

*Full Length Research Paper*

# Parental support as mediator between optimism and depression in early adolescents

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**A number of studies showed a relation between parental support and depression and between optimism and depression. However there is a lack of studies that considered together the influence of parental support and dispositional optimism on depression in early adolescence. In the current study we examined the mediating role of parental support on the relation between optimism and depression in a community sample consisting of 149 middle school students (68 boys and 81 girls) aged from 12 to 13 (mean age = 12.60, SD = 0.60) and living in an urban area in Northern Italy. In order to assess the level of optimism, we used the Life Orientation Test-Revised (LOT-R; Scheier et al., 1994). The Children's Depression Inventory (CDI; Kovacs, 1985) and the Network of Relationship Inventory (NRI; Furman, Laursen and Mooney, 1985) were used to investigate respectively depression and parental support. Using the approach proposed by Baron and Kenny (1986), we found a partially mediating effect of parental support between optimism and depression. That is, adolescents who perceived higher dispositional optimism were also less depressed. However, the negative effect of lack of optimism was mediated by parental support, which in turn negatively affected depression. Implications for practice as the possibility to work with parents in order to improve the psychological condition of pessimistic early adolescents were discussed.**

**Key words:** Optimism, parental support, mediation, depression, early adolescents.

## INTRODUCTION

At the beginning of 21st century depression is considered one of the major mental health problems.

However, the data are often contradictory with respect to the prevalence of the phenomenon: depression may range from about 10 - 30% in the general population (Alonso and Lepine, 2007). With respect to the early phases of life, the prevalence of depression is estimated to be approximately 2% in children, increasing up to 8% in adolescents (Ford, Goodman and Meltzer, 2003). Besides, there is also lack of agreement about the definition of depression that may range from not specified symptoms to a disorder with pharmacological treatment (Costello, Mustillo, Erkanli, Keeler and Angold, 2003).

Although different studies suggested different rates, there is no doubt that mental health problems are common. The World Health Organization predicted that, in high income countries, mental disorders will continue to account for close to a third of all health problems

(Prince, 2007). In addition, depression onset is occurring earlier today than in past decades and early-onset depression often persists into adulthood and it may predict more severe illness in adult life (Weissman, Wolk and Goldstein, 1999). In young people depression often co-occurs with other mental disorders, most commonly anxiety, disruptive behavior, substance abuse disorders, and with physical illnesses (Angold and Costello, 1993; Lewinsohn, Hops, Roberts, Seeley and Andrews, 1993).

Furthermore, even less severe forms of depression episodes may result in withdrawal from social interactions (Strauss, Forehand, Smith and Frame, 1986). In fact depression causes avoidance from social interactions and individual feeling even lonelier which in turn decreases the quality of life. It also causes school drop-out or decrease in academic achievement and motivation (Fleming, Boyle and David, 1993; Nair, Mini and Ramany, 2004). Thus, any kind of depression profoundly influences the life of individuals and should be paid close attention, especially if the onset is in childhood or early adolescence.

With respect to the possible underlying mechanisms,

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in literature there is evidence that illustrates the relationship between childhood and adolescent depression and the relationships with parents. A number of studies proved that children experience more depression and anxiety when the quality of the relationship with their parents is not satisfactory or is not perceived as satisfactory (Calamari, Hale, Heffelfinger, Janeck, Lau, Weerts, Taglione and Schisler, 2001; Garber and Little, 2001; Stice, Ragan and Randall, 2004; Rohner, 2008). Unsatisfactory relationships with parents are defined by lack of closeness, intimacy, affection and support. Some studies also indicated that children who have poor relationships with parents also experience more psychological maladjustment, substance misuse, conduct problems and that they carry out more delinquent activities than the children who have supportive and close relationships with their parents (Blatt and Homann, 1992; Papini and Roggman, 1992; Sanders, Pidgeon, Gravestock, Connors, Brown and Young, 2004). Besides, there is a positive relation between social support and positive interpretation of the world by the child (Brissette, Scheier and Carver, 2002). Children who feel support by their parents also have a more positive view of their experiences and better levels of adjustment with respect to children who do not feel support. The study by Symister and Friend (2003) indicated that social support operated through self-esteem in influencing both optimism and depression in individuals who suffer from chronic illnesses.

