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Predicting Depression Based on Family Climate and Emotional Schemas in Adolescent Girls

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ABSTRACT

Objective: This study examined whether family climate and emotional schemas predict depressive symptoms in adolescent girls.

Methods and Materials: In this cross-sectional correlational study, 200 female upper secondary school students in Shiraz, Iran were selected via cluster random sampling. Participants completed the Family Environment Scale (family relationship, personal growth, system maintenance), Beck Depression Inventory, and Leahy's Emotional Schema Scale. Data were analyzed using Pearson correlations and simultaneous multiple regression (SPSS-22).

Findings: Depression showed significant negative correlations with family relationship, personal growth, and system maintenance, and with emotional self-awareness; and positive correlations with rumination, need for others' approval, shame/guilt, and blame. In regression analysis, family climate explained 14% of the variance in depression, with family relationship and system maintenance emerging as significant negative predictors, while personal growth was not significant. Emotional schemas explained 57% of the variance; emotional self-awareness negatively predicted depression, whereas rumination, need for others' approval, and blame positively predicted depression.

Conclusion: Both family climate and specific emotional schemas are meaningful correlates/predictors of depressive symptoms among adolescent girls. Preventive interventions may benefit from strengthening supportive family relationships and targeting maladaptive emotional schemas (e.g., rumination, approval-seeking, and blame).

Keywords: Depression, family climate, emotional schemas, adolescent girls.

Introduction

Depression is increasingly recognized as a major global source of morbidity, disability, and healthcare costs. The World Bank has estimated that depression accounts for nearly 30% of disability due to neuro-psychiatric disorders among women worldwide, compared with about 12% among men. The World Health Organization estimates that, among women, depression is the fourth leading cause of disability—after infectious diseases, diarrheal illnesses, and obstetric problems—and by 2020 it was expected to become the second leading cause of disability (Noble, 2005; Shirjang et al., 2012). Depression is often referred to as the "common cold" of mental disorders, and according to WHO projections it was anticipated that by 2020, after cardiovascular disease, it would become the second major threat to health and life worldwide (Antai-Otong, 2016).

Every family has a unique emotional climate, and its mode of management and functioning differs from others. Scholars have proposed various family typologies (Shahamat et al., 2011). One classification, based on the quality of internal relationships and cohesion, divides families into disintegrated, unstable, balanced, and optimal. In a broader classification, (Yildirim, 2017) describes families as either "growth-enhancing" or "distressed," characterized by constructive versus impaired emotional climates. One of the most important factors in safeguarding children's mental health is parents' balanced and healthy relationships with them. Within the private, intimate sphere of the family, children learn how to feel about themselves, how others will likely respond to them, and how to interpret others' emotional reactions (Barzi, 2025; Baumrind & Black, 1967). Families need parents who are committed to maintaining a healthy relationship with each other and able to create a secure environment where children can develop free from fear and corruption. Neglect of children's and adolescents' psychological and emotional well-being and the absence of appropriate relationships often lead to emotional deprivation, low motivation, and psychological problems. In families with an unhealthy psychological atmosphere, members are frequently embroiled in conflict; children and adolescents become the primary victims of these conditions (Abidi, 2025; Hajrezaei).

If members of society—especially parents—are aware of how the family's emotional climate and their own functioning affect children's health and flourishing, they will strive to provide a calm, balanced, and supportive environment (Abidi, 2025). Parent–child communication has long attracted the attention of education specialists. The family is the first context linking the child to the environment. Within the family, children form initial attitudes toward the world, develop physically and cognitively, learn language, acquire basic behavioral norms, and ultimately shape their attitudes, morals, temperament, and socialization (Amani et al., 2020). Psychologists have long argued that parenting practices meaningfully influence children's thoughts, behaviors, and emotions. Based on the vulnerability–stress model of psychopathology, numerous studies have examined family-related factors as predisposing elements for individual vulnerability (Harris & Curtin, 2002). Many investigations have explored the associations between parenting styles and parental functioning with various psychological and behavioral symptoms (Pruitt, 2014). Evidence indicates that individuals with lower levels of social and familial support are more susceptible to anxiety, depression, and a wide spectrum of physical illnesses, including cardiovascular disease (Anaraki-Kordi et al., 2025; Zakirovna et al., 2024).

