprotection.

Keywords: Depression; parenting styles; adolescence; parenting; Enro's Theory.

* Kawther Cherair

1- Introduction

Healthy or pathological development in children is closely linked to parental treatment, which plays a fundamental role in shaping the adolescent's sense of security and acceptance. A well-adjusted adolescent often reflects a stable family life relatively free of conflict, where parents play a central role in building the adolescent's personality through their interactions with them. When this interaction is based on instilling safety and conveying acceptance and confidence in the adolescent's abilities, it positively affects their mental health and relationships within the family and with others. Conversely, when parenting is characterized by fear and rejection, adolescents become more vulnerable to psychological disorders—chief among them, depression.

Adolescence is a pivotal turning point in an individual's life, marked by physical, emotional, psychological, and cognitive changes. Some parents are unaware of these transformations and, consequently, do not adopt appropriate educational methods. They may instead resort to authoritarian control, imposing rigid rules on their children, which can negatively impact them. Many fathers, for instance, insist on maintaining control even at the expense of their adolescent children's autonomy while adolescents naturally seek to liberate themselves from familial constraints, striving for independence and self-assertion. Authoritarian parenting, however, often obstructs these developmental goals, fostering negative self-concepts, internal tension, and psychological turmoil. This can lead adolescents to experience deep frustration, the outcomes of which may manifest in various troubling behaviors.

Freud was among the first to address the link between parental treatment and the emergence of psychological disorders in children. He argued that what parents instill in the early years inevitably reappears in their children's later personalities. Harsh treatment leads to insecurity, driving children toward maladaptive behaviors such as jealousy, violence, or social withdrawal to gain attention. Adler believed that overindulgence undermines children's confidence and fosters feelings of inferiority, robbing them of independence and promoting a narcissistic worldview. Physical punishment deepens these inferiority complexes, while excessive criticism distorts their perception of cooperation and social relations. Mockery, he noted, triggers intense fear. According to Beck, rejection and neglect contribute to the development of a negative self-image. Children begin to focus on perceived failures and view the world as unsafe, overestimating challenges while underestimating their ability to cope thus increasing vulnerability to depression.

In this light, parenting styles become a determining factor in a child's present and future psychological well-being, whether positively or negatively

Enro categorized parenting styles into three distinct types: the warm style, the moderate style, and the cold style. Based on this classification, parenting practices were analyzed among a group of adolescents to investigate their impact on the development of depression. This approach aims to shed light on some of the underlying causes of adolescent depression, which is considered one of the emotional disturbances commonly observed during this developmental stage. In many cases, such disturbances may warrant psychological intervention to prevent the escalation and intensification of their negative effects.

2. Problematic:

(Monroe, Rohde, Seeley, & Lewinsohn, 1999, p. 463) Depression occurs at a high rate in adolescents, affecting 3% of them. WEAST & KASSI found that people are at risk between the ages of 15 and 24, and although the official diagnosis in clinics and hospitals

shows lower rates of depression in adolescents, the real percentage, as JENSEN believes, may be much higher. (Raji Barakat, 2002, page 4) The seriousness of this disorder lies in the fact that it is one of the main causes leading to human destruction, as research indicates that it is associated with suicide, and that 50% to 80% of suicides are caused by depression, and Walton shows that suicide occurs among depressed people more than any other group, and most of them are deprived of the affection of one or both parents in childhood .

Through our observations of the family situation, we noticed that most adolescents complain about the lack of parental understanding, and that most of them complain of sadness, fatigue, difficulty in work, guilt, pessimism and other symptoms suggestive of depression. This supported our orientation to search for previous studies for this study in order to ask our questions. However, we do not start from scratch in the research, but rather draw from some Arab and foreign studies that tried to reveal the impact of parental treatment on the psychological and mental health of children, and the following presents some of these studies: Gutierrez (Gutierrez, Smith, and Johnson, 1980, p. 81) and colleagues studied psychosocial factors in depressive patterns to determine the impact of childhood experiences on depression. The study was conducted on 100 depressed patients and all sample members were similar in gender, age, economic and social level and found a strong relationship between stressful life events and psychosocial factors and 40% of cases were depressed. HOLAHAN & MOOS (1986) studied the effect of family support on personality adaptation in resisting stress on a sample of 267 males and females with an average age of 42 to 44 years, he found that family support represented by the child's perception that he is loved, accepted and desired strengthens his psychological health and positive characteristics such as toughness, self-confidence, ambition, protects him from mental illness, and that disturbing the child's relationship with his parents makes him less tough, less self-confident, less ambitious, more sick. (El-Sayed, 1993, p. 49) Salama (1991) studied children's perception of parental rejection and its relationship with depressive symptoms, the extent of the contribution of both parental rejection and cognitive distortion as a risk factor for depression, the study sample consisted of 51 university students, 62 female university students at Zagazig University in the Arab Republic of Egypt between the ages of 18 and 24 years and found a positive correlation between depression and children's perception of parental rejection .

