

A Longitudinal Examination of Parent-Adolescent Conflict, Romantic Relationship Conflict, and Depressive Symptoms among Mexican-origin Adolescent Females

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Abstract

Using data from a longitudinal study on Mexican-origin female adolescents, this study examined whether mother-daughter conflict (intensity and frequency) at Wave 1 predicted adolescent depressive symptomatology at Wave 2 and examined the possible mediating role of romantic relationship conflict. A total of 100 participants had complete data on the variables of interest. Results indicated that conflict intensity with mothers at wave 1 predicted romantic relationship negativity at Wave 2 and depressive symptoms at Wave 3. Contrary to expectations, romantic relationship conflict did not predict depressive symptoms at Wave 3. Findings point to the importance of the mother-daughter relationship in predicting adjustment.

The emotional context of the relationship with parents and adolescent romantic partners can ultimately affect adolescent psychological well-being. Specifically, research suggests that less supportive parenting can affect the psychological well-being of the child and that family conflict is a predictor of depression in adolescents (Sheeber et al., 1997). The quality of relationships with romantic partners can also affect adolescents' psychological well-being. Research shows that adolescents who experience stress in romantic relationships report higher levels of depressive symptoms (La Greca & Moore, 2005). Overall, most of our understanding on the link between parent-adolescent and romantic relationship factors has been based on the mainstream work with White adolescents and their families. Latinos are the largest growing ethnic minority group in the US (US Census, 2010) and depression during adolescence is a serious public health issue. Therefore, it is important that we examine predictors of depression among this population. The purpose of the current study was to examine the link between parent-adolescent conflict and relationship quality with romantic partners in predicting depressive symptomatology. Specifically, we tested whether romantic relationship negativity would mediate the relation between parent-adolescent conflict and depressive symptoms in a group of Mexican-origin middle and late adolescent females.

Depression

Adolescence is an important developmental time period where changes occur physically, mentally, and socially (Yurgelun-Todd, 2007). During this time, there is an increase in mental health problems. For instance, national school-based figures indicate that 16% of adolescents report being sad or having had thought about suicide (Child Trends, 2012). In addition, suicide is the third leading cause of death among adolescents ages 15-19, with Hispanic females being more likely to report these patterns than other ethnic groups (Child Trends, 2012). Particular to this study, research suggests that depression is a common mental health disorder in adolescence that predicts serious risks in adulthood (Sampson & Mrazek, 2001). Some consequences of depression in adolescence include poor peer relationships, academic failure, and behavioral issues (Hauenstein, 2006).

There are major sex differences in relation to depression. Depression is known to affect females more often than males (Hammen, 2003). Although there is no one variable that explains the gender differences in males and females, research suggests that women experience more victimization, stressful life events, and chronic strains, which may explain these differences (Nolen-Hoeksema, 2001). During adolescence, females respond to stress more frequent than males by focusing internally on personal problems and feelings, a pattern that continues throughout adulthood, which can predict future depression outcomes (Hammen, 2003). This sex gap has also been reported among Latino samples, including Mexican-origin (Marsiglia, Kulis, Perez, & Parsai, 2011). Therefore, having a better understanding of the factors that predict depressive symptoms among Mexican-origin females is imperative. One aspect that has been linked to depressive-related problems among females is the interpersonal context.

Attachment Theory

Formally linked to infant development, attachment is now an important area of study for later development. Attachment theory states that forming secure/supporting attachments play a role in shaping the life of an infant (Lopez, 1995). Secure/warm relationships early in life seem to predict similar relationships as a child develops and grows (Collins, Welsh, & Furman, 2009). On the other hand, individuals who experience negative family interactions as children often suffer from depressive symptoms and poor social relationships during adolescence (Sheeber, et. al, 1997). Overall, the literature shows that attachment is an ongoing process and plays an important role in adolescent adjustment (Lopez, 1995). Attachment theory highlights the connection between individuals' relationship with parents and relationships with others, with the quality of the parent-adolescent relationship believed to affect many other aspects of adolescents' social relationships (Rubin, Dwyer, Booth-LaForce, Kim, Burgess, & Rose-Krasnor, 2004). Thus, in this study we looked at the interconnection among parent-adolescent conflict, romantic relationship conflict, and depressive symptomatology.

