

Parent-Adolescent Conflict and Depression Symptoms of Adolescents: Mediator Role of Self-Esteem

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ABSTRACT

Parent-adolescent conflict and depression symptoms of adolescents: mediator role of self-esteem

Purpose: The present study examined the direct and indirect relationships between parent-adolescent conflict, self-esteem, and depression symptoms.

Method: Participants were 338 (150 male, 188 female) adolescents aged between 14–18 attending public high schools. Participants completed a questionnaire that included measures of parent-adolescent conflict, self-esteem, and depression symptoms.

Results: Findings provided evidence of direct effects of parent-adolescent conflict on depression symptoms and indirect effects of mother adolescent conflict on depression symptoms through self-esteem. Specifically, results indicated that mother adolescent conflict were positively and directly related to self-esteem, and indirectly related to depression through self-esteem. Parent-adolescent conflict explained 8% of the variance and together parent-adolescent conflict and self-esteem explained 26% of the variance in depression symptoms.

Conclusion: Findings of the present study provided evidence for the negative affect of parent-adolescent conflict on adolescents' mental health. Implications and directions for future research are discussed.

Key words: Adolescence, depression symptoms, parent adolescent conflict, self-esteem

ÖZET

Ana-baba ergen çatışması ve ergenlerde depresyon belirtileri: benlik saygısının aracı rolü

Amaç: Bu çalışmada ana-baba ergen çatışması, benlik saygısı ve depresyon belirtileri arasındaki ilişkiler incelenmiştir.

Yöntem: Çalışmanın katılımcılarını devlet lisesine devam eden 14–18 yaş aralığında (150 erkek, 188 kız) toplam 338 ergen oluşturmuştur. Katılımcılar ana-baba ergen çatışması, benlik saygısı ve depresyon ölçeklerini doldürmüşlerdir.

Bulgular: Bulgular ana-baba ergen çatışmasının depresyon belirtileri üzerine doğrudan etkilerinin anlamlı, anne ergen çatışmasının benlik saygısı aracılığı ile dolaylı etkisinin anlamlı olduğunu göstermiştir. Daha özelede, sonuçlar anne ergen çatışmasının benlik saygısıyla pozitif yönde doğrudan ve benlik saygısının aracılığı ile dolaylı ilişki gösterdiğini ortaya koymuştur. Ana-baba ergen çatışması benlik saygısındaki değişkenliğin %8'ini, ana-baba ergen çatışması benlik saygısı ile birlikte depresyon belirtilerindeki değişkenliğin %26'sını açıklamıştır.

Sonuç: Bu çalışmanın sonuçları ana-baba ergen çatışmasının ergenlerin ruh sağlıkları üzerinde olumsuz etkilerinin olduğunu göstermiştir. Sonuçlar ve gelecek çalışmalar için öneriler tartışılmıştır.

Ahtar kelimeler: Ergenlik, depresyon belirtileri, ana-baba ergen çatışması, benlik saygısı

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INTRODUCTION

Adolescence is a period of change characterized by intense physical and psycho-social changes. During this period, important changes in family relationships also occur. Adolescents demand more independence and have a decreasing tendency to see

parent as the absolute authority (1) and as a result there has been an increase in parent adolescent conflict (2). Although parent-adolescent conflict was seen as necessary for healthy development during the first half of the twentieth century (3), present empirical research findings indicates that high levels of parent adolescent conflict is not necessary, on the contrary, conflict is

positively associated with hostility and depression problems (4).

It has been reported that adolescent depression is one of the most common internalization problems. It has been noted that approximately, except those in the clinical group, half of the adolescents experience feelings of helplessness and depression symptoms (5). In terms of different types of depression it was found that the overall prevalence rate of 4.2% for clinical groups in Turkey (6). Psychiatric disorders such as depression, has been one of the major obstacles for students to reach their academic goals. For example, students who have psychiatric disorders had lower academic achievement, a greater tendency to drop out of school compared to having no psychiatric disorders (7). In addition, early psychological disorders increase the likelihood of having depression in later years (8). For these reasons, determining factors that have impact on adolescents' psychological health seems to be important in terms of assistance provided to them.