Ali (1993) studied the relationship between parental acceptance and rejection style and depressive symptoms in adolescents. The study sample consisted of 165 adolescents, 154 adolescents aged 16 to 18 years and found a positive correlation between their perception of parental rejection and depression scores and a negative correlation between their perception of parental rejection and depression scores. (Raji Barakat, 2002, page 55). He did not find gender differences in the perception of acceptance, rejection from the mother, in the severity of depression, and he found gender differences in the perception of acceptance, rejection from the father, the severity of depression, the differences were in favour of females In LEWINE, LIPPITT, and WHITE's study, three groups of children were placed in a club with three different leaders, the leader of the group was the one who made the plans, drew them, assigned each child his work, and proceeded with the workflow with interest. In a second group, the leader did not make plans, assign work, or regulate it, but helped if asked for help, leaving each child to work without guidance, and this was the policy or style of the "chaotic group" or the "negligent leader". As for the third group or the type characterised by the democratic leader, the leader here participated with the children in drawing, planning, controlling and implementing projects, and the leader considers himself as one of the members of the

group and does not separate from them. The experiment showed that: The leader in the first group - strict authoritarian - has generated in his group members a tendency towards revolt against him and also raised various forms of bad behaviours such as fighting and roughness between members, negligence in work, sabotage in work tools, laziness and general chaos (Baldwin & Associates (1949), which was based on three dimensions of parental treatment styles: **Firstly:** Acceptance and rejection: Attachment and warning: Democracy and authoritarianism.

This study revealed the parents' treatment of children and the impact on children's adaptation and methods of adaptation. Reassurance raises a well-adjusted child, acceptance and care for the child is better in his upbringing than the rejected child, and the child who goes along with his care is better than the one who uses pressure and coercion, and the method of advice and guidance in front of the child's error is better than corporal punishment, and moderation in severity in the treatment of the child has a high correlation with self-confidence when he becomes a juvenile and a young man. (Al-Rifai, 1979, p. 373) On the other hand, excessive severity and authoritarianism are strongly associated with forms of tendency in the child that manifest themselves clearly inside and outside the home in his childhood and youth and transfer his methods of adaptation to his future family when it is formed .

So, these studies and their results are an introduction to the topic of this study, which investigates: The patterns of parental treatment adopted by some Algerian families in the upbringing of their members and its impact on depression in some adolescents and, more precisely, to determine the extent of the responsibility of parental attitudes on the incidence of depression in primary and secondary school students. Due to the different degrees of depression in males and females, and due to the overlapping parenting tasks between the mother and father, it is difficult to know which parental treatment patterns are more influential in causing depression in adolescents.

Hence, the study is practically twofold: One to find out the patterns of parental treatment prevailing in the family as perceived by the children. **This guided us to choose this topic, which aims to identify the differences in parental treatment patterns and the onset of depression from the point of view of a sample of adolescents studying in secondary and intermediate schools in the state of Blida by answering the following questions: Are there statistically significant differences between parental treatment patterns and the onset of depression in adolescent boys and girls? Are there statistically significant differences between father's parental treatment patterns and the onset of depression in adolescent boys and girls? Are there statistically significant differences between mother's parental treatment patterns and depression in adolescent boys and girls?**

3. Hypotheses of the study: To answer the research questions, the following hypotheses were formulated:

General Hypothesis: There are statistically significant differences between parental treatment patterns and depression in adolescent boys and girls.

The first partial hypothesis: There are statistically significant differences between father's parental treatment patterns and depression in adolescent boys and girls.

Second partial hypothesis: There are statistically significant differences between maternal parental treatment patterns and depression in adolescent girls and boys.

4. Dividing parental treatment patterns according to PARENTAL REARING:

(Hashemi, 2004, p. 35) Ahmed Hashemi defined it as the method followed by the educator with the child, whether characterised by flexibility, severity or neglect, and the educational methods are many and different from neglect and indifference to punishment .

These methods are characterised by softness, encouragement, motivation, reward, punishment, tolerance and caution. Any of the methods characterised by flexibility, which are the methods belonging to the flexible style, and those characterised by severity, which are the methods adopted in the strict style, and those belonging to the neglectful style.

1.4. Warm style: Parents care for their children to an excessive degree, and this is represented by satisfying physiological needs completely and quickly, and they are less assertive in meeting these needs, and they reward socially desirable behaviour to an exaggerated degree and care about the education of their children, and focus on the speed of satisfying their physiological needs, which affects other needs such as belonging and self-esteem, whose future satisfaction depends on the quality of the individual's relationship with others and not on intrinsic factors. (Al-Dahri, 2005, p. 140) It is measured by the score obtained by the individual on this subscale in either of its two forms (A and B) for the father and mother .

2.4. Moderate style: ((Al-Dahri, 2005, p. 140) In which parents accept their children and provide love and affection to them in all situations, and provide acceptable satisfaction to their children at all levels, but they differ in the method and degree of satisfaction of their children's needs, and the acceptance here ranges from casual acceptance non-interference) to acceptance with love and encouragement . It is measured by the score obtained by the individual on this subscale in either of its two forms (A and B) for the father and mother.

3.4. Cold style: (Al-Dahri, 2005, p 141) Many parents deny the physiological needs of their children or are strict in dealing with them, which leads to their children's psychological disturbance or their lack of acceptance of the outside world and others . This pattern in which parents express their disapproval by ignoring their children, refusing to talk or listen to them, or threatening to leave them. It is measured by the score obtained by the individual on this subscale in either of its two forms (A and B) for the father and mother.

5. Objectives of the study: The objectives of this study can be stated as: - Knowing the patterns of parental treatment as perceived by some children in the Algerian family that are responsible for the incidence of depression for secondary and middle school students.

- Building a questionnaire on parental treatment patterns as perceived by some children in the Algerian family. To find out which parental treatment patterns are most present in some Algerian families and to rank them according to the extent of their presence.

- To find out the differences between males and females attending high school and middle school in the degree of depression of the sample members.

- Identify the parental treatment patterns (father, mother) that contribute the most to the variation in the degree of depression.

- Demonstrate the importance of the parenting style in preparing the adolescent and preparing him to be the man of the future and highlight the importance of each style at the individual level from the psychological point of view.

- Educate families and educators on the importance of each parenting style and the correct methods that are beneficial to individuals, as well as highlighting the danger of wrong and bad patterns on children and their repercussions on them.

