DOCUMENT RESUME

ED 406 021 PS 025 242

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TITLE Earlier Family Factors and Self-Silencing as

Predictors of Depression in Late Adolescence: A

Longitudinal Study.

PUB DATE Apr 97

NOTE 39p.; Paper presented at the Biennial Meeting of the

Society for Research in Child Development (62nd,

Washington, DC, April 3-6, 1997).

PUB TYPE Reports - Research/Technical (143) --

Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS Adolescent Development; *Adolescents; Assertiveness;

Child Rearing; Children; *Depression (Psychology);

Elementary Secondary Education; Emotional

Disturbances; *Females; Longitudinal Studies; *Parent

Child Relationship; *Parent Influence; Parenting

Skills; *Parent Role; Parents; Personality;

Personality Problems; Self Concept; Self Esteem; Sex

Differences; Sex Role

IDENTIFIERS Gender Issues

ABSTRACT

A construct labeled "self-silencing" or "loss of voice" as an aspect of female social development is emerging in current literature, and it is postulated that suppression of expression prescribes a more passive and muted role for women and lies at the root of depression in women. This study was a longitudinal project examining earlier parenting and family factors ar gludictors of late adolescent adjustment outcomes. Family reports of parental behavior and adolescent self-reports of self-silencing and depression were obtained during the fifth, seventh, and twelfth grade years. Findings suggested that more Aware Parenting behavior (consisting of support, attentiveness, responsiveness, receptivity to emotions, and guidance), as measured in both the fifth and twelfth grades, is related to lower levels of self-silencing and depression in late adolescence in both girls and boys. More punitive and restrictive parenting behavior, as measured in the seventh grade year, was related to higher levels of self-silencing and depression in late adolescence. Findings also supported the hypothesis that self-silencing is a mediator of the long-term and immediate effects of parenting on late adolescent depression for both girls and boys. (Contains 15 references.) (SD)



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Earlier Family Factors and Self-Silencing as

Predictors of Depression in Late Adolescence: A Longitudinal Study

Barbara Fox Phyllis Bronstein Michelle VanNess Knolls

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Presented at the biennial meeting of the Society for Research in Child Development, Washington, D.C., April, 1997. Requests for copies should be sent to the first author, at the Department of Psychology, University of Vermont, Burlington, VT 05401. e-mail address: bfox@zoo.uvm.edu





ABSTRACT

This study is a longitudinal project examining earlier parenting and family factors as predictors of late adolescent adjustment outcomes. Family reports of parental behavior were obtained during the 5th, 7th, and 12th grade years. Aware Parenting, as measured in 5th and 12th grade years, was found to be associated with lower levels of self-silencing and depression in late adolescent girls and boys, while more punitive and restrictive parenting behavior, as measured in the 7th grade year, was related to higher levels of self-silencing and depression in late adolescence. Findings from this study also support the hypothesis that the effects of earlier and immediate parenting on late adolescent depression would be mediated by self-silencing. Implications of these findings are discussed.



INTRODUCTION

A construct labeled "self-silencing" or "loss of voice" as an aspect of female social development is emerging in current literature. This construct has been defined as restraining oneself or being constrained from openly voicing one's thoughts, beliefs, personal knowledge, and wishes. The argument is that women either learn to suppress or modulate their expression of self in order to conform to societal or interpersonal pressures, or else risk becoming alienated within a culture that seems to prescribe a more passive and muted role for women. Further, it has been posited that these pressures to speak in socially prescribed voices, and to filter or stifle the authentic voice, lie at the root of depression in women.

A number of theorists have suggested that this process begins as girls move from childhood into adolescence, when gender role definitions are becoming more explicit and constraining. A review of the literature that addresses the self-silencing construct reveals several important limitations. Although the theory argues that loss of voice is a construct more clearly associated with women, at least two studies have found higher levels of self-silencing in men. Also, earlier family factors, which theory suggests may influence the development of loss



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of voice, have not been addressed in existing research. The possible link between parenting styles, self-silencing, and depression has yet to be investigated.

The Present Study

This study examines the role that earlier parenting behaviors may play in the development of loss of voice, and considers whether depression may be mediated by self-silencing, for both women and men in late adolescence. Data on parenting were obtained when the adolescents were in 5th, and 7th grades, as part of a larger project investigating the transition to middle school. The present study is part of a follow-up on the middle school study, to examine earlier parenting and family factors as predictors of late adolescent adjustment outcomes. Data on parenting, self-silencing, and depression were obtained from the same youths and their parents at the end of the 12th grade year.



HYPOTHESES

We hypothesized that:

- 1) More supportive parenting behaviors prior to adolescence would be related to lower levels of depression in late adolescence;
- 2) Earlier parenting behaviors that were more punitive and restrictive would be related to higher levels of late adolescent depression;
- 3) More supportive parenting behaviors prior to adolescence would be related to lower levels of self-silencing;
- 4) Earlier parenting behaviors that were more punitive and restrictive would be related to higher levels of self-silencing;
- 5) More supportive immediate parenting behaviors would be related to lower levels of depression in late adolescence;



- 6) More supportive immediate parenting behaviors would be related to lower levels of self-silencing in late adolescence;
- 7) The effects of earlier parenting behaviors on late adolescent depression would be stronger for girls; and
- 8) The effects of earlier and immediate parenting on late adolescent depression would be mediated by self-silencing, particularly for girls.



METHOD

PARTICIPANTS

The sample was originally drawn from a population of fifth grade students in a school district in a northern New England city. Participants in this follow-up study were 75 adolescents (40 female and 35 male), primarily European American, with a mean age of 18.85 years. Family socioeconomic level covered a wide range, from very low to upper-middle income. Most of the participants recently graduated high school, and approximately 40% are currently in college. The rest have chosen alternative paths including dropping out of school, earning a GED, or joining the work force or armed forces. Some are currently unemployed, and five are now parents themselves.

