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Preface

The world is in chaos. The emergence of COVID-19 pandemic created the havoc that all parts of the globe had to deal with. In addition, there are still other personal and social crises that everyone endures.

Rebuilding Lessons after a Crisis attempts to present the whys, whats and hows of humanity’s risk perception across the world as we embark on this challenging journey and help define the most appropriate and most effective risk-related behaviors for survival.

The current pandemic has brought about the abrupt shift in all sectors of the society in different parts of the world. It has resulted to immediate adjustments and development of coping mechanisms to transcend beyond the challenges of this pandemic. Like any other crisis, the current situation taught us to reflect and manage its overwhelming effects.

This book compiles articles that reflect the different perspectives in varied concerns such as health, economy, education, and social transformations. Its impact to the physical, emotional, psychological and financial conditions of humanity across the world are also presented.

Part I as the opening chapter attempts to describe the situation in terms of how a crisis has been evaluated in different lenses as to the risk perception and the risk related behaviors as to how various sectors have adapted to the situation.

Part II describes the varied effects of the pandemic and the adjustments and coping responses manifested by the different sectors.

Part III offers the strategic actions and coping mechanisms that can help recover and sustain ways of life in these challenging times.
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Cognitive Vulnerabilities and Depression of Children with Single Parents

Portia R. Marasigan, Ph.D.

Introduction

The family, which consists of parents and children, is very important for human life. Starting from loving and loving the child who comes from within a family in the world develops a healthy personality in accordance with the needs of his/her physical, mental and mental needs and obtains the most comprehensive information about the society to live in. The child, who has completed the socialization and education process with the help and contributions of the parents, gains a successful social life. A child observes a family communication based on mutual love, respect, sharing and solidarity, has a better relationship with the people around him (Şentürk, 2012). Family is a great institution and parenting is its pillar. However, with time there have huge observations that single parenting is mostly practiced and one individual parent is accountable of nurturing of children. Due to multiple reasons both spouses are unable to practice the same responsibilities together. It seems very strong but has ultimate consequences on children (Ali & Soomar, 2019).

Over the years, there has been a general consensus that single-parent families are at a greater disadvantage compared to more traditional homes. The factors associated with worse outcome in single-parent families maybe more complicated than first evident. Single-parent families are also suggested to have less resilience when confronting stress. Single parenthood raises further economic challenges compounding the level of stress, possibly causing more difficulties in parent–child relationships. The prevalence of poverty in single-parent family has been estimated to be as high as 50% compared to around 5% in two-parent intact families (Avison, 2002). Children who grow up in fragmented or single-parent families fail to fulfill their socialization tasks (Uluğtekin, 1991; Adegbuyega, 2019). The violent conflict created by the incompetence in the family causes
the divorce by weakening the relationship between the parents, and as a result of these divorces, a number of anti-social behaviors such as high anxiety, aggressiveness and shyness are observed in children (Ulug and Candan, 2008).

A child belonging to a broken family has constant internal conflict. At the end of these conflicts, they accused the family of children and showed an attitude towards them (Wolf, 1998). Without the ability to solve the problem, the child will face deeper problems in the future because he cannot solve his anti-social behavior (Morganett, 2005). Research revealed that divorce has negative consequences on children such as depression, stress, loneliness, irritability, and lack of attention (Herwig, Wirtz, and Bengel 2004; Jackson, 2000; Sergi, et al., 2013; Daryanani, et al., 2016).

It is well-established that many psychosocial factors more broadly predictive of depression - including life stress, cognitive vulnerabilities, and interpersonal conflicts - are more likely to be encountered by adolescents than children (Hankin, 2006; Sergi, et al., 2013), and thus, may help explain the sharp increase in depressive rates. Moreover, although cognitive vulnerabilities such as rumination and negative inferential styles are present during childhood, they often consolidate during adolescence and develop into more robust, stable predictors of depression (Hankin, 2008a; Sergi, et al., 2013).

According to APA dictionary of psychology, cognitive vulnerability is a set of beliefs or attitudes thought to make a person vulnerable to emotional disorders such as depression and anxiety. This term focuses upon a sense of dissonance, meaning discord or conflict, within a person’s mental processes while learning new information but more directly this term focuses upon the learner’s efforts towards using information in new and different ways of understanding.