- Notifying and involving parents in understanding the reality of their children and their problems, which they may be able to overcome if they try to understand them and their psychological and family issues.
- Contributing to scientific research and understanding the adolescent more and understanding his/her relationships with his/her parents and their influence on him/her positively or negatively.

5. The importance of the study: The importance and effectiveness of the study appears through the problems that the adolescent suffers from due to the wrong parental treatment patterns, and the high rate of exposure to depression in our current era, as Lehman believes that depression has become a fact of life that accompanies us everywhere and it is becoming more and more prevalent in this age full of stress. (Raji Barakat, 2002, page 4). The statistics of the World Health Organisation (WHO) (1978) show that the rate of depression has risen to 5% per year, and the American Psychiatric Association estimates the percentage of depressed people per year at about 10%

It is also worth mentioning the prevalence of suicides among adolescents in Algerian society in the current era, as announced by Algerian newspapers, and these cases are not limited to Algeria only, but other Arab and foreign countries suffer from it through what we learnt from the international media. This indicates the global nature of the phenomenon. Therefore, depressive disorder needs study and research into its causes and how to minimise its effects, as this study is limited to trying to reveal whether parental treatment patterns are one of these causes. This is in addition to the fact that this disorder affects a sensitive and important segment of society, as it affects adolescents who are in the process of forming and socialising to be the frames of society and the pillars of social development. The importance of this study is to shed light on some of the patterns of parental treatment affecting the personality of adolescents, investigate the causes of depression using the scientific method through the responses of a sample of depressed people on the depression scale, and investigate some of the psychological influences that shape the psychological structure of some Algerian adolescents.

6. Methodological framework of the research

Achieving the conditions of scientific research requires a methodological basis followed by the researcher in his field study, relying on measurement tools to collect and study data, as well as statistical methods to analyse the information and results accurately and objectively. To complement the theoretical aspect of the study, we use the field aspect to reach an answer to the question posed in the research. The following are the methodological foundations used in the study:

6.1. Spatial area of the study

The study was conducted in the state of Blida, in two educational institutions, one at the secondary level and the other at the basic level, where the sample of secondary students was from "Omar bin al-Khattab" high school, located in the Ben Boulaid neighbourhood, and the sample of basic students was from "Ahmed Zaabana" academy, located in the "Al-Naimi" neighbourhood.

6.2.. Study sample:

Method of sample selection: The current study is interested in knowing the impact of parental treatment patterns on depression, in a sample of adolescents studying in secondary and basic schools in the state of Blida, so the research population includes

secondary and basic students between the ages of 12 and 22 years old living in the state of Blida, where the study sample consisted of 260 individuals studying in secondary and basic schools, from which 35 individuals were deleted because they did not meet the sample specifications. (128 females and 97 males), where secondary students in this sample represent an estimated percentage of 68.44% and 31.55% of basic students whose ages ranged from 12 to 20 years. This sample was selected in a purposive manner, according to specific criteria according to the nature of the subject, within the available possibilities to apply the parental treatment patterns questionnaire and the Beck Depression Scale to the sample of research personnel, which should be made up of diverse groups from the indigenous community, who meet the following conditions: - the age range between 12 and 20 years. The research sample members should be of both sexes, female and male. - The research sample members should have different educational levels. - One or both parents should not be deceased. - Parents should not be separated.

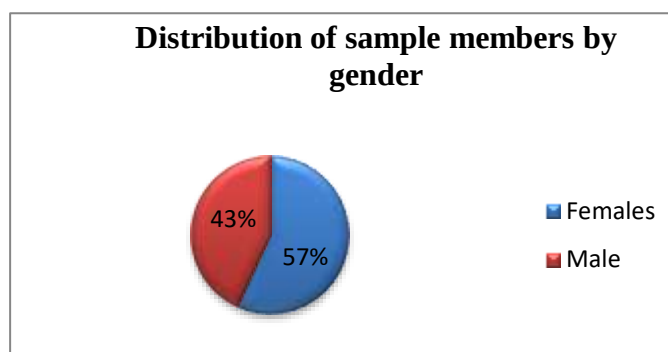
Characteristics of the sample members: The characteristics of the sample members were as follows: They are addressed through tables and drawings.

▪ **Gender:**

Table (01): The distribution of the sample members by gender:

Gender	Number of pupils	Percentage (%)
Female	128	56.88
Male	97	43.11
Total	225	100

Figure (01): The distribution of the sample members by gender.



It is clear from the table that the number of females is greater than the number of males so that the difference between the two groups is 31 individuals (13.77%) and the group consists of 225 individuals, 128 of them are females (56.88%) and 97 of them are males (43.11%).

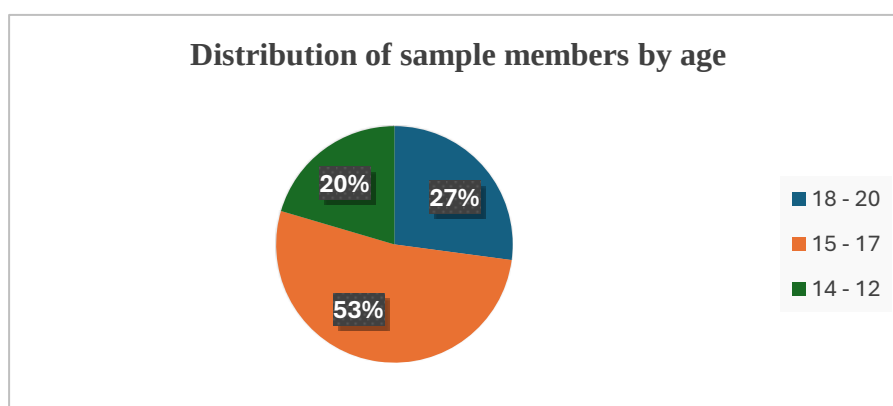
▪ **Age:**

Table (02): Distribution of sample members by age

Age	Frequency	Percentage (%)	Age groups	Percentage
-----	-----------	----------------	------------	------------

12	3	1.33	46	20.43
13	12	5.33		
14	31	13.77		
15	25	11.11	118	52.43
16	35	15.55		
17	58	25.77		
18	44	19.55	61	27.1
19	09	4		
20	08	3.5		
TOTAL	225	100	225	100

Figure (02): Distribution of sample members by age.