However good parent-child relationship and parental support considered separately from other aspects does not always guarantee the well being of the children. There are also other elements that may affect the well being of the individual directly or indirectly. One of these aspects is optimism. Optimism is an inclination to put the most favorable construction upon actions and events or to anticipate the best possible outcome. Several studies found that optimism, depression, physical and psychological well being, anger and anxiety are interrelated phenomena. The more optimistic people feel, the healthier they are psychologically and physiologically (Scheier and Carver, 1987; Vickers and Vogeltanz, 2000; Giltay, Zitman and Kromhout, 2006; Rausmussen, Wrosh, Scheier and Carver, 2006; Scheier and Carver, 2002). Some studies found a negative relationship between optimism, anger and anxiety (Gillham, Hamilton, Freres, Patton and Gallop, 2006; Gillham, Reivich, Freres, Shatte, Samuels et al., 2007). Another study found a positive relationship between optimism and adaptation to stressful situations (Scheier, Weintraub and Carver, 1986). Furthermore other studies showed that the more optimistic high school students the higher they pursued career goals and the better their well being is (Creed, Patton and Bartrum, 2002). Albeit the importance of a more or less optimistic inclination for the psychological well-being of the individuals, scholars are still debating around four crucial points (Burke, Joyner, Czech and Wilson,

2000), which we considered very briefly here below.

The first point refers to the fact whether optimism and pessimism are two separate poles of a single construct or whether optimism and pessimism are states that can live together in the same people. Lightsey (1996) reconsidered the original study by Scheier & Carver (1985) and observed that also in the original factor analysis there were two factors incorporating both positive and negative items. However, the one-dimensional version of optimism has adequate statistical properties and expected correlations with other constructs as depression, hopelessness, self-esteem, stress and locus of control and there is not enough discriminant validity for justifying two dimensions. On the contrary, according to Chang and Mc Bride-Change (1996), Optimism and Pessimism are two distinct traits correlated between each other.

The second point refers to the fact whether optimism is a stable characteristic of the individual, that is, a trait (Scheier and Carver, 1985), or whether it is changeable condition that is a state (Seligman, 1975). Shifren and Hooker (1995) examined a little group of caregivers (N = 30) of spouses with probable Alzheimer's disease. They found both stability and change in Optimism. The caregivers showed variability in optimism over time and their state optimism could be differentiated from their affect. However, most individuals did not show lead-lag relationships between optimism and affect over time. Lewis, Dember, Scheff, and Radenhausen (1995) examined the effects of different mood-induction procedures. Their findings suggested that an optimistic or pessimistic inclination is not impervious to momentary mood states, at least for women, thus somewhat reducing its temporal stability. Also according to Gillham and Reivich (2004) who focused on the explanatory styles and attributions, optimism can be implanted later in life through teaching. Nevertheless for Scheier (1985, 1987) optimism is a characteristic trait or a disposition. Dispositional optimism has been described as the general expectation that good things will occur and bad things will not (Carver, Scheier and Lopez, 2003). Puskar, Sereika and Lamb (1999) found a significant relationship between dispositional optimism and lower depression and anger among adolescents. The relationship between higher dispositional optimism and lower depression was also found in other studies (Mosher, Prelow, Chen and Yackel, 2006; Tao, 2006). Also Hirsch, Wolford, La Londe and Brunk (2007) found a negative relationship between dispositional optimism and negative life experiences and suicide ideation. When well being and depression were examined in adults, the studies revealed that there is a negative correlation between dispositional optimism and well being (Segerstrom, Taylor, Kemeny and Fahey, 1998). All the above mentioned studies pointed out the importance of dispositional optimism in many aspects from physiological to psychological well being. Considering optimism a stable characteristic or a trait or a changeable condition or a state also lead to the con-