Parent-Adolescent Conflict

Parental practices are an important influence on adolescent's adjustment and youth development (Doyle & Markiewicz, 2005). Adolescents develop a desire for autonomy, which creates discrepancies in the parent-child relationships and can lead to increased conflict (Collins, 1997; Fuligni, 1998). Most conflict can affect individuals' psychological well-being, whether it is via experiencing more anxiety, depression, or stress (Abbey, Abramis, & Caplan, 1985; Shek,

1998). In addition, family conflict appears to be particularly important during adolescence (Conger, R., Ge, X., Elder, G., Lorenz, F., & Simons, R. (1994). Research suggests that puberty and generation gaps have been reported to cause conflict between parents and adolescents (Montemayor, 1983).

Earlier work on family conflict and its contribution to adolescent well-being focused on marital conflict and divorce (Amato, 2000; Doucet & Aseltine, 2003). Research in this area showed that marital conflict and divorce produced depression and secondary problems within a family. Such problems include economic issues, long-term conflict between mother and father, and disorganization among family (Doucet & Aseltine, 2003). More recently, parent-child conflict has been implicated with the development of conduct problems and depression during adolescence (Jenkins, Goodness, & Buhrmester, 2002). Parent-adolescent conflict has been linked to stress, which can cause depression in adolescence (Montemayor, 1986). This may partially explain why conflict is linked to adolescents' mental state.

Along these lines, parent-adolescent conflict has been associated with Latino adolescents' psychological development, including depressive symptoms and internalizing problems (Loukas & Roalson, 2006; Crean, 2008). Research suggests that conflict predicts psychological symptomatology and school competencies among Latino adolescents (Crean, 2004). Furthermore, previous research suggests that parent-adolescent conflict is not only linked to adolescent well-being, but can contribute to how individuals act in their peer relationships (Collins, 1997). Therefore, it is important to examine parent-adolescent conflict in the presence of other important interpersonal domains such as romantic relationships and how these relate to adjustment when examined together.

Romantic Relationships

Given the prevalence of romantic relationships during adolescence, it is important to examine this interpersonal context in relation to youth development and adjustment. Romantic relationships become more meaningful as adolescents get older (Collins, 2003; Collins, Welsh, & Furman, 2009). Romantic Relationships is a term that is not explicitly clear in the literature. Researchers define "romantic relationships" as a relationship that involves affection, sharing of feelings, and sexual behaviors (La Greca & Moore, 2005). In addition to romantic relationships there is also "Romantic experiences" which refers to broader experiences such as crushing, hooking up, being in a relationship or having sexual intercourse (Collins, Welsh, & Furman, 2009). This can cause confusion in the understanding of romantic relationships and their contribution to adjustment. For the purpose of this study, we will be examining romantic relationships in relation to conflict.

The quality of romantic relationships has an effect on youth development (La Greca, & Moore, 2005). Relationship quality refers to the level of intimacy, support, and nurturance one offers (Collins, Welsh, & Furman, 2009). Low quality relationships are associated with conflict and negativity, while high quality relationships are associated with warmth and support (Collins, Welsh, & Furman, 2009). In general different aspects of romantic relationships have been linked to adolescent adjustment. Specifically, research shows that short-term relationships during adolescence are associated with depressive symptoms (Joyner & Udry, 2000). Social anxiety has also been linked to depressive symptoms in adolescent romantic relationships and peer groups (La Greca & Moore, 2005). A study conducted by Kim and Capaldi (2004) showed that

romantic partners influenced one another's moods suggesting that males psychological aggression contributed to female depression symptoms. This study also concluded that antisocial behavior in the relationship contributed to depressive symptoms.

Recent literature has examined romantic relationship conflict in the context of attachment styles. Research suggests that the style of attachment is associated with the amount of conflict that occurs in the romantic relationship (i.e., anxiously attached individuals experience more conflict with their romantic partner) (Campbell, Simpson, Boldry, & Kashy, 2005). A study done by Joyner and Udry (2000) suggested that females are more vulnerable to romantic experiences than males and, therefore, suffer from depressive symptoms. Another study suggests that insecure attached individuals report more negative conflict during arguments, whereas securely attached people report less conflict (Creasey & Hesson-McInnis, 2001).

The Current Study

On the basis of existing literature we proposed four hypotheses. All analyses controlled for adolescent age, pubertal development, and depression at Wave 1.