It is clear from the above table and figure that the largest age group is 15-17 years old with

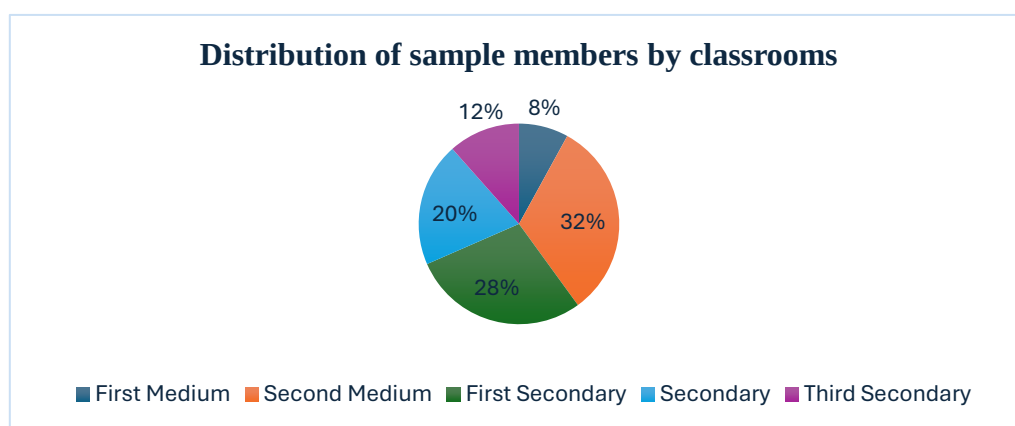
52.43% of the total sample members, followed by 18-20 years old with 27.1% and 12-14 years old with 20.43%.

▪ **School level:**

Table (03): The distribution of the sample members according to academic departments

School division	Number of students	Percentage (%)
First Intermediate	18	8
Second Average	72	32
First Secondary	64	28.44
Secondary Secondary	45	20
Third Secondary	26	11.55
TOTAL	225	100

Figure (03): The distribution of the sample members according to classrooms



It is clear from the above table and figure that the students of the second year Second basic year represents the largest percentage, estimated at 32%, followed by first year secondary students with 28.44%, second secondary with 20%, and 11.55% and 8% for third secondary and first intermediate respectively. From these percentages, we can see that the percentage of second intermediate pupils is high, but the number of secondary pupils is dominant. The total percentage was estimated at 68.44 per cent and the total percentage of intermediate pupils was 31.55 per cent.

6.3. Data Collection Tools:

The choice of research tools depends on the nature of the topic and the type of data to be collected, so the tools are determined by the specificity of each topic, and the tools used in our study are as follows:

6.4. Constructing the Parental Treatment Patterns Questionnaire:

The beginning of the process was to review previous studies that dealt with parental treatment as perceived by children, and among the researchers who researched parental treatment styles was Fisher, who categorised them into positive and negative styles. The positive attitudes are: Acceptance, child-centredness, obsession, control, positive integration, acceptance of individuality, non-coercion, non-strict adherence to discipline, and extreme independence.

Negative attitudes are: Rejection, intrusion, coercion, control, guilt, aggressive control, inconsistency, indoctrination, constant anxiety, distancing, hostile alienation, relationship withdrawal. Mohammed Khalid Al-Tahan (1989) also conducted a study on the scale of parental attitudes in socialisation as perceived by children. He categorised parenting attitudes as follows: Independence / Restriction, Authoritarianism / Tolerance, Democracy / Autocracy, Acceptance / Rejection, Overprotection / Neglect.

The scale of parental attitudes as perceived by children prepared by Ahmed Hussein et al (1983) and consists of: Permissiveness, Strictness, Inconsistency. The scale of parental attitudes as perceived by children prepared by Sayed Sobhi (5197). It consists of the following attitudes: authoritarianism, triggering psychological pain, overprotection, separation, oscillation, neglect and equality.

An interview form to determine the parenting styles of mothers, which included the following scales: Authoritarianism, overprotection, neglect, pampering, cruelty, triggering psychological pain, oscillation, differentiation, equality, and lying.

Unruh's study on career guidance and the relationship of parental treatment styles in controlling it, where she divided the styles into three: Warm, Cold, Moderate.

In any case, we do not start from scratch in building the questionnaire, but we must rely on previous studies as a theoretical base for research and for this purpose, we collected the trends and methods most present in the previous studies mentioned above, among which we mention the study of "Enro", which we adopted as a theoretical background for our questionnaire, supporting this work with the other remaining studies. This questionnaire consisted of two forms, one for the father and one for the mother, and each form contains 37 items divided into three axes equally, i.e. 12 items in each axis in addition to an item that was placed in the correction stage, and they are evaluated according to a graded scale representing four Likert-type levels whose value for the warm, moderate and cold style is as follows: Always = 4, Sometimes = 3, Rarely = 2, Never = 1. The styles were divided into:

- **Warm style:** The range of styles is shown: Overprotective style, Restrictive style, Authoritarian style, Accepting style, Oscillating style and Integrating style, each image measures 12 statements numbered from (13-24) and the examinee's score in this style ranges between (12-42) degrees in both images.