Interpersonal difficulties are present in many well-known mental disorders. Such difficulties are often shaped by individuals' beliefs about themselves and others—beliefs referred to as schemas. According to Young (2007), schemas emerge when core emotional needs in childhood are unmet; these needs include secure attachment to others, autonomy, competence and identity, freedom to express legitimate needs and emotions, spontaneity and play, and realistic limits and self-control.

Another key factor in the onset and maintenance of depression is emotional schemas. Emotional schemas encompass the interpretations, evaluations, action tendencies, and behavioral patterns people adopt when facing their emotions (Leahy, 2002). On this view, individuals differ in how they conceptualize their emotions—in other words, they hold different schemas about emotions. These schemas reflect the ways people experience emotions and the beliefs that are automatically activated when unpleasant emotions arise

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regarding what plan of action is appropriate or how to act when such emotions are triggered (Leahy, 2002). To clarify emotional schemas, Leahy proposed 14 dimensions, including: need for approval, comprehensibility, guilt and shame, a simplistic view of emotions, higher values, control, striving to be rational, duration, consensus, acceptance of feelings, rumination, emotional expression, and blame (Xie et al., 2005). Accordingly, the present study seeks to answer whether family climate and emotional schemas can predict depression.

Methods and Materials

Study Design

The present study employed a descriptive-correlational design, aiming to predict depression based on family climate and emotional schemas among adolescent girls. The statistical population consisted of all female students enrolled in upper secondary schools in Shiraz. The sample size was estimated at 200 participants, based on the study objectives and the number of predictor variables (emotional schemas and family climate). The sample was selected through a cluster random sampling method: from four educational districts, two were randomly chosen; from each district, two girls' schools were selected; and from each school, two classes were randomly chosen. All students in the selected classes were included as participants.

Data Collection Instruments

Family Climate

The Family Environment Scale (FES) was developed by Moos & Moos (1974). The scale contains 90 items across three subscales, answered in a true/false format. Each correct response is scored as 1, and incorrect as 0. Subscale scores are computed by summing the corresponding items, and overall dimension scores are derived from their subscales. Reported psychometric properties include internal consistency coefficients ranging from 0.61 to 0.78, inter-item correlations between -0.53 and 0.45, and test–retest reliability ranging from 0.52 to 0.91 (Moos & Moos, 1974).

Beck Depression Inventory (BDI)

The Beck Depression Inventory (BDI) comprises 21 items designed to assess symptoms and attitudes characteristic of depression. Items were derived from clinical observations of depressed patients and emphasize cognitive aspects of depression. It is a self-report inventory completed in 5–10 minutes, with each item rated on a 4-point scale (0–3). It evaluates dimensions such as sadness, pessimism, feelings of failure and guilt, sleep disturbance, appetite loss, and self-dislike. Total scores range from 0 to 63, representing increasing levels of depression severity. Numerous psychometric studies have confirmed its reliability and validity. A meta-analysis by (Beck et al., 1988) found test–retest reliability coefficients between 0.48 and 0.86, depending on sample and interval. In a later study, Beck et al. (1996) reported a one-week test–retest reliability of 0.93. Validity studies show strong correlations (above 0.60) with other depression measures such as the Hamilton Rating Scale for Depression (HRSD), the Zung Self-Rating Depression Scale, the MMPI Depression Subscale, and the SCL-90. In Iran, Tashakkori et al. (1989) reported a reliability coefficient of 0.78, confirming its suitability for Iranian populations.

Emotional Schemas Scale

The Emotional Schemas Scale (ESS) was developed by Leahy (2002) based on his theoretical model of emotional schemas. It consists of 50 items, rated on a five-point Likert scale. The Persian version was translated and adapted by Khanzadeh et al. (2021) and Hassani et al. (2021) using a double-translation procedure to ensure conceptual accuracy. Two psychology professors and two English language experts compared the English and Persian versions for consistency; then, a back-translation was conducted by a Ph.D. student in English literature, and discrepancies were resolved. Exploratory factor analysis yielded 16 factors, of which 12 were retained: guilt, emotional expression, uncontrollability, need for approval, comprehensibility, blame, rationality, simplistic views of emotion, higher values, acceptance, and agreement; three single-item factors were removed, and a new factor—emotional self-awareness—was added. High inter-item correlations confirmed construct validity. Test–retest reliability over two weeks was 0.78 for the total scale and ranged from 0.56 to 0.71 for subscales. Cronbach's alpha coefficients were 0.82 for the total scale and between 0.59 and 0.73 for subscales, indicating acceptable reliability (Khanzadeh et al., 2021; Hassani et al., 2021).