Hypothesis 1: Conflict with parents at Wave 1 would significantly predict females' depressive symptoms at Wave 3 and romantic relationship conflict at wave 2.

Hypothesis 2: Conflict with parents at Wave 1 would predict romantic relationship negativity at Wave 2.

Hypothesis 3: Romantic relationship negativity at Wave 2 would predict depressive symptoms at Wave 3.

Hypothesis 4: Romantic relationship negatively would partially mediate the association between conflict with parents at Wave 1 and depressive symptoms at Wave 3 such that this relationship would decrease once romantic relationship negativity at Wave 2 is entered into the regression model.

Methods

Participants

Participants for this study ($n = 100$) were part of a larger, longitudinal project on Mexican-origin females recruited from a Southwestern, metropolitan area in the U.S. Participants were early to mid-adolescents at Wave 1 and mid-late adolescents at Wave 3 of the study. The original sample contained 338 female adolescents (and 319 mothers) of which 321 (95%) indicated their interest in a follow-up study. The follow-up was conducted two and a half years later with the adolescent sample only. During the Wave 2 recruitment phase, a total of 201 females were reached. A total of 194 adolescents agreed to participate and 7 declined. Of these, 153 (47.6% of the original 321 interest in the follow-up) completed surveys at Wave 2. At Wave 3, a total of 170 females agreed to participate of a total of 180 who were reached. Of these, 146 (45.4% of the original 321 interest in the follow-up) completed the survey at Wave 3. Of the adolescents who indicated interest in a follow-up at Wave 1, but did not participated at Wave 2

($n = 168$) or Wave 3 ($n = 175$), about 80% were not able to be contacted due to disconnected or wrong phone numbers, with the remainder not returning the survey or refused to participate in the follow-ups. A total of 124 participants were retained across the 3 waves. Of these, 100 participants had complete data for the variables of interest to the current study.

Procedure

Families were recruited for this study on a voluntary basis. At Wave 1, school personnel mailed letters to families asking that informational sheets be returned if families were interested in participation. Eligibility requirements included: being a female of Mexican ethnicity attending 7th grade or 10th grade with a mother figure willing to participate. Documents not originally available in Spanish were translated and then translated back by a Mexican researcher. Data was collected from adolescents in the classroom, at lunch and after school. The mothers participated in a phone interview, in their language of preference. For a more detailed description of the procedure please refer to Author's citation.

During Waves 2 and 3, research assistants contacted participants and/or their mothers by phone, mail, or e-mail to invite them to participate in a follow-up study. Research assistants followed informed consent procedures and obtained oral consent from mothers (if participants were minors) and consent from participants. Participants who agreed to participate received a survey in their language of choice by mail. They then completed the survey and mailed it back inside of a pre-paid envelope. Adolescents received monetary compensation (\$20 for Wave 2 and \$25 for Wave 3) for completing the survey. Over 88% of participants completed the survey in English.

Measures

Mother-daughter conflict. At Wave 1, a 15-item measure was used to assess the frequency and intensity of conflict within the parent-daughter dyad. Adolescents were given a list of possible areas of argument with their parents and were asked to indicate how often (for frequency) or how intense or angry (for intensity) they got during these arguments with their parent about each of 15 domains (e.g., physical appearance, friends, and romantic relationships). Participants responded to the frequency items using a 5-point Likert scale, with end points of *Never* (1) to *Most of the time* (5) and to the intensity items using a 5-point Likert scale, with end points of *Very mild* (1) to *Very angry* (5). Items were averaged for a total conflict score with higher values indicating more frequent or intense conflict.

This measure was developed by Smetana (1988) and modified to include items that were specific to Mexican American families, including issues such as putting family first and talking back to parents (Updegraff, Delgado, & Wheeler 2009). A previous version (12-items) demonstrated high reliability and validity in a study of Mexican American families ($\alpha = .70-.88$; Thayer, 2004). Updegraff, Delgado and Wheeler (2008) obtained alphas of .84 for mothers and .87 for fathers in a sample of Mexican origin families.