struction of different instruments for measuring it. Burke and colleagues (2000) investigated the concurrent validity between two optimism/pessimism questionnaires: The Life Orientation Test-Revised (LOT-R) (Scheier, Carver and Bridges, 1994) and the Optimism/Pessimism Scale (OPS) (Dember and Brooks, 1989). The analysis suggested that LOT-R and OPS may not be measuring similar constructs. More precisely LOT-R seems to measure trait optimism and pessimism, while OPS seem to measure state optimism and pessimism. OPS ask people how they feel right now, that is a temporary condition that is likely to change several times in the same day. LOT-R asks people how they feel generally, that are a more stable inclination about generalized expectations or beliefs about life. The conclusions by Burke and colleagues (2000) was that LOT-R and OPS do not share the same concurrent validity and that for deciding whether optimism is a trait or a state measure we need to go back to the operationalization of the original constructs. Besides, optimism and pessimism per se probably contain both traits and state aspects.

The third point, which partially depends upon the answers given to the previous two points, concerns the possibility of change the beliefs and/or the explanatory styles and attributions of the individuals in order to promote an optimistic inclination. The authors who consider that optimism is a state are also more likely to try to implant optimism through teaching it. Among the others, Jaycox, Reivich, Gillham, and Seligman (1994) showed that a program designed to prevent depressive symptoms in at-risk 10 - 13 year-olds children was able to reduce depressive symptoms and to improve classroom behavior in the treatment group as compared to controls at post-test. Six-month follow-up showed continued reduction in depressive symptoms, as well as significantly fewer externalizing problems, as compared to controls. The reduction in symptoms was most pronounced in the children who were most at risk. Gillham, Reivich, Jaycox, and Seligman (1995), showed that the prevention group reported fewer depressive symptoms through the 2-year follow-up, and moderate to severe symptoms were reduced by the half in sixth-grade children at risk for depression. Furthermore, the effects of the prevention program grew larger after the program was over. The authors also suggested that psychological immunization against depression can occur by teaching cognitive and social skills to children as they enter puberty.

Finally, the fourth point refers to the possible mediation effect by some features of social environment on the individual positive or negative expectations or beliefs. The investigation of these potential mediation effects may be of interest in both cases whether optimism is considered a trait or a state. In both cases if we found a mediation effect, this knowledge can be used for understanding the phenomenon, preventing the construction of vicious circles and promoting the formation of virtuous circles for the psychological health of the individuals. The

study by Schwarzer (1998) showed the way individuals control themselves and their health behaviors is influenced by their self-beliefs in terms of threats and goals. Rigby and Huebner (2005) proposed a mediational model where extraversion and emotional stability relate to causal attributions, which in turn relate to life satisfaction. The findings of their study revealed that emotional stability, but not extraversion, is significantly related to adolescent life satisfaction. Besides, adolescents' causal attributions for positive events mediated the relationship between life satisfaction and emotional stability.

Among all the possible mediation effects of optimism we are interested in parental support. In fact parental support is usually available to the majority of early adolescents (Bonino, Cattellino and Ciairano, 2005; Ciairano, Kliwer, Bonino and Bosma, 2008). Besides, there are intervention programs that were proven to be effective in improving parental support in different subgroups of population (Ferrer-Wreder, Stattin, Cass Lorente, Tubman and Adamson, 2003). That is, if parental support mediates the relationship between the individual inclination of having positive expectations –optimism - and depression we found a potentially improving protective factor.

It is not our goal to enter in the debate whether optimism is a more or less stable characteristic and when and how it is constructed. However, taking into account all the above mentioned literature, we are interested in investigating optimism as generalized expectations or beliefs about life that is dispositional optimism. So far, we selected LOT-R as the instrument for measuring it.