Maladaptive cognitive styles, including dysfunctional attitudes about our self-worth, the tendency to make negative inferences about the causes and consequences of negative events, and the tendency to ruminate about our sad mood, have been hypothesized to provide vulnerability to depression when
individuals experience stressful life events (Alloy, Abramson, Stange & Salk, 2016).

According to Riskind and Black (2005), cognitive vulnerabilities are faulty beliefs, cognitive biases, or structures that are hypothesized to set the stage for later psychological problems when they arise. They are in place long before the earliest signs or symptoms of disorder first appear. These vulnerabilities are typically purported to create specific liabilities to particular psychological disorder after individuals encounter stressful events, and to maintain the problems after their onset. Only by addressing these vulnerabilities can long-term therapeutic improvements be maintained, and the risk of recurrences or relapse be reduced.

Riskind and Alloy (2006) states cognitive vulnerability models offer popular ways of understanding the origins and causal factors that contribute to psychological problems. Cognitive vulnerabilities are typically purported to create liabilities to psychological disorders after individuals encounter stressful events, in a vulnerability-stress interaction, and to maintain the problems after their onset.

The principle also applies to both “normal” and “abnormal” responses of individuals. That is, such models are also based upon the precept of a continuity of normal and abnormal cognitive processes. As Beck (1991) stated: “The [cognitive] model of psychopathology proposes that the excessive dysfunctional behavior and distressing emotions or inappropriate affect found in various psychiatric disorders are exaggerations of normal adaptive processes” (p. 370). At the same time, people can exhibit relatively habitual or stable patterns in the ways in which they appraise emotion–provoking stimuli (Abramson, Seligman, & Teasdale, 1978; Riskind et al., 2000; Weiner, 1985; Hong & Cheung, 2014). For example, some individuals habitually attribute failures to personal defects. As a result of these differences, people can differ in their future risk for developing particular kinds of emotional disorders or psychological problems.
Most theorists adopt a vulnerability–stress paradigm in which it is recognized that psychological disorders are caused by a combination of predisposing (constitutional or learned) and precipitating (environmental) factors. That is, precipitating events (e.g., stressful life events, early childhood traumas, a marital disagreement) can trigger the development of psychological problems or emotional disorders for certain individuals (Alloy, Abramson, Raniere, & Dyller, 1999; Hong & Cheung, 2014; Daryanani, et al., 2016), but the degree and even direction of response can differ enormously from one person to another. Thus, precipitating environmental events are particularly likely to produce psychological problems among individuals who have a preexisting cognitive vulnerability to the disorders. Indeed, most individuals who are exposed to precipitating stressful events do not develop disorders. And, when disorders or problems emerge, their specific nature differs for different individuals and is not determined just by the precipitating stress alone. For example, stressful events are elevated in depression (Brown & Harris, 1978; Paykel, 1982), bipolar disorder and mania (Johnson & Roberts, 1995), anxiety disorders (Last, Barlow, & O’Brien, 1984; Roy–Byrne, Geraci, & Uhde, 1986), and even schizophrenia (Zuckerman, 1999). Thus, cognitive vulnerability–stress models are offered to help account for not only who is vulnerable to developing emotional disorder (e.g., individuals with a particular cognitive style), and when (e.g., after a stress), but to which disorders (e.g., depression, eating disorder, etc.) they are vulnerable (Riskind & Alloy, 2006).

The study aims to determine the cognitive vulnerabilities and depression of the children with single parents and to relate them. Specifically, it sought to answer the following questions:

(1) what are the levels of cognitive vulnerabilities of the respondents in terms of attitudes toward self, life orientation and hopelessness?

(2) what are the levels of depression of the respondents as measured by the Beck Depression Inventory?
(3) is there a significant relationship between the profile of the respondents and their levels of depression? 

(4) is there a significant relationship between the levels of depression of the respondents and cognitive vulnerabilities in terms of attitudes toward self-life orientation and hopelessness? 