Depressive symptomatology. Adolescents completed The Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) in order to examine how often participants experienced depressive symptoms within the last week (e.g., "I felt people disliked me." "I felt lonely." and "I had crying spells."). This measure is used to examine the prevalence of

depressive symptoms in the general population (Golding & Aneshensel, 1989). Participants were asked to respond to 20 statements on a 4-point Likert scale with end points of 0 = rarely or none of the time (less than 1 day) and 3 = mostly or almost all the time (5-7 days). Reverse codes were given to positive worded items. All items were averaged to represent an overall depressive symptoms score. The CES-D has obtained acceptable reliability scores (.91) with Latino samples (e.g., Umana-Taylor & Updegraph, 2002).

Pubertal development. We controlled for adolescents' pubertal development at Wave 1 with the five item Pubertal Development Scale (PDS, Peterson, Crockett, Richards, & Boxer, 1988), which assessed changes during puberty (e.g., skin, growth in height, changes/acne). This scale has shown moderate reliability and validity (e.g., $\alpha = .75$ for boys and girls, Siegal, Yancy, Aneshensel, & Schuler, (1999) with minority samples including Latino adolescents. The 5-item scale obtained an alpha coefficient of .61 with the current sample.

Results

The purpose of this study was to examine whether romantic relationship conflict would mediate the association between conflict with parents and depressive symptomatology. To achieve this goal, a series of regressions were run to examine mediation. We used the Baron and Kenny method to test for mediation, where we used romantic relationship conflict as the predicted mediator. According to Baron and Kenny (1986), three relationships must be established to establish mediation. The first relationship must link the independent variable (IV) to the mediator. Second, the mediator should be related to the dependent variable (DV). Finally, the relationship between the IV and the DV should decrease when controlling for the mediator.

Based on our understanding of the relation among parent-adolescent conflict, romantic relationship conflict, and depression, we proposed a model to explain the association between conflict frequency/intensity with mothers as it relates to romantic relationship conflict and depression. More specifically we hypothesized that (a) conflict frequency/intensity with mothers would predict romantic relationship conflict, (b) romantic relationship conflict would predict depression, (c) conflict frequency/intensity would predict depression, and (d) romantic relationship conflict would partially mediate the association between conflict with parents and depression.

The first regression tested the relationship between conflict frequency/intensity and romantic relationship conflict. Results indicated that conflict frequency with mothers at wave 1 was not a significant predictor of romantic relationship conflict at wave 2. On the other hand, conflict intensity with mothers at wave 1 was a predictor of romantic relationship conflict at Wave 2 ($p = .012$). The second regression tested the relationship between romantic relationship conflict at wave 2 and depression at wave 3. This relationship was not proven to be significant when examined in the context of conflict frequency. However it was significant when examined in the context of conflict intensity. The third regression examined whether conflict frequency/intensity with mothers at wave 1 would predict depressive symptoms at wave 3. Results indicated that both conflict frequency and intensity with mothers was a significant predictor of depressive symptoms. The fourth regression tested for mediation, where we examined the relationship between conflict frequency/intensity as it relates to depression while

taking into account the conflict experienced in the romantic relationship. Results indicated that the predicted mediator romantic relationship conflict did not show any significance when examining it in the context of conflict frequency or intensity (see Figures 1 and 2 for a summary of the regression beta's obtained).

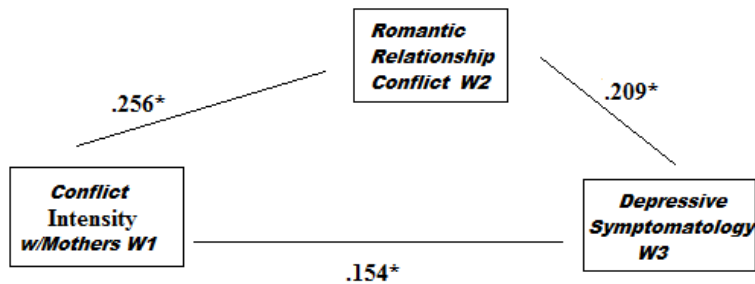


Figure 1. Model that included conflict intensity with mothers. Control variables included depression at wave 1, adolescent age, and pubertal development. * $p < .10$, ** $p < .05$

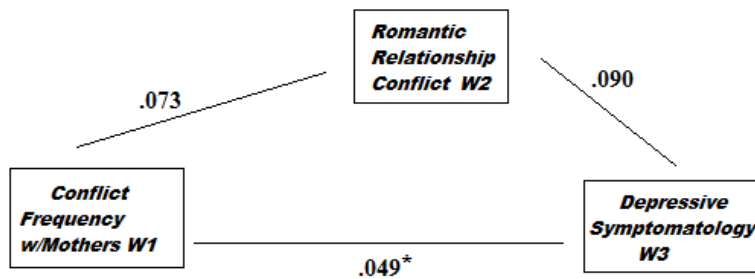


Figure 2. Model that included conflict intensity with mothers. Control variables included depression at wave 1, adolescent age, and pubertal development. * $p < .10$, ** $p < .05$.