In general, family environment, parenting styles and parent child relationships is seen as major variables that predicted children's psychological health (9,10). More specifically, parenting behaviors and parent-adolescent conflict associated with the problem behaviors (11,12) and psychological health of children (13). Conflict between parent and child is more intense during adolescence compared to other periods (14) and is particularly increased during middle adolescence (15). As mentioned previously, parent-adolescent conflict is seen normal up to a certain level and even gaining independence is considered as necessary in the process of individuation (16). Many theorists, including new psychoanalysts and social-cognitive psychologist proposed that increased autonomy during adolescence is causing a decrease in closeness to the parents, and also suggests that there was an increase in parent-adolescents conflict (17). During this period, adolescents' demands for gaining autonomy and different expectation about the timing of providing autonomy are described as the main cause of the parent-adolescent conflict (18). Although parent-adolescent conflict is believed to contribute to the process of autonomy (19), some effects of conflict on

adolescent's psychological health can be expected.

Numerous studies have shown that conflict between parents and children is a risk factor for the depression, anxiety and low self-esteem (20-22). It has been shown that depression levels of adolescents living in families with a high level of conflict is higher than adolescents who has family environment characterized by low levels of conflict and high levels of family unity (23). In particular, father-adolescent conflict is associated with adolescents' depression (24-28). In studies conducted in Turkey, parent-adolescents conflict (29) and a negative relationship with the father has been found to be associated with adolescents' depression (6).

One of the variables addressed in parenting studies is adolescents' self-esteem (30). Adolescence may be referred to as an inward rotation period as a result of cognitive development. During this period, the young person is focusing more on how he/she is seen by others and self-assessment (31). How others saw and evaluates young person has an effect on the formation of self-concept of youths. There is a significant role of parents in this process. Supportive behaviors of parent's leads adolescents to feel loved and valued as a person, in other words, affect the adolescent self-esteem in a positive way (32,33). On the other hand, parent-adolescent conflict perceived as unsupportive parenting behaviors by adolescent, and this negatively affects the self-esteem of adolescents (34). In addition, it has been proposed that self-esteem is associated with a sense of perceived competence (35). Approval by others, such as parents, will affect the perception of competence of young people. Very few studies have been investigated the relationship between parent-adolescents conflict and self-esteem. In one of these studies (25), the level of conflict between parents and adolescents were found to be negatively correlated with self-esteem. Parent-adolescents conflict has been shown to correlate with self-esteem among Chinese adolescents (36). According to the results of this study, the relationship between variables did not differ according to the gender of the participants, and the effect of father-adolescent conflict on adolescent well-being is higher than mother-adolescent conflict.

Mediator Role of Self-Esteem

It is generally accepted that self-concept closely associated with social and psychological problems. According to Beck's (37) cognitive model of depression, depressive people have negative thoughts and these negative thoughts have led to a negative evaluation of themselves, the world and the future. This negative cognitive schemas which triggered depression formed in the early stages of life is as an outcome of interactions with the environment (38). Children through interpersonal interactions, especially from their families, learn about themselves and others and form a self-concept. If the child received constant negative feedback from family, it is likely that the child forms negative self-perception, and this situation is becoming a risk factor for the child in terms of susceptibility to depression (39). It was found that children who are constantly criticized by his/her mother and receive negative feedback have a greater tendency to self-blame in the face of adverse events (40). Negative self-esteem has been shown to be associated positively with depression in numerous studies (41-43).

These findings show that child's self-perception is affected from the interaction with the family and the child's self-esteem is associated with mental health of the child. However, few studies have examined the mediator role of self-esteem in the relationship between parent-child relationship and mental health of the children. In one of these studies, the child's sense of self, the world and the future are affected by the parent-child relationship and in turn this was found to be associated with depressive symptoms (44). In another study, it has been shown that the authoritarian parenting style (low interest and love, high control) has a negative impact on young people's happiness through self-esteem (45). In addition, negative parental attitudes predict ill-being through low self-esteem (46). These studies show the role of self-esteem between the parent-adolescents relationship and psychological health of adolescents.