**Theoretical Framework**

The study was anchored from *Aaron Beck's Cognitive Theory of Depression*. According to Dr. Aaron Beck, negative thoughts, generated by dysfunctional beliefs are typically the primary cause of depressive symptoms. A direct relationship occurs between the amount and severity of someone's negative thoughts and the severity of their depressive symptoms. In other words, the more negative thoughts you experience, the more depressed you will become.

Beck also asserts that there are three main dysfunctional belief themes (or "schemas") that dominate depressed people's thinking: 1) I am defective or inadequate, 2) All of my experiences result in defeats or failures, and 3) The future is hopeless. Together, these three themes are described as the Negative Cognitive Triad. When these beliefs are present in someone's cognition, depression is very likely to occur (if it has not already occurred).

An example of the negative cognitive triad themes will help illustrate how the process of becoming depressed works. Imagine that a person has just been laid off from his/her work. If he/she is not in the grip of the negative cognitive triad, he/she might think that this event, while unfortunate, has more to do with the economic position of his/her employer than his/her own work performance. It might not occur to him/her at all to doubt himself/herself, or to think that this event means that he/she is washed up and might as well throw himself/herself down a well. If his/her thinking process was dominated by the negative cognitive triad, however, he/she would very likely conclude that his/her layoff was due to a personal failure; that he/she will always lose any job he/she might manage to get; and that his/her situation is hopeless. On the basis of these judgments, he/she will
begin to feel depressed. In contrast, if he/she was not influenced by negative triad beliefs, he/she would not question his/her self-worth too much, and might respond to the lay off by dusting off his/her resume and initiating a job search.

Beyond the negative content of dysfunctional thoughts, these beliefs can also warp and shape what someone pays attention to. Beck asserted that depressed people pay selective attention to aspects of their environments that confirm what they already know and do so even when evidence to the contrary is right in front of their noses. This failure to pay attention properly is known as faulty information processing.

Particular failures of information processing are very characteristic of the depressed mind. For example, depressed people will tend to demonstrate selective attention to information, which matches their negative expectations, and selective inattention to information that contradicts those expectations. Faced with a mostly positive performance review, depressed people will manage to find and focus in on the one negative comment that keeps the review from being perfect. They tend to magnify the importance and meaning placed on negative events, and minimize the importance and meaning of positive events. All of these maneuvers, which happen quite unconsciously, function to help maintain a depressed person's core negative schemas in the face of contradictory evidence, and allow them to remain feeling hopeless about the future even when the evidence suggests that things will get better (Retrieved from https://www.mentalhelp.net/depression/cognitive-theories/).

**Methodology**

The study used descriptive correlational design. It is descriptive since it described the behavior of the respondents. It is correlational since the study determined the relationship between the independent variable and dependent variable.

The respondents of the study are 150 children with single parents living in San Pablo City, Laguna in the Philippines. It used the purposive sampling technique. The criteria set in choosing the samples are: (1) the respondents must belonged to a family with
single parent; (2) aged between 15-30 years old; and (3) should have a score of above 30 in the Psychological distress test. Majority of the respondents are young adults (54%), female (70.67%), unemployed (67.34%) and raised by a single mother (66.67%).

The study used the five tests namely Kessler Psychological Distress Scale, Tet on Attitudes toward self, Life orientation test, Beck Hopelessness Scale and Beck Depression Inventory. The respondents answered the Kessler Psychological Distress Scale first. The children with single parents who have scored 30 and above in the test were oriented and requested to become study participants. Upon the given consent, participants were given the other four (4) tests for them to answer and were retrieved afterwards.

The study made use of the following statistical tools: frequency and percentage, mean and standard deviation and multiple regression.

Findings and Discussion

Figure 1

*Level of Attitude towards Self*

Figure 1 shows that 50% of the respondents have high level attitude towards self while only 5.33% have low level. This means that many of them are holding overly high standards, the tendency to be self-critical at any failure to perform well, and the tendency to generalize from a single failure to the broader sense of self-worth.
Figure 2

Level of Life Orientation

Figure 2 presents the respondents’ high level of life orientation corresponding to the majority (54%) of the respondents. Interestingly, no respondents has low level of life orientation. This implies that majority of them expect more good things to happen to them than bad. These type of people show positive outlook in life.