In summary, the results of the mediational analysis did not support the role of romantic relationship conflict in accounting for the relation between parent-adolescent conflict and depressive symptoms. When examining the relationship between romantic relationship conflict and depression by itself, results prove to be significant. However, when examining this relationship in the context of conflict with parents and depression it did not show significance.

Discussion

We took a mediational approach to examine the relationship between parent-adolescent conflict frequency/intensity and depressive symptoms by taking into account romantic relationship conflict. After controlling for adolescent age, pubertal development and depressive symptoms at wave 1, our findings suggest that conflict within a romantic relationship at Wave 2 directly predicted depressive symptoms at Wave 3, but only when frequency of conflict with

parents was in the model. However, conflict with a romantic partner did not mediate the association between parent-adolescent conflict frequency or intensity at Wave 1 and depressive symptoms at Wave 3. Moreover, our findings highlight the salience of conflict intensity with parents in predicting depressive symptoms 3 ½ years later, at Wave 3. Findings also suggest important directions for future research.

When examining the direct link between conflict frequency/intensity with mothers and romantic relationship conflict, findings indicated that only conflict intensity with mothers was a significant predictor of romantic relationship conflict, not conflict frequency. Furthermore, results indicated that conflict intensity with mothers was a significant predictor of depression, not conflict frequency. Thus, these findings suggest that the level of intensity experienced while arguing with parents is more detrimental to adolescents' well-being than just the frequency with which parents and adolescents argue with each other. Overall, the more intense the arguments with mothers were reported at Wave 1, the more likely females in our sample reported more conflict within the romantic relationship at Wave 2 and depressive symptoms at Wave 3. Interestingly, in this model, conflict within the romantic relationship did not predict depressive symptoms a year later. It is possible that the negative quality of the relationship with parents is a better predictor of depression because of the importance of family emphasized in Latino cultures.

When examining the relation between romantic relationship conflict and depressive symptoms alone, results were significant. However, when examining romantic relationship conflict as a mediator between conflict with parents and depression, the relationship was not significant. This finding may be explained by stating that the intensity of conflict with parents was such a strong predictor of depression that it did not allow for romantic relationship conflict to account for any additional variance in the model. Also important to note is that our sample size was small limiting our power to find a significant mediating effect. Overall these longitudinal findings lend support to the suggestion that conflict with parents play a role in adolescent's psychological adjustment. Specifically the intensity of conflict seems to be a strong predictor of depression.

Several methodological limitations dictate that one is careful before drawing conclusions based on these results. First, the sample size for the variables of our choice was quite small. Given the nature of our focus on romantic relationships, we were limited to data from adolescents who reported having had a relationship within the last year at Wave 2; many adolescents did not have complete data for the romantic relationship measure. We were also limited in not having available data on romantic relationships at baseline. At waves two and three, questions related to experiences within a romantic context were included in the questionnaires and during this time there were many adolescents who did not report on their romantic relationships. Either they did not have a romantic partner or they choose not to respond. Also, all of this data was based on self-report questionnaires. Despite this weakness, we reasoned that the sample size would not jeopardize the validity of our results completely. It may be useful to replicate this study using observational based measures to help the validity of these results. Further, future research should examine potential moderators that can inform the lack of significant mediation. A potential moderator is adolescent's age. It is possible that mediation exists for older adolescents, but not younger ones whose romantic relationships have not achieved as much depth as those of older ones.

Despite these limitations, the results reported above (a) suggest that conflict intensity plays a role in predicting romantic relationship conflict; (b) imply that conflict intensity is a factor when predicting depression long-term; (c) suggest that the conflict frequency is not as important as conflict intensity when predicting depressive symptomatology and (d) highlights the importance of continuing to look for other factors that predict adolescent depressive symptoms such as peer relationships, and substance use.

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