Procedure

Data were collected in the field through administration of the questionnaires to participants.

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After obtaining a formal letter from Islamic Azad University, Marvdasht Branch, the researcher contacted secondary schools in Shiraz and identified suitable participants. The study's purpose and confidentiality procedures were explained, and informed consent was obtained. Participants then completed the Emotional Schemas Scale, Family Environment Scale, and Beck Depression Inventory. For data analysis, descriptive statistics (mean, standard deviation) and inferential statistics (Pearson correlation coefficient and simultaneous multiple regression) were applied. Emotional schemas and family climate served as predictor variables, while depression was the criterion variable. All analyses were conducted using SPSS version 22.

Findings and Results

Table 1 presents the descriptive indices (means and standard deviations) for the study variables.

Table 1

Descriptive indices of study variables

Variable	Mean	SD
Controllability	5.63	2.76
Effort to be rational	9.07	3.78
Emotional self-awareness	8.31	3.69
Comprehensibility	5.19	2.51
Rumination	8.52	4.12
Agreement	3.51	2.26
Acceptance of emotions	6.01	2.65
Need for others' approval	3.76	1.94
Higher values	6.41	2.68
Simplicity about emotions	4.50	1.94
Shame & guilt	6.26	3.71
Emotional expression	4.25	2.11
Blame	4.05	2.21
Depression	19.54	12.17
Family relationship	14.04	2.62
Family personal growth	23.34	4.65
Family system maintenance	10.15	2.50

Before testing the hypotheses, zero-order correlations among the variables (family climate, emotional schemas, and depression) were computed. The correlation matrix is shown in Table 2.

Table 2

Pearson correlations of family climate and emotional schemas with depression

Variables	Dimension	r	p
Family climate	Family relationship	−0.26	0.001
	Family personal growth	−0.25	0.003
	Family system maintenance	−0.32	0.001
Emotional schemas	Controllability	0.11	0.18
	Effort to be rational	−0.27	0.001
	Emotional self-awareness	−0.30	0.001
	Comprehensibility	0.11	0.17
	Rumination	0.30	0.001
	Agreement	0.06	0.47
	Acceptance of emotions	0.01	0.92
	Need for others' approval	0.38	0.001
	Higher values	−0.07	0.40
	Simplicity about emotions	−0.01	0.92
	Shame & guilt	0.30	0.001
	Emotional expression	0.03	0.72

Blame	0.48	0.001

As Table 2 shows, depression was positively and significantly correlated with rumination, need for others' approval, shame & guilt, and blame, and negatively and significantly correlated with family relationship, family personal growth, family system maintenance, and the schemas effort to be rational and emotional self-awareness. No significant correlations were found between depression and the other emotional schema dimensions.

Table 3

Multiple regression (simultaneous) predicting depression from family climate

Criterion	Predictor	F	df	p	R	R^2	Beta	t	p
Depression	Family relationship	7.77	3,199	0.001	0.37	0.14	−0.16	1.96	0.05
	Family personal growth						−0.12	1.38	0.17
	Family system maintenance						−0.21	2.34	0.02

The results in Table 3 indicate that the family climate predictors explained 14% of the variance in depression *(F(3, 199) = 7.77, p < .002; R = .37, R^2 = .14)*. Family relationship (β= −.16, p< .05) and family system maintenance (β= −.21, p< .02) negatively and significantly predicted depression, whereas family personal growth did not significantly predict depression.

Table 4

Multiple regression (simultaneous) predicting depression from emotional schemas

Criterion	Predictor	F	df	p	R	R^2	Beta	t	p
Depression	Controllability	13.71	13,199	0.001	0.75	0.57	0.004	0.07	0.95
	Effort to be rational						−0.13	1.91	0.06
	Emotional self-awareness						−0.42	6.47	0.001
	Comprehensibility						0.005	0.07	0.95
	Rumination						0.29	4.21	0.001
	Agreement						−0.03	0.48	0.63
	Acceptance of emotions						−0.02	0.35	0.72
	Need for others' approval						0.25	3.73	0.001
	Higher values						−0.01	0.15	0.88
	Simplicity about emotions						−0.13	1.89	0.06
	Shame & guilt						0.12	1.80	0.07
	Emotional expression						0.05	0.75	0.45
	Blame						0.38	5.87	0.001

As shown in Table 4, emotional schemas explained 57% of the variance in depression *(F(13, 199) = 13.71, p < .001; R = .75, R^2 = .57)*. Emotional self-awareness negatively predicted depression (β = −.42, p < .001). In contrast, rumination (β = .29, p < .001), need for others' approval (β = .25, p < .001), and blame (β = .38, p < .001) positively and significantly predicted depression. The other emotional schema dimensions did not significantly predict depression.