In conclusion, even the majority of studies have illustrated the effect of parenting behaviors and parent-adolescent relationship on adolescents' psychological

health, through which mechanisms parenting behaviors affect adolescents' psychological health were not well studied. In this study, the direct and indirect relationships between parent-adolescent conflict, self-esteem, and symptoms of depression were examined. The purpose of this study is to examine the direct relationship between parent-adolescents conflict, self-esteem and symptoms of depression and mediating effect of self-esteem between parent-adolescent conflict and depression symptoms.

METHOD

Participants

Data for the present study were collected from 338 (150 men, 188 girls) adolescents attending in a small-sized city in western Turkey. Participants age range was 14-18 with a mean of 15.89 (SD=0.95). Students were selected from three public high school (General and Anatolian high schools, n=16; technical and vocational school, n=5). First, considering the rate of schools types, schools randomly selected, and then three classes were randomly selected from the second and third class from each school. It was reached a total of 356 students and 18 students refused to participate in the study. Most of the respondents (90%) stated that they had been living with biological parents. The average educational level of the mothers of the participants was 2.48 (SD=1.13) and of the fathers was 2.91 (SD=1.08) out of the four. The average monthly income 2.64 (SD=1.21) as reported (1=less than 1000 TL, 6=5000TL and high).

Measures

Parent Adolescent Conflict: Frequency of parent adolescent conflict was measured by the conflict dimension of "Adolescent Family Process" scale (47). Conflict dimension has three items for both mother and father. Items were rated on a scale ranging from 1 (never) to 5 (very often). Psychometric studies of Turkish form indicated same structure with the original

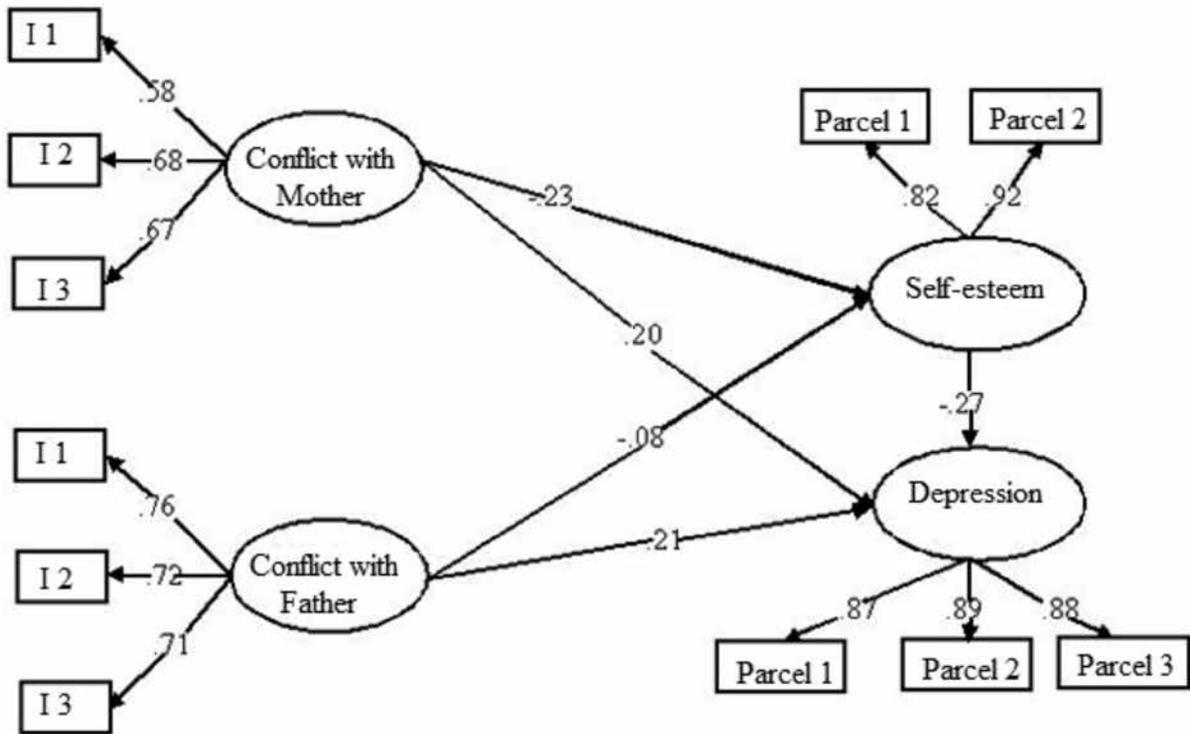


Figure 1: Structural model (Standardized values)

form (48). The reliability studies of this measure showed acceptable reliabilities, conflict with mother $\alpha=0.79$ and conflict with father $\alpha=0.67$. In the current study, Cronbach’s alphas for conflict with mother were $\alpha=0.69$, conflict with father were $\alpha=0.78$.