To our knowledge, only two previous studies considered together the influence of parental support and that of dispositional optimism on depression. Karademas (2006) found that optimism partially mediates the relation of self-efficacy and perceived social support on life satisfaction and depressive symptoms. Mosher and colleagues (2006) found that avoidant coping and social support mediated the relationship between optimism and depressive symptoms. In spite of the interesting connection between parental support, optimism and depression, these two studies have some limitations. The first study (Karademas, 2006) considered optimism as a mediator and used the measure of Personal Optimism and Social Optimism-Extended (POSO-E) by Schwiezer and Koch (2001) to assess optimism. This first study regarded optimism as some wisdom that can be gained by training and it used Schwiezer's scale, which is similar to the Scheier and Carver's scale (1985). However, taking into account that accordingly Scheier, Carver and Bridges (1994) optimism is a trait, which can be inherited or at least constructed in early developmental stages, it would be inappropriate to use it as a mediator. The second study by Mosher et al. (2006) considered African American adolescents with low SES. However, Roff, Klemmack, Parker, Koenig and Crowther (2004) previously showed that African Americans reported fewer symptoms of depression than Whites. Thus, generalizing

the results by Mosher and colleagues (2006) to different populations could be inadequate.

The current study is aimed to explore the role of parental support as a mediating effect of optimism on depression in early adolescents. So, we will try to explore whether there is a mediating effect of parental support in the relation between optimism and depression or whether they contribute independently at the genesis of depressive symptoms. In summary we asked three research questions:

(1) Are there mean level differences between boys and girls on the measures of optimism, depression and parental support? On the bases of our previous findings, we anticipated that girls score higher than boys on both parental support and depression (Bonino, Cattelino and Ciairano, 2005). With respect to optimism, this is probably one of the few studies that consider dispositional optimism in early adolescents and we have no reason for expecting any gender difference.

(2) Is there a relationship between level of optimism and depression? Similarly to what has been already showed in adulthood (Scheier and Carver, 2002), we expected that early adolescents who score higher in optimism also score lower in depression.

(3) Finally, we want to explore whether there is a mediating effect of parental support between optimism and depression. Based on literature quoted above (Karademas, 2006; Mosher et al., 2006), we anticipated that parental support mediates the effect of dispositional or trait optimism on depression. However, there are few previous studies on this issue. Thus we have no reason for anticipating a full or a partial mediating role of parental support. In the former case every kind of relationship between optimism and depression would disappear after the introduction of parental support; in the latter case the relationship between optimism and depressive symptoms would only decrease after having introduced the support by parents.

## METHOD

### Participants

The participants were 149 middle school students (46% boys  $N = 68$  and 54% girls  $N = 81$ ) who lived in Piemonte Region, Italy. Classrooms as units were randomly selected to participate in the study (8 classrooms, students/classroom mean = 19.1). The mean age is 12.6 ( $SD = .61$ ). The mean number of siblings is 1.98 ( $SD = .78$ ) and the mean number of people living in the family is 3.95 ( $SD = 1.11$ ). 84% of the participants' parents were married, 10% were separated, 5% were divorced and 1% was widow. Also one participant reported that s/he was adopted. The median number of family members was four. Nearly two thirds (64%) of the fathers and 72% of the mothers graduated from high school. Eighty-eight percent of the fathers and 50% of the mothers were employed full time. These figures of socio-demographic information are similar to those found in the general Italian population (ISTAT, 2007).

### Procedure

The study was conducted in one middle school in Turin, Italy. We selected students attending the 7th grade. Parents provided consent for students to participate, and students assented to participate in accordance with Italian law and the ethical code of the Italian Psychological Association. Students completed questionnaires, which were distributed by trained research staff during classroom time. Adolescents were assured of confidentiality and anonymity. Teachers were not present in the classroom during the questionnaire administration. No incentives were offered for participation; however 100% of the youth completed the questionnaires.