- **Moderate style:** It includes the following styles: Achievement Encouragement Style, Consistency Style, Independence Style, Positive Control Style, and Equality Style, each of which measures 12 statements numbered from (1-12) and the examinee's score ranges from (12-42) in both pictures.

- **Cold style:** It includes tolerance style, neglect and indifference style, rejection and ostracism style, segregation style and distancing and isolation style, and each image measures 13 numbered statements from (25-37) items with a score ranging from (13-52) in both images.

6.5. Validity of the questionnaire:

After completing the construction of the questionnaire, we distributed some questionnaires to arbitrators to know the reliability of the questionnaire, and the arbitrators are a group of professors at Saad Dahlab University - Blida, Faculty of Arts and Social Sciences, Department of Psychology, and after the comments provided by the professors, the questionnaire was modified, as it contained 70 items that were modified to 37 items in three axes.

6.6. Stability of the scale: The stability coefficient was calculated on a sample consisting of (225) secondary and middle school students in the state of Blida and the stability coefficient was high. The following table shows the stability scores of the test items:

Table (04): shows the stability scores of the test items

Sample	Father's image	Mother's image	Parental image
Stability coefficient	0.66	0.63	0.78

From the table, we can see that the stability of the test items for the father's image is equal to 0.66, which indicates moderate stability, and for the mother's image we find 0.63, while the stability of the parents' image is estimated at: 10.78, so we can interpret any stability coefficient directly in light of the percentage of degree variance, meaning that a stability coefficient of 0.78 means that 78% of the variance in the scale scores depends on the true variance in the variable to be measured and 22% depends on the variance of the error.

▪ BECK Depression Scale:

This scale is defined as a tool that provides the researcher or therapist with a quick and honest estimate of the level and depth of depression in the examinee, and the scale in its original form consists of 21 groups of symptoms and trends and each group consists of a graded series of four phrases that reflect the severity of symptoms, and numbers from 0 to 3 are used by the examinee to determine the phrase that suits him and describes his condition in the last week, including the day the scale is applied, and the scale in its current form consists of only 13 groups of phrases, which is considered the abbreviated version of the scale. (Gharib, 1984: 03) BECK and some of his assistants published the scale for the first time in 1961 in his article and then studies about it followed, including the research that BECK participated in in 1972, another in 1974 and others. BECK states that the diagnosis of depression was based on the psychiatric diagnosis, but this diagnosis was marred by the shortcomings of the lack of agreement in the diagnosis if made by more than one psychiatrist and the shortcomings of the classification system itself. BECK set out to develop an instrument to measure depression, taking into account the previous shortcomings of the psychiatric interview, especially with regard to: - The need to develop an instrument for measuring depression that does not depend on the theoretical orientation of its user. - It should be a cost-effective tool compared to psychometric interviews, provide numerical scores that can be used in comparative studies, and be a tool that enables us to measure any improvement due to any type of treatment. It provides the researcher, therapist or psychiatrist with a quick and honest estimate of the level and severity of depression by asking them to read each of its categories and then choose a phrase that seems to fit them or describes their condition in the last week, including the day the list was applied, and circle it. (Medhat Abdul Hamid Abouzeid, 2001: 89) In its current form, it consists of only 13 groups of phrases, which is the shortened version of the original scale, which was reached in studies supervised by Beck himself, and these studies showed that this version is correlated with the total scale with a correlation coefficient of 0.96 The 13 statements included in the scale are 1 sadness 2 pessimism 3 feeling of failure, 4 dissatisfaction 5 guilt 6 lack of self-love, 7 self-harm, 8 social withdrawal, 9 indecision 10 altered self-concept, 11 difficulty working 12 fatigue, 13 loss of appetite. (Gharib Abdel Fattah Gharib, 1985: 5,6).

The instruction was as follows: "In this booklet is a set of statements, please read each group separately and then circle the number (1, 0, 2, 3) that describes your condition during the current week including today, make sure you read the statements for each group before you choose one of them and make sure you answered all the groups."

Table (05): Meaning of depression scores

Degree range	Meaning of the score
(0-4)	No threshold

(5-7)	Moderate
(8-15)	Medium
16+	Severe

(Gharib Abdel Fattah, 1985, 7-8)

7. Presentation and analysis of the study variables: The study variables were presented and analysed as follows:

7.1 Parental Treatment Patterns:

Table (06). shows the results of the test levels of parental treatment patterns and measures of central tendency

	Scores	Percentage (%)	Ranking	Arithmetic mean	Standard Deviation	Variance
Father's Warm Style	14	6.22	3	3.90	1.5	45.20
Father's Moderate Pattern	194	86.22	1	5.64	9	91.06
Father's Cold Style	17	7.55	2	3.60	6.30	42
Mother's Warm Style	11	4.88	3	3.93	6.58	45.5
Moderate Maternal Pattern	202	89.77	1	3.20	5.91	98.83
Mother's cold pattern	12	5.33	2	3.57	1.04	1.14