Self-esteem: Self-esteem was measured by “Rosenberg Self-Esteem Scale”. This scale developed by Rosenberg (49) and adapted to Turkish by Çuhadaroğlu (50). The scale has ten items and rated on a scale ranging from 1 (completely disagree) – 4 (completely agree). Cronbach’s alphas for scale were $\alpha=0.75$. In the current study, Cronbach’s alphas for the scale were $\alpha=0.80$.

Depression symptoms: Depression symptom was measured using depression subscale of “Short Symptom Inventory” (51). Scale rated on a scale ranging from 1 (completely disagree) – 4 (completely agree). The scale adopted for adolescents by Sahin, Durak and Ugurtas (52). Cronbach alpha was reported as $\alpha=0.70$. In the current study, Cronbach’s alphas for the depression subscale were $\alpha=0.90$.

Processes

Permissions were taken from local education authorities and ethic committee of the university. The questionnaires were administered in classrooms. Participation was completely voluntary and consent to participate was obtained from each student. Students had 20-25 seconds to complete the survey.

Statistical Analysis

Before analyzing data, missing and incorrect coding has been revised. First, correlations between parent-adolescent conflict, self-esteem and depression symptoms were calculated with Pearson’s product-moment correlation coefficient in SPSS 17. Then path analysis was performed with latent variables using AMOS 17. Figure 1 presents the structural model used in this study. In the model (1) direct effect of parent-adolescent conflict on self-esteem; (2) direct effect of parent-adolescent conflict on symptoms of depression (3) indirect effects of

Table 1: Means, standart deviations and correlations

	Mean		SD		Conflict M	Conflict F	SE	DEP
	Boy	Girl	Boy	Girl				
Conflict M	2.43	2.79	0.81	0.79	--	0.19*	-0.27*	0.29*
Conflict F	2.45	2.59	0.98	0.87		--	-0.14**	0.22*
SE	3.67	3.65	0.68	0.69			--	-0.31*
DEP	2.22	2.44	0.95	0.85				--

*p<0.05, **p<0.01. Conflict M: Conflict with mother, Conflict F: Conflict with father, SE: Self-esteem, DEP: Depression

Table 2: Measurement model

	Unstandardized values			Standardized values
	Estimates	SE	CR	
I1→ Conflict with mother	1.00			0.58
I2→ Conflict with mother	1.18	0.13	9.20	0.68
I3→ Conflict with mother	1.19	0.13	9.21	0.67
I1→ Conflict with father	1.00			0.76
I2→ Conflict with father	0.97	0.08	12.87	0.72
I3→ Conflict with father	0.89	0.07	12.82	0.71
Parcel1→ Self-esteem	1.00			0.82
Parcel2→ Self-esteem	1.105	0.11	9.64	0.92
Parcel1→ Depression	1.00			0.86
Parcel2→ Depression	1.01	0.04	26.16	0.89
Parcel3→ Depression	0.90	0.04	25.63	0.88

All values are significant at p<0.001.

I1: Item 1, I2: Item 2, I3: Item 3, SE: Standart error, CR: Critical ratio

parent-adolescent conflict on depression symptoms through self-esteem were examined.

In the model, variables of conflict with mother and conflict with father were represented as latent variables and items of these scales were represented as observed variables. For the two other variables parcels were formed based on items, two parcels for the self-esteem and three parcels for the depression symptoms (53). Parcels are formed by assigning the item with higher factor loadings first parcel, and assigning the fallowed item to second parcel. For self-esteem, parcel one included the items 1, 2, 4, 5, 10; parcel two included items 3, 6, 7, 8, 9. For the depression symptoms, parcel one included items 3, 2, 9, 10; parcel two included items 4, 5, 12, 8; parcel three included items 1, 6, 7, 11. In this approach items are distributed in a balanced manner to parcels and it adds power to the model estimation.