### Measures

Life orientation test-revised (LOT-R; Scheier, Carver and Bridges, 1994): The LOT-R was forward-backward-forward linguistically validated to Italian. The LOT-R is a brief measure (10 items) that assesses dispositional optimism and pessimism. Participants rate the extent of their agreement with each item on a Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). A sample item is "In uncertain times, I usually expect the best". In the current study the value of the Cronbach alpha is .63.

The children's depression inventory (CDI; Kovacs, 1985; Italian version: Camuffo, Cerutti, Lucarelli and Mayer, 1988): This inventory contains 27 items, each of which consists of three statements. For each item, the individual is asked to select the statement that best describes his/her feelings for the past two weeks. The assessment is designed for a variety of situations, including schools, child guidance clinics, pediatric practices, and child psychiatric settings. In the current study the Cronbach's alpha value is .86.

Network of relationship inventory (NRI; Furman and Buhrmester, 1985): The scale was forward-backward-forward linguistically validated to Italian. This instrument consists of 30 items designed to assess parental support in terms of 10 relationship qualities (6 social provisions and 4 additional qualities): reliable alliance, intimacy, affection, relative power, conflict, enhancement of worth, instrumental help, satisfaction of relationship, companionship, and importance of relationship. The alpha values in the current study are .81 for the mother and .82 for the father.

### Analysis

In order to test the mediating effect of parental support between optimism and depression multiple regression analyses were performed separately for each three-variable system in the model to assess the relations between optimism and depressive symptoms via the hypothesized mediator which is parental support. According to Baron and Kenny (1986), the following four conditions must be met to establish mediation: (a) The predictor variable must be related to the potential mediator, (b) the predictor must be related to the criterion variable and when the criterion variable is regressed on both the predictor and mediator variables, (c) the mediator must be related to the criterion variable, and (d) the previously significant relation between the predictor and criterion variables is attenuated. All these requirements were examined and, in addition, the Sobel test (1982) and a bootstrapping procedure were used to test size and significance of the mediation effect.

## RESULTS

### Descriptive analyses

Table 1 displays the means, standard deviations and t-

**Table 1.** Depression, Optimism, Parental Support for gender - Means (M), Standard deviations (SD).

	Gender						t	df	Sig. (2-tails)
	Boys			Girls					
	N	M	SD	N	M	SD			
Depression	68	9.62	7.96	81	8.95	6.39	-4.937	148	.028
Optimism	68	37.69	5.22	81	37.75	5.57	.081	148	.776
Parental support	68	25.88	6.77	81	26.88	5.26	5.362	148	.022

**Table 2.** Results of mediation analysis.

Independent Variables	Dependent Variables		
	First step	Second step	Third step
	Parental support	Depression	Depression
Optimism	.228**	-.511**	-.454**
Parental support	—		-.250**
F value	7.516** (1. 137)	48.324** (1. 137)	32.023** (2. 136)
R <sup>2</sup>	.052	.261	.320

\*\* p < 0.01.

test results indicating the gender differences in the optimism, depression and parental support levels.

We found significant gender differences for parental support and depression (table 1). Girls scored significantly higher than boys on parental support. Moreover girls reported significantly lower levels depression than boys. Finally we did not detect any significant gender difference on optimism.

### Mediation analysis

We used the approach proposed by Baron and Kenny (1986) for testing mediation. In addition, in order to estimate significance and size of the indirect effect we employed both the Sobel test (1982) and a bootstrapping procedure (as illustrated in Preacher and Hayes, 2004).