Analysing the results of Table (06): We observe from the table that the percentage of moderate style for both father and mother is 86.22% and 89.77% respectively, so we observe that the dominant style for both father and mother is the moderate style followed by the cold style for both of them with an estimated percentage of 7.55% for the father and 5.33% for the mother: 5.33%, then the warm style comes in third place with a percentage of 6.22% for the father: 6.22 per cent, while for the mother it was : 4.88%, and what is most noticeable is that the father and mother are equal in the order of the styles. This indicates that the father and mother follow the same educational style, as children in this case do not fall into confusion between two different styles. If, for example, a decision is made between them, it will be consistent, thus avoiding the children's confusion and intellectual contradiction, and the adoption of a unified dual style provides the child with a prominent prerequisite in the educational process, which is the multiplicity of ideas with a single decision between mother, father and children. It is generally observed that the arithmetic mean scores between the father and mother converged, as these scores ranged between 3-4 for both the warm and cold style of the father and the warm, moderate and cold style of the mother, while the moderate style of the father took a score of 5. 64, which is the highest score.If we want to read the results of the averages based on the division of the methods into father's and mother's methods for the sample, it can be seen that the father's friendly treatment methods have the highest value for the arithmetic mean of 5.64 and the lowest was recorded in the mother's friendly treatment methods 3.20, as for the arithmetic mean score for depression, it was estimated to be 1.51: 1.51, with a standard deviation of 1.5 for the father's warm approach, while it

was estimated at: 6.58 for the mother, 9.003 for the father's moderate style and 5.91 for the mother's cold style: 6.3, while the mother's standard deviation was: 1.04 and for depression was 2.076, and the calculations of the variance in the table showed that the largest percentage of dispersion from the arithmetic mean was 98.83 for the moderate style of the mother, while the lowest score was for the cold style of the mother, estimated at : 1.14. It is also noted that the variance scores for the warm style of the father and mother are equal with a value of 45.5, and there is a significant difference between the variance scores for the cold style between the father and mother, where the variance score of the father is 42 and the mother is 1.14.

7.2 Depression:

Table (07) shows the measures of central tendency for the total sample according to the distribution of depression scores

Depression scores	Frequencies	Percentage (%)	Arithmetic mean	Standard Deviation	Variance
None	40	17.77	1.51	2.76	10.32
Weak	59	26.22			
Average	68	30.22			
Sharp	58	25.77			
Σ	225	100	/	/	/

Analysing the results of table (07): It is observed from the following results that the predominant category of depressed adolescents is the category of depression Analyse the results of table (09): Moderate by 30.22 per cent, while the severe and weak depression categories were close with a difference of 1.55 per cent, and the fourth category is the category of non-depressed individuals by 1777. per cent77.%, the indicated ratios suggest a high percentage of depression among adolescent boys and girls studying in secondary and middle school, whose ages ranged between 12-22 years, this indicates the prevalence of this disorder in varying and converging proportions at the same time, and what we can add is that the percentage of 2577.% as a percentage of people with severe depression in a sample of adolescent boys and girls is a large percentage, as depression often remains undiagnosed and untreated in this group, and here the role of parents in identifying and detecting these symptoms emerges.

Table (08). shows the distribution of depression scores for females

Degrees of depression	Frequencies	Percentage (%)	Ranking
None	20	20.61	04
Weak	25	25.77	02
Average	29	29.89	01
Sharp	23	23.71	03

Σ	97	100	/
----------	----	-----	---

Table (09) shows the distribution of depression scores for males.

Depression scores	Frequencies	Percentage%	Ranking
None	20	15.62	04
Weak	33	25.78	03
Average	39	30.46	01
Sharp	36	28.12	02
Σ	128	100	/

Analysing the results of Tables (08) and (09): Tables (08) and (09) show that there is a significant difference between males and females in the degree of depression, estimated at : 31, representing 13.77% of the total number of individuals, and it is noteworthy that the proportions of individuals with a moderate depression score for both males and females were equal and the highest rank for both. Also, the percentages of individuals with a severe depression score for females reached 28.12%, which is in the second rank, while for males it was 23.71% in the third rank among the classification of scores, which indicates the difference between them in exposure to depression, and we also noticed that the percentages between males and females in the percentages of the weak depression score were equal, estimated at: 25.78%, and despite the low percentage of the number of males with depression compared to females, there is an increase in the percentage of the difference between the category of individuals without depression between males and females, where the percentage of males reached 20.61% and females 15.62% This difference has a logical explanation that males are less prone to depression than females, and this supports the validity of the hypothesis that there are differences between males and females in the degree of depression, and it can be said that the prevalence of depression in females is greater than in males in this study.

8. Present and analyse the results of the research hypotheses:

8.1. Present and analyse the results of the general hypothesis:

"There are statistically significant differences between parental treatment patterns and depression in some adolescent boys and girls."

Table (10) presents the Chi-square (χ^2) values indicating the statistical significance of differences in parental treatment patterns (mother and father) and depression levels among male and female adolescents.

	Severe depression	Mild depression	Weak depression	There's no	Σ	Ka ² degree Calculated	Degree of freedom	Scheduled Ca ² score
Warm Style	09	02	01	00	12			

Moderate style	39	64	56	39	198	32.60	04	9.49
Cold Style	10	02	02	01	15			
Σ	58	68	59	40	225			

Analysing the results of Table 10: The tabulated k^2 value of 9.49 is lower than the calculated k^2 value of 32.60 at a degree of freedom equal to 4. Therefore, the general hypothesis is accepted. That is, there are statistically significant differences between parenting styles (father, mother) and depression in some adolescent boys and girls, meaning that parenting styles affect depression. The differences between the depressed and non-depressed are not due to chance, but to the specificity of some Algerian families in adopting a certain style in raising their children and the nature of the culture prevailing in our society, which assigns a large role to parents in raising children. The above statistical significance confirms that the educational style of both father and mother had a clear impact in explaining the variation in depression among the sample members.