RESULTS

Effect of gender on self-esteem and the depressive symptoms were analyzed using ANOVA. Results showed a significant main effect of gender

($F_{[3,291]}=3.97$, $p<0.01$, $r=0.04$). Follow up analysis showed that the girls symptoms of depression mean scores higher than boys ($F_{[1,293]}=4.59$, $p<0.05$, $r=0.02$; means for girls and boys respectively 2.42 and 2.20). There were no gender differences in terms of self-esteem. Means, standart deviations and correlations between the variables are presented in Table 1. As seen in Table 1, conflict with the mother showed negatively weak relationship with self-esteem, and conflict with the father showed very weak relationship with self-esteem. Conflict with parent is mildly associated with depression symptoms. Self-esteem showed mild correlation with depression symptoms.

Structural Equation Model

Before testing the structural model, the measurement model assessing factor loadings of the latent variables and items on scale were tested. Results of measurement model indicated acceptable fit values ($\chi^2[54, n=338]=190.86$, $\chi^2/df=3.53$, Comparative Fit Index [CFI]=0.95; The Root Mean Square Error of Approximation [RMSEA]=0.068). The factor loadings

Table 3: Structural model: standardized values

		Direct effect
Conflict with mother	→ Self-esteem	-0.23*
Conflict with father	→ Self-esteem	-0.08
Conflict with mother	→ Depression symptoms	0.20*
Conflict with father	→ Depression symptoms	0.21*
Self-esteem	→ Depression symptoms	-0.27*

*p<0.001.

of measurement model are presented in Table 2. Results showed high factor loadings of the majority of observed variables.

Structural model was tested using maximum likelihood estimation method. Fit indices yielded good results ($\chi^2[48, n=338]=104.81$, $\chi^2/df=2.18$, CFI=0.98, RMSEA=0.047). According to results χ^2/sd has a value close to 2, and this ratio is between 1-2 shows a perfect fit (54). Also CFI (0.98) value above 0.90, RMSEA below 0.05 shows that model has a good fit to data (55-56).

The direct relationship between the variables in the model is presented in Table 3. Results showed that conflict with the mother associated negatively with self-esteem ($\beta=-0.23$), and the conflict with the father did not show a significant relationship ($\beta=-0.08$). In addition, self-esteem was negatively correlated with depressive symptoms ($\beta=-0.27$). The parent-adolescent conflict positively associated with symptoms of adolescents' depression ($\beta=0.20$, $\beta=0.21$, respectively).

The indirect relationships were presented in Table 4. The indirect effect of conflict with the mother on depression symptoms (0.09) is higher than the indirect effects of the conflict with the father (0.06). In order to determine significance of indirect effect (mediation effect) the bootstrapping method carried out (using bias-corrected confidence intervals) and the result provided evidence for significant mediation effect of self-esteem between the mother-adolescent conflict and depression symptoms ($p<0.001$). Table 4 also presents the explained variance in self-esteem and depression symptoms. Accordingly, conflicts with the parent explained about 8% of the variance in self-esteem, and conflict with the parent and self-esteem together explained approximately 26% of the variance in depression symptoms.

Table 4: Unstandardized indirect effect of conflict with parent on depression symptoms and total variance explained

Indirect effect			
Conflict with mother	→	Depression symptoms	0.09
Conflict with father	→	Depression symptoms	0.06
R²			
Self-esteem			0.08
Depression symptoms			0.26

DISCUSSION

In this study the direct and indirect relationships between conflict with mother and father, self-esteem and depression symptoms were examined. Results showed that conflict with parent was associated with self-esteem, and self-esteem was correlated with depression symptoms negatively. Conflict with the mother showed a stronger relationship with self-esteem. Conflict with parent positively associated with depression symptoms. In addition, self-esteem has a significant mediation effect between parent-adolescent conflict and depression symptoms.

The role of parent-child relationships on adolescents' psychological health has been documented with the numerous studies (20-22). Finding of this study that is parent adolescent conflict is a risk factor for adolescents' depression is similar with previous studies (6,26-29). Although some theories proposed that parent-adolescent conflict necessary for healthy development (3), finding of this study can be seen support for findings of the previous studies which shows that conflict associated with depression (4). Although existing studies provide evidence for the link especially between father-adolescent conflict and adolescent' depression (6-24) in this study both conflict with mother and father associated with ill-being of adolescents.