Discussion and Conclusion

The findings indicated that family relationships and maintenance of the family system negatively and significantly predicted depression, while personal family growth was not a significant predictor. Numerous studies have examined the impact of family on children's mental disorders, particularly depression. These findings are consistent with the studies by Abdollahzadeh & Samani (2010); Abedin & Heydari (2021); McLeod et al. (2007); Mohanna & Samani (2018); Sadeghi et al. (2013); Samani & Sadeghzadeh (2010); Samania (2011); Siamak (2010); Gustafson (2017); Farrington et al. (2010); Roberts & Steele (2010).

Based on the present findings, it can be concluded that in a warm and friendly family environment—where parents and family members maintain good and intimate

relationships—children are typically raised to be healthy and active individuals with positive personalities. In contrast, chaotic family situations, conflicts between parents, and parental aggression are significant factors that lead adolescents to anxiety, insecurity, emotional withdrawal, and isolation from others, especially parents. Consequently, the rupture in parent-child relationships and the pressure or inner drive to fulfill material and emotional needs can result in neurotic behaviors and depression (Mongale & Amone-P'Olak, 2019).

Studies have pointed out the role of parenting styles and family atmosphere in the emergence and aggravation of behavioral and anxiety disorders. For example, the research by Wolfradt et al. (2003) showed that adolescents with authoritarian parents had higher levels of anxiety and depression. Similarly, Seifi (2009) found that lower depression and anxiety levels in adolescent boys were associated with parental acceptance, control, and parenting styles.

Behaviorists emphasize the environment as a controlling and influential factor in human behavior and consider the family system—especially the parents—as one of the most important environments (Carbonella, 2015). From a behavioral perspective, parents influence their children's behavior through modeling, reinforcement of activities within the family, and creating a social atmosphere. Parents can be either hostile and rejecting or warm and accepting, playing a significant role in shaping the family system and exerting strong influence over their children (King et al., 2016).

Brehm et al. (1997) found that cohesion in the family and the absence of discrimination among family members, especially children, significantly help reduce psychological distress, including depression. Excessive caregiving or lack of care (Mancini & Marek, 2004) (Kimura et al., 2019), lack of perceived safety in the family (Hendrickson, 2008), and absence of compatibility and solidarity within the family were also linked to depression and suicidal ideation (Ahookhosh, 2016). Parental stress, life satisfaction, and mood have a significant impact on the socio-emotional functioning of children (Carapito et al., 2020).

Family factors are among the most important components explaining the origins of behavioral problems in children and adolescents (Matejevic et al., 2015). Parental warmth and affection help children explore their environment, which fosters a sense of safety, trust, and positive orientation toward others. Parental acceptance is essential for developing traits like self-esteem and confidence.

Parents who exhibit high acceptance and logical control over their children report fewer symptoms of depression in them (Weisz et al., 1987). Excessive criticism and rejection by parents damage children's self-esteem and problem-solving skills, paving the way for depression. While parental monitoring reflects support, overly strict control that limits adolescents' independence predisposes them to depression. Cold parental behavior and rigid rules decrease children's sense of agency and increase helplessness. On the other hand, parental warmth, responsiveness, and encouragement for autonomy lead to greater independence, confidence, and decision-making capacity in adolescents.

Parents who support their children's independence, respect their choices, take an interest in their lives, and set clear and rational rules raise children with higher self-esteem and fewer depressive symptoms (Lee, 2024). Excessive parental control increases anxiety, self-doubt, fear of failure, and negative perfectionism in adolescents, contributing to depressive symptoms and diminished psychological well-being (Ballash et al., 2006).

Parental acceptance gives adolescents the opportunity to express their views. In contrast, rejecting and authoritarian parents deny such expression and ignore independent opinions. Adolescents with accepting yet disciplined parents show better independence and socio-psychological competence. Those raised by controlling yet supportive parents may struggle with independence and individuation—factors significantly related to depression.