8.2. Present and analyse the results of the first partial hypothesis:

This hypothesis is formulated as follows: There are statistically significant differences between father's parenting styles and depression in adolescent boys and girls. To answer this hypothesis, we can refer to the following table:

Table (11) shows the value of Ka^2 to determine the statistical significance differences of father's parental treatment patterns and depression in male and female adolescents:

	Severe depression	Mild depression	Weak depression	There's no	Σ	Ka^2 degree Calculated	Degree of freedom	Scheduled Ca^2 score
Warm Style	09	03	01	01	14	39.83	04	9.49
Moderate style	36	63	56	39	194			
Cold Style	13	02	02	00	17			
Σ	58	68	59	40	225			

Analysing the results of Table 11: It is clear from reading the table that the calculated k^2 value of 39.38 is greater than the new k^2 value of 9.49 and therefore we accept the first partial hypothesis. Therefore, the hypothesis that: There are statistically significant differences between father's parental treatment patterns and depression in adolescent boys and girls. We can say that the father's parental treatment patterns affect adolescent boys and girls in developing depression. As for analysing the depression scores for each pattern, they were as follows: Warm Father Style: It is clear from the table that the distribution of individuals according to the categories of depression scores were 09 individuals in the severe depression category, 03 individuals in the moderate depression category, 1 individual in the weak depression category, 1 individual in the no depression category and the total number of individuals in the warm pattern is 14 individuals: The table shows that the distribution of individuals according to the categories of depression scores was 36 individuals in the severely depressed category, 63 individuals in the moderately depressed category, 56 individuals in the mildly depressed category, 39 individuals in the no depression category and the total number of individuals in the moderate pattern is 194 individuals: It is clear from the table that the distribution of individuals according to the categories of depression scores was 13 individuals in the

severe depression category, , 2 individuals in the moderate depression category, 2 individuals in the mild depression category, 2 individuals in the no depression category, no individuals were recorded, and the total number of individuals in the cold pattern was 17 individuals, and from the previous results it is clear that the dominant pattern of the father is the moderate pattern.

8.3. Presenting and analysing the results of the second partial hypothesis: "There are statistically significant differences between maternal parenting styles and depression in adolescent boys and girls". The following table shows the result of this hypothesis:

Table (12) shows the value of Ka^2 to determine the statistical significance differences of maternal parental treatment patterns and depression in adolescent boys and girls:

	Severe depression	Mild depression	Weak depression	There's no	Σ	Ka^2 degree Calculated	Degree of freedom	Scheduled Ca^2 score
Warm Style	09	01	01	00	11	27.54	04	9.49
Moderate style	42	65	56	39	202			
Cold Style	07	02	02	01	12			
Σ	58	68	59	40	225			

Analysing the results of Table 12: According to the results shown in the table, the calculated k^2 value of 27.54 at 4 degrees of freedom is greater than the tabulated k^2 value of 9.49, so the second partial hypothesis is accepted and there are differences in the patterns of parental treatment of mothers due to depression.

The depression scores for each style were analysed as follows: Warm Mum Style: The table shows that the distribution of individuals according to the categories of depression scores was 09 individuals in the severe depression category, 01 individuals in the moderate depression category, 1 individual in the weak depression category, and 0 individuals in the category of individuals who have no depression and the total number of individuals in the warm pattern is 11 individuals: It is clear from the table that the distribution of individuals according to the categories of depression scores was 42 individuals in the severe depression category, 65 individuals in the moderate depression category, 56 individuals in the weak depression category, 39 individuals in the no depression category and the total number of individuals in the moderate pattern is 202 individuals. Cold Pattern of Pain: It is clear from the table that the distribution of individuals according to the categories of depression scores was 07 individuals in the severe depression category, 2 individuals in the moderate depression category, 2 individuals in the weak depression category, 1 individual in the no depression category, and the total number of individuals in the cold pattern was 12 individuals. From the previous results, it is clear that the predominant pattern of pain is the moderate pattern.

As an overall conclusion of this study, it can be said that the parental treatment patterns of both father and mother have a significant impact on the exposure to depression in adolescent boys and girls, as the general hypothesis showed that there are statistically significant differences between the parental treatment patterns of both father and mother and depression in the sample of male and female adolescents. The results of this hypothesis are consistent with the findings of Moussa Rashad Abdulaziz (2003), who

found that parental treatment patterns such as control, protection, emotional punishment, deprivation of privileges, scolding, and physical punishment lead to children (males and females alike) to suffer from depression. This indicates that there is no parental treatment pattern (father, mother) that is more influential than the other within the family for the development of depression. This applies to the results of the first and second partial hypotheses, as the results of these hypotheses proved that there are statistically significant differences between father's parental treatment patterns and depression and between mother's parental treatment patterns and depression in adolescent boys and girls. This study showed that there are differences between males and females in exposure to depression, which is consistent with the result of the study of Heilbron & MCKINLY (1962), which found gender differences in their perception of parental attitudes and the level of psychological disorder, and females in the study of MERTEN & LEWINSOHN (1990) were more depressed than males and more aware of stressful life events. This is consistent with the result of the last hypothesis in our study.

9 . Conclusion:

At the heart of every Algerian adolescent, questions often arise before answers, and personality is shaped within an educational climate that may be warm and nurturing, moderate and balanced, or cold and neglectful. Parenting is not merely a set of rules and instructions; rather, it is an emotional energy transmitted from the adult to the developing youth either nurturing their emotional world or leaving it barren. It has become increasingly evident that parenting style has a profound impact on the adolescent's mental health. The warm parenting style, though rare, fosters trust and reduces feelings of loneliness and confusion. The moderate style seeks a balance between authority and empathy, but may disorient adolescents if it lacks consistency. The cold style, on the other hand, is an absence disguised as presence pushing the adolescent into isolation and leaving them in search of warmth they never received.

In today's fast-changing and increasingly pressured world, the Algerian adolescent does not need an ideal upbringing as much as they need a humane, warm, and close one that makes them feel seen, heard, and loved. Preventing depression does not begin in clinics, but rather in the embrace of a family that knows how to listen.