Although several studies documented role of both conflict with mother and father on adolescents' self-esteem (25), some other studies showed that father-adolescent conflict has more impact on adolescent well-being than mother-adolescent conflict (36). In this study conflict with the mother was found to be more effective than conflict with the father on the

self-esteem of adolescents. This finding may be related with the differentiation of the relationship of mothers and fathers with their children in Turkish society. Of the main features of the Turkish family structure is emotional intimacy (57) and children are feeling more close to their mothers than to their fathers (58). The relationship between conflict with the mother and self-esteem can be explained by emotional closeness between mother and child. Because in Turkish culture, close relationship between parent and child accompanied to expectations “to be a good son” (59), and children are encouraged to behave according to these expectations. These expectations may explain why mother-adolescent conflict effect negatively self-esteem of young person.

Results of the study showed that negative self-perception may be a risk factor for depression. This result can be explained by feelings of worthlessness form a part of depressive disorders (41-43). In addition, revealing the mediator role of negative self-perception between mother-adolescent conflict and depression symptoms is one of the main findings of this study. These findings provide support for explanations that is intended to explain depression. Accordingly, children learn about themselves from their families and constitute self-esteem; if the child receive negative feedback constantly the child is more likely to form negative self-perception and this in turn increase the risk factor for susceptibility to depression (39). This view is supported by the findings of another study showing that the negative self-esteem mediates the association between negative parent-child relationships and depression (44-46).

Although this study makes significant contribution to the existing literature by documenting the direct and indirect relationships between parent-adolescent conflict, self-esteem and depression symptoms, there are some limitations of the study. The relationships between variables were investigated using path analysis. Path analysis examines the theoretical relationships rather than causal relationships between variables (60). Path analysis predicts the effects that are established based on theoretical or empirical findings. Based on this discussion, the relationships documented

in this study must be interpreted carefully in terms of causal relationships. In addition, the model established in this study is only one possible model among the models on parent-adolescent conflict and adolescents' psychological health. It should be kept in mind that in the process of modeling there is always a risk in setting up exactly the right model. One of the limitations of the study is cross-sectional nature of the data. Based on findings which show that parent-adolescent conflict changes through developmental processes (15), addressing the relationships in the model in a longitudinal study can reveal significant results for causal relationships. Based on existing cross-sectional study, adolescent internalizing or externalizing problems does lead to parent-adolescent conflict or parent-adolescent conflict does lead to adolescent internalizing or externalizing problems. For example, Shek (61) have shown that adolescent conflict in early adolescence predicted depression symptoms a year later, but also depressive symptoms during early adolescence predicted one year later parent-adolescent conflict. In future studies by using longitudinal designs reciprocal relations between parent-adolescent conflict and adolescent psychological health can be fully understood. Also the relationship between self-esteem and depression can be reciprocal. As shown in the theory of Beck (37), people with low self-esteem are more prone to suffering from depression, though, having depression leads to decrease in person's self-esteem. Although it is emphasized that the relationship between self-esteem and depression may be reciprocal by some researchers (62), Orth et. al. (63) showed that low self-esteem predicted depression, but depression did not predict self-esteem level. Another limitation of the study is about self-report nature of data collection. In future studies, the data can be collected from the parents. Also, depression symptoms was measured by using Brief Symptom Inventory, not using Beck Depression Inventory that is more commonly used measure constitutes another limitation of the study.

The present study showed that parent-adolescents conflict and negative self-esteem are risk factors for adolescents' depression symptoms. Moreover, through which mechanism parent-child relationships

affect psychological health of adolescent has been revealed. In a number of studies factors that are associated with children's psychological health were investigated, and one of the main contribution of these works is to document changeable environmental factors that impact psychological health of children. On this basis, changing environmental factors to improve children's psychological health is one of the

objectives for implementation. Moreover, in addition to positive parent-adolescent relationships, self-esteem of adolescents should also be emphasized in parent education programs. Thus, mental health experts and counselors for developmental and prevention purposes should be prepare programs targeted parent-adolescent relationships and self-esteem of adolescent.

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