Regression analyses were used to test the hypotheses about the mediating role of parental support. First, parental support was regressed on optimism; optimism was found to significantly predict parental support level (beta = 0.51; p < 0.01). The regression analysis results are shown in Table 2. Then, a hierarchical regression analysis was conducted to examine the successive and independent contributions of (second step) optimism and (third step) parental support on depression. Optimism was a significant negative predictor of depression (p < .01). The effect of optimism was reduced (although it was still significant) after parental support was entered in the equation at step 3. This result was consistent with the presence of a partial mediation effect. The significance of the mediation effect was further confirmed by the signifi-

cance of the Sobel test (z = -0.07, p < 0.05) and by the bootstrapping procedure, which permitted to compute a mean indirect effect equal to -0.07. The 95% confidence interval for the mean effect was -0.16 to -0.01. Hence, the analysis provided support for the hypothesis of the mediating role of the parental support on the relation between optimism and depression. The final model showed that both optimism and parental support were significantly related to depression; the model as a whole accounted for approximately 32% of the variance in depression and was significant overall, F(2, 136) = 32.023, p < .001. The final mediation model is presented in Figure 1.

### DISCUSSION

The present study was aimed at answering at three research questions

At first we want to know whether there are mean level differences between boys and girls on measures of optimism, depression and parental support. Our expectations, which were based on our previous findings about adolescents (Bonino, Cattellino and Ciairano, 2005; Ciairano, Kliewer, Bonino and Bosma, 2008), were that girls scored higher than boys on both parental support and depression and that there were no gender differences with respect to optimism. These expectations were confirmed only partially. In fact girls scored higher than boys for parental support but unexpectedly boys scored higher than girls on depressive symptoms. Besides, we did not find any gender difference for optimism. It seems rea-

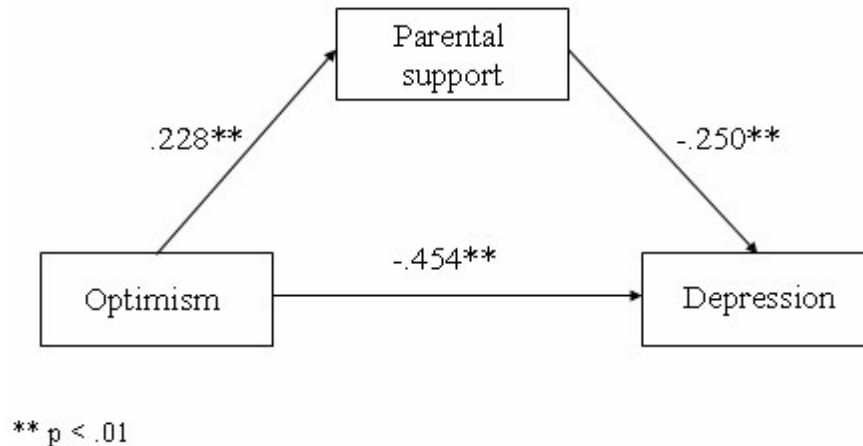


Figure 1. Mediation model.

sonable to interpret the unexpected finding of boys who felt more depressive symptoms than girls considering that the age of our participants was about 13 years old. According to Nolen-Hoeksema (1994) there are no gender differences in depression rates in prepubescent children. Girls are about twice as likely to be depressed as boys only after the age of 15. When development of depression was examined in a 10 year longitudinal study from childhood to young adulthood, small gender differences in depression (girls higher than boys) began to emerge between the ages of 13 and 15. However, the greatest increase in gender difference occurred between the ages 15 and 18 (Hankin, Abramson, Moffitt, Silva, McGee and Angell, 1998). Moreover Peterson, Sarigiani and Kennedy (2005) found that girls are at risk for developing depressed affect by 12<sup>th</sup> grade (17 - 18 years old). Peterson and colleagues (2005) explained their findings because girls experienced more challenges in early adolescence than did boys. We do not know which the puberty condition of our participants is. Besides, our study certainly needs further confirmation from other research that will use wider and different samples. However we would start to interpret these findings considering that our participants were much younger than the crucial age individuated by previous studies. The young age of our participants might be part of the reason why we did not find that girls were more depressed than boys. However, we unexpectedly found that boys perceived more depressive symptoms than girls. This finding might originate in the low parental support boys perceived, as showed also by other previous studies (Bosma, Jackson, Zijling, Zani, Cicognani, Xerri, Honess and Charman, 1996; Cicognani, Xerri and Zani, 1996).