The mere fact that depressive disorders are emerging with increasing visibility within school environments sometimes to the extent of suicide attempts or actual suicides, drawing media attention is reason enough to classify depression among the highest-risk conditions. This is particularly critical given that our study focuses on adolescents, a group in which depression often goes undiagnosed and untreated. Over the past two decades, healthcare professionals have made concentrated efforts to better understand and identify mood disorders in adolescents. While physicians once believed that adolescents lacked the cognitive maturity to experience depression, researchers now recognize that depression is common in adolescence and that young people are vulnerable to the same types of depressive disorders as adults.

Thus, this issue requires concerted efforts from researchers and professionals, as well as the allocation of substantial resources toward precise diagnosis and effective treatment of depressive disorders. The results of our study analysis clearly demonstrate that parents are the most influential figures in shaping the psychological, social, physical, and

cognitive development of their children. They serve, on one hand, as primary transmitters of cultural values, and on the other, as dominant agents in the direct and active socialization of their children.

Variations in children's personalities are closely linked to the quality of family relationships and the parenting styles adopted during their upbringing. When family relationships lack affection and are characterized by instability where parents treat their children poorly, foster feelings of rejection, discriminate between them, fail to provide opportunities for positive engagement with reality, or express love in exaggerated forms such as overprotection, indulgence, or constant submission to their demands such dynamics negatively affect the development of the child's personality and expose them to behavioral, psychological, and cognitive disorders, as confirmed by previous studies.

10. References:

- Bruchon-Schweitzer, M., & Boujut, E. (2002). *Psychologie de la santé: Modèles, concepts, et méthodes*. Paris: Dunod.
- Heilbrun, A., & McKinley, R. (1962). Perception of maternal child rearing attitudes. *Child Development*, 73-83.
- Aaron, T. (1967). *Depression: clinical, experimental, and theoretical aspects*. New York: Hoeber Medical Division.
- Allgood-Merten, B., Lewinsohn, P., & Hops, H. (1990). Sex differences and adolescent depression. *Journal of Abnormal Psychology*, 55-63.
- Baldwin, A., Kalhorn, J., & Breese, F. (1949). *Patterns of parent behavior*. Psychological Monographs.
- Baumrind, D. (1991). The Influence of Parenting Style on Adolescent Competence and Substance Use. *Journal of Early Adolescence*, 56-95.
- Darling, N., & Steinberg, L. (1993). Parenting style as context: An integrative model. *Psychological Bulletin*.
- Ellis, A. (1962). Reason and emotion in psychotherapy. *Psychiatry*.
- Gutierrez, R., Smith, L., & Johnson, M. (1980). The psychological impact of trauma on women survivors. *Journal of Clinical Psychology*, 123-135.
- Monroe, S., Rohde, P., Seeley, J., & Lewinsohn, P. (1999). Life events and depression in adolescence: relationship loss as a prospective risk factor for first onset of major depressive disorder. *J Abnorm Psychol*, 108(4). doi:10.1037//0021-843x.108.4.606
- أبو زيد، م. (2001). *العلاج النفسي وتطبيقاته الجماعية*. القاهرة: دار الفكر العربي.
- أحمد، م. (1983). *الاتجاهات الحديثة في البحوث النفسية كما يدركها الباحثون*. المجلة العربية للبحوث التربوية.
- الرفاعي، ن. (1979). *المعاملة الوالدية للأبناء*. دمشق: المطبعة التعاونية.
- الطحان، م. (1983). *مقياس الاتجاهات الوالدية في التنشئة كما يدركها الأبناء*. المجلة العربية للبحوث التربوية. 67-80 ,

- راجي بركات، آ. (2002). علاقة أساليب المعاملة الوالدية بالاكتناب عند المراهقين والمراهقات. رسالة ماجستير. مكة، السعودية: جامعة أم القرى.
- سلامة محمد غباري. (1991). رعاية الأسرة والطفولة. جدة: الدار الجامعية.
- سيد صبيح، س. (1975). أثر الاتجاهات الوالدية والمستوى الثقافي للوالدين على تنمية الابتكار. رسالة دكتوراه غير منشورة. القاهرة، مصر: جامعة عين شمس.
- صالح حسن الداهري. (2005). أنماط المعاملة الوالدية. أطروحة دكتوراه غير منشورة. مكة، السعودية: جامعة أم القرى.
- عبد الرحمن السيد. (1993). الاكتناب وإدراك الأبناء للرفض من قبل الوالدين. رسالة ماجستير غير منشورة. القاهرة، مصر: جامعة القاهرة.
- عبد الرحمن، أ. &، الصعيدي، ع. (1981). بناء مقياس المعاملة الوالدية لطلبة المدارس الثانوية والجامعات كما يدركها الأبناء في المجتمع المصري. حولية جامعة قطر.
- عبد العزيز، م. (2003). لسلوك الإيثاري وعلاقته ببعض المتغيرات النفسية وأساليب المعاملة الوالدية لدى عينة من طلاب الثانوية الأزهرية. رسالة ماجستير غير منشورة. القاهرة، مصر: جامعة الأزهر.
- عبد الفتاح غريب. (1984). مقياس الاكتناب (BDI). مجلة التربية.
- عوض، م. (1990). أثر معاملة الوالدين على ظهور الاتجاهات العدوانية عند الأفراد وعلاقة ذلك بسلوكيات الطفولة والمراهقة. مجلة العلوم الاجتماعية.
- هاشمي، أ. (2004). علاقة الأنماط السلوكية للطفل بالأنماط التربوية الأسرية. الجزائر: دار قرطبة.