Figure 3

Level of Hopelessness

Figure 3 presents the level of hopelessness of the respondents. It shows that majority of them have moderate level of hopelessness with 54.67%, some have severe level with 28.67% and few have low level with 16.66% only. This implies that most of the respondents are sometimes pessimistic and are hopeless of the future.
Figure 4

Level of Depression

Figure 4 illustrates the level of depression of the respondents. It shows that many of them have severe level with 44% and few have mild and minimal level with 22% and 6.67%, respectively. It can be implied that respondents are often sad, have guilty feelings, thinks they are worthless and their past failure, have self-dislike, have suicidal thoughts and loss of interest.

Table 1

Correlation between Respondents’ Profile and Depression

<table>
<thead>
<tr>
<th>Profile</th>
<th>r-value</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.142</td>
<td>Significant</td>
</tr>
<tr>
<td>Sex of respondents</td>
<td>0.0372</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Occupation</td>
<td>0.170</td>
<td>Significant</td>
</tr>
<tr>
<td>Sex of parent</td>
<td>0.112</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Family monthly income</td>
<td>-0.099</td>
<td>Not Significant</td>
</tr>
</tbody>
</table>

Legend: Critical value = 0.140268

Table 1 presents the correlation between the profile of the respondents and their depressive behavior. It shows that sex of respondents, sex of parents and family monthly income have no relations to the depressive behavior of the respondents. Meanwhile, age and occupation have significant relations with the depressive attitude of the respondents.
As to age, since $r=0.141516$ is greater than $CV=0.140268$, thus $H_0$ is rejected hence there is a significant relationship between age of the respondents and their depressive behavior. Since the correlation is positive, as the age of the respondents increases the level of their depression increases. In this study, the young adults who have single parents are more likely to be more depressed than the adolescents. Similar to the study of Twenge as cited by Boyle (2019), reported symptoms consistent with major depression increased by 52% among the teens and 63% among the young adults. Similarly, Becker (2020) found out that young adults ages 19 to 29 sometimes develop depression due to major life transitions, lack of support in new environments, lack of coping skills, relationship issues, poverty, trauma and work issues.

As to occupation, since $r=0.16969107$ is greater than $CV=0.140268$, the $H_0$ is rejected hence there is a significant relationship between the occupation of the respondents and their depressive behavior. This implies that the non-employed respondents are more likely to be more depressed than the employed respondents. People lose faith in themselves and become pessimistic the longer they are out of a job. According to Park, et al. (2016), the employed group showed lower late-life depressive symptom prevalence than the non-employed group among older Korean men. In addition, some second skill level occupations (clerks, plant and machine operators) were significantly associated with a lower risk of depressive symptoms after adjusting for general factors in older Korean men.

Table 2 presents the test of correlation between cognitive vulnerabilities and depression of the respondents. Among the factors which includes attitude toward self with $p$-value of 0.127, life orientation with $p$-value of 0.359, hopelessness with a $p$-value of 0.000, only hopelessness has a significant relationship with depression. This means that the depressive behavior of the respondents may be influenced by their hopelessness.
Table 2

*Correlation between Cognitive vulnerabilities and Depression*

<table>
<thead>
<tr>
<th>Factor</th>
<th>t-Stat</th>
<th>p-value</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude toward self</td>
<td>-1.536</td>
<td>0.127</td>
<td>Not significant</td>
</tr>
<tr>
<td>Life orientation</td>
<td>0.920</td>
<td>0.359</td>
<td>Not significant</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>5.693</td>
<td>0.000</td>
<td>Significant</td>
</tr>
</tbody>
</table>

*Legend: p < 0.05, significant; p > 0.05, not significant*

The hopelessness theory (Abramson et al., 1989) explains that expectation for highly desired outcomes will not occur or that highly aversive outcomes will occur and that there is nothing one can do to change this situation is a proximal sufficient cause of the symptoms of depression specifically hopelessness depression.

**Conclusion**

The study shows that children of single parents have high level of attitude toward self, high level of life orientation and moderate level of hopelessness. However, many of them have severe level of depression. It was further disclosed that age and occupation are significantly related to depression while hopelessness is significantly related to depression. The results proved that children of single parents suffer from emotional trauma due to the conditions. Thus, strong support system is necessary for them to adjust emotionally.

**References**