The findings also showed that emotional self-awareness negatively and significantly predicted depression, while rumination, need for others' approval, and blame positively and significantly predicted it. Other emotional schemas did not significantly predict depression. These findings align with those of (Abasi et al., 2023; Aldao & Dixon-Gordon, 2014; Azadi et al., 2020; Azizi, 2018; Tahmouresi et al., 2014).

According to the emotional schema therapy model, individual differences in interpretations, evaluations, motivations, and behavioral strategies related to emotions are termed emotional schemas. Some

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individuals hold negative beliefs about their emotions—for instance, viewing them as meaningless, persistent, shameful, unique, inexpressible, and never validated (Leahy, 2019). Emotional schemas range from flexible and adaptive to rigid and maladaptive. This model posits that those endorsing maladaptive emotional schemas are more likely to resist certain emotions and engage in avoidant strategies (Leahy, 2002).

Some researchers argue that emotional states are the core of cognitive processing. The schema theory posits that cognition and schemas are foundational to processing, and that emotional information, beliefs, and core experiences guide this processing (Axelrod, 1973). The findings highlight the significance of the approval schema among emotional schemas; it may influence other schemas and assist in emotional regulation, explaining why individuals often seek approval (Leahy et al., 2010).

Excessive self-focus, including rumination, is associated with prolonged depression and anxiety. Gross (2008) argued that maladaptive emotional regulation attempts can intensify and prolong emotional responses. A core component of emotion regulation is the fear of losing control over anxiety and other emotions. (Leahy, 2002) stated that anxiety and dysfunctional symptoms are linked to maladaptive emotional schemas.

Cognitive models describe the blame schema as a judgmental focus that applies negative judgments to oneself and others. Blaming others for specific emotions correlates with several emotional schemas that appear to be outcomes of blame. Those who blame others experience greater guilt, more simplistic views, lower emotional control, and less acceptance. Some individuals allow themselves to experience emotions freely, without suppressing them. The emotional schema model proposes the ironic effect: suppressing emotions leads to their intensification later (Leahy, 2002).

Depression may be a primary disorder resulting from poor emotion regulation, stemming from the inability to manage positive and negative emotions. Individuals who use maladaptive cognitive styles such as rumination, catastrophizing, and self-blame are more emotionally vulnerable than those who employ adaptive strategies (Garnefski & Kraaij, 2006).

Research has also shown that chronic efforts to control, suppress, or avoid unwanted internal experiences (lack of acceptance) can actually increase the frequency and intensity of emotional experiences (Zlomke & Hahn, 2010). Women, in particular, use rumination to understand the source of their distress. Empirical studies show that rumination intensifies negative thoughts, which in turn leads to depression and anxiety (Aldao & Dixon-Gordon, 2014). Repetitive thought patterns—common in worry and rumination—are predictors of anxiety and depression (Zlomke & Hahn, 2010).

Individuals using maladaptive coping strategies such as rumination, worry, avoidance, substance use, overeating, or dissociation are more likely to develop mental disorders like depression. Others who possess more adaptive emotional perspectives are better at validation. For them, emotions are meaningful, acceptable, not shameful, not unique, and perceived as temporary. These individuals are less likely to resort to maladaptive coping and thus less prone to depression.

Like any study, this one has limitations. Recognizing them helps contextualize the findings. First, the study relied on self-report methods for data collection and was limited to two educational districts and to female students in Shiraz. Therefore, generalizing the results to other populations should be done cautiously. The study focused only on girls aged 16–18, so applying the findings to boys or other age groups requires caution. A major limitation is that depression is influenced by many factors, and addressing all of them in one study is not feasible. This study only examined family climate and emotional schemas, omitting variables like personality traits, economic and cultural background, and resilience.

Future research could examine the effects of educating parents in proper family management and empathy skills to reduce adolescent depression. Since data was gathered through self-report questionnaires—which may lead to socially desirable responses—it is recommended to use interviews and qualitative or mixed-methods approaches in future studies. Research should also include male students and consider additional variables such as the family's socioeconomic status. Future studies should also explore the long-term effects of family climate and emotional schemas. Given the role of emotional schemas in depression, deeper studies incorporating developmental, cognitive, and phenomenological perspectives may allow for comprehensive intervention programs, including promoting positive emotional schemas. Based on the study's findings, school counselors are encouraged to

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identify at-risk girls and provide their families with special training to help reduce depression and foster a healthier family climate.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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