We also examined the relationship between optimism and the depression of adolescents. Generally speaking, the earlier studies that examined the relationship between optimism and depression, physical and psycho-

logical well being, anger and anxiety put forward that those concepts are related (Brissette, Scheier and Carver, 2002; Gillham, Hamilton, Freres, Patton and Gallop, 2006). Therefore in the light of these studies, we expected to find a negative relationship between optimism and depressive symptoms. We really found that the more optimistic adolescents experienced less depression than the non optimistic ones.

Finally we investigated whether there is a mediating effect of parental support between optimism and depression in early adolescents. Several studies illustrated the links between childhood and adolescent depression and relationships with parents (Calamari et al., 2001; Garber and Little, 2001; Rohner, 2008). We also concentrated on parental support because parents are still very important for the adolescents (Meeus, Helsen and Vollebergh, 1996). Besides, the study by Stice, Ragan and Randall, (2004) found a significant effect of parental support on depression but it did not find any significant effect of social and peer support. We went a step further, finding that parental support partially mediated the relationship between dispositional optimism and depression. These findings are consistent with those by Mosher et al. (2006) and Brissette, Scheier and Carver (2002). Nevertheless, the relationship between optimism and depression did not disappear after the introduction of parental support, that is to say we have to exclude a full mediation by parental support between optimism and depression. We may provisionally interpret this finding as it follows. Although an early adolescent has developed in his/her precocious experiences and/or he/she has inherited a negative inclination towards putting the least favorable event and/or anticipating the worst possible outcome, he/she may still be protected against the manifestations of mild depressive symptoms by high levels of parental support. Albeit our findings tell us anything about the past of the current psychological condition of our early adolescents,

it seems that there is still room for changing if not the inclination in itself, its negative consequences. Besides, although we have no way to test the origin of optimism, we are more likely to interpret it as a generalized and relatively stable inclination that has its roots in the previous social experiences of the individual. That is we consider that it is likely that the two phenomena of pessimism and lack of parental support are not independent from the origin. Nevertheless, we also think that at the same extent of other kinds of beliefs, as it is the case for self-efficacy (Bandura, 1997), it is important to investigate the possible mediation effects of optimism and/or pessimism because these mediation effects can fulfill the role of key intervening factors. Finally, it would be interesting to investigate which one of the following three underlying processes is more likely. First, the low support some children perceive by their parents might be the effect of a distortion due to their generalized negative inclination towards events. Second, the low support some children receive by the parents might be the outcome of a progressive withdrawal of the parents as a defensive reaction to the negative inclination they observe in their children. Third, and also more likely, the low support offered by parents is at the same extent the cause and the effect of the negative inclination these children seem to have developed in previous social experiences. In any case to intervene in a possible negative vicious circle seems possible working with both children and parents. This study has several limitations. Among the others, this research would certainly have been ameliorated by introducing the opinions of more than one informant, such as those of the parents. Other limitations are the cross-sectional nature of the research design and also the little sample size. Furthermore, it would be important to replicate our findings in different social and cultural contexts. In fact the present study was conducted in Italy a Mediterranean country, that is a country where the family is probably more relevant for the adolescent development than in other social and cultural contexts (Claes, 1998) and where the transition to adulthood is longer than in Northern European countries (Bonino, Cattellino and Ciairano, 2006; Scabini, Marta and Lanz, 2006).

Nonetheless our study brings new information to the field and shows the importance of parental support as that of optimism for the psychological well being of the adolescents. Future studies may assume different perspectives of optimism and investigate other features of the relationship with parents. However, our findings started to show that also in presence of a negative inclination about the expectations for events, whatever kind of origin is behind the construction of this inclination, there is still room for intervening on both the individual and his/her proximal life context in order to prevent the negative outcome of depressive symptoms. One of our next research interests is to test the efficacy of specific interventions for improving the ability of parents to support their children.

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