Forty-eight percent of the participants lived with 2-biological parent families within the past few years. The remainder of the sample reported living in some other family arrangement, most often with biological mother or with biological mother and a stepfather or partner.



MEASURES

FAMILY AND PARENTAL MEASURES:

Family Self-Report:

In the 5th and 12 grade years, parents and children independently filled out a modified version of a family functioning self-report measure (FSR) developed by Bloom (1985). Four subscales were selected from this measure, along with one additional subscale created for the purpose of the study. Although the items refer to "family" rather than to "parents", the items reflect preferences, activities, policies, and interactions which are largely determined by parents, and thus we have regarded it as a parenting, as well as a family style measure. The 5 subscales represent the components of Aware parenting, which have been found to predict positive social, psychological, and academic adjustment over the transition to middle school.

Response choices range from "1 = Very untrue for our family" to "4 = Very true for our family".



Aware Parenting Components (with sample items)

Support (FSR Cohesion Subscale)

"Family members really help and support one another."

Attentiveness (FSR Expressiveness Subscale)

"In our family, it is important for everyone to express their opinion."

Responsiveness (FSR Democratic Subscale)

"Each family member has a least some say in major family decisions."

Receptivity to Emotions (FSR Emotions Subscale)

"In our family, it's okay to be sad, happy, angry, loving, excited, scared, or whatever we feel."

Guidance (FSR Laissez-Faire Subscale)

"It is unclear what will happen when rules are broken in our family."

The Scores for the Laissez-Faire subscale were reversed, and the 5 subscales were then added together to create a total measure of Aware Parenting.



Middle School Parenting Questionnaire

This measure was developed for the earlier phase of this study. It consists of seven subscales, and was completed by parents when participants were in the 7th grade year. For the purposes of the present study, we selected the Anger subscale, consisting of eight items, as representative of an angry or punitive parenting style. Response choices range from "1 = Very Often" to "4 = Seldom, If Ever".

Subscale (with sample items)

"I find it necessary to criticize or scold _____ because of her/his behavior." "I get irritated or angry with _____ because of some of the things she/he does.



ADOLESCENT MEASURES:

SELF-SILENCING:

Loss of voice or self-silencing was measured using the **Silencing** the **Self Scale** (STSS) which consists of four subscales. Response choices range from "1= Disagree Strongly" to "4= Agree Strongly". For the purposes of this study, we used the total subscale score, as the individual subscales were found to be highly intercorrelated.

Subscales (with sample items)

Externalized Self-Perception

"I tend to judge myself by how I think other people see me."

Care as Self-Sacrifice

"Considering my needs to be as important as those of the people I love is selfish."

Silencing the Self

"I don't speak my feelings in a close relationship when I know they will cause disagreement."

Divided Self

"Often I look happy enough on the outside, but inwardly I feel angry and rebellious."



DEPRESSION:

Depression was measured using the Center for Epidemiologic Studies Depression Scale (CES-D). The CES-D is a 20 item scale with four subscales. Response choices were:

- "1= Rarely or none of the time (less than 1 day)"
- "2= Some or a little of the time (1-2 days)"
- "3= Occasionally or a moderate amount of time (3-4 days)"
- "4= Most of or all of the time (3-7 days)"

Subscales (with sample items)

Depressed Affect

"I felt that I could not shake off the blues even with help from my family or friends."

Happy

"I enjoyed life."

Somatic/Vegetative Symptoms

"I did not feel like eating; my appetite was poor."

Interpersonal

"I felt that people disliked me."



RESULTS

Correlations

To test the first six hypotheses, correlations were run, both for the complete adolescent sample, and then for girls and boys separately in order to look at possible gender differences in the patterns of correlations. Significant findings are presented in Tables 1, 2 and 3. Because the direction of the findings was predicted a priori, tests of significance are one-tailed.

<u>Hypothesis 1</u>: More supportive parenting behaviors prior to adolescence would be related to lower levels of depression in late adolescence.

CONFIRMED

Hypothesis 2: Earlier parenting behaviors that were more punitive and restrictive would be related to higher levels of late adolescent depression.

CONFIRMED



Hypothesis 3: More supportive parenting behaviors prior to adolescence would be related to lower levels of self-silencing.

CONFIRMED

Hypothesis 4: Earlier parenting behaviors that were more punitive and restrictive would be related to higher levels of self-silencing.

CONFIRMED

<u>Hypothesis 5</u>: More supportive immediate parenting behaviors would be related to lower levels of depression in late adolescence.

CONFIRMED

Hypothesis 6: More supportive immediate parenting behaviors would be related to lower levels of self-silencing in late adolescence.

CONFIRMED



Table 1

Correlations of Parenting Variables with Self-Silencing and Depression for Late Adolescents

TOTAL SAMPLE (n= 75)

Parenting Variables	Self-Silencing	Depression
5th Grade Aware Parenting	34***	26**
7th Grade Parental Anger	.42***	.40***
12th Grade Aware Parenting	29**	27**

** $\underline{p} < .01$, *** $\underline{p} < .001$, 1 - tailed



Table 2

Correlations of Parenting Variables with Self-Silencing and Depression for Late Adolescent Girls

\underline{GIRLS} (n = 40)

Parenting Variables	Self-Silencing	<u>Depression</u>
5th Grade Aware Parenting	25+	16
7th Grade Parental Anger	.50***	.42**
12th Grade Aware Parenting	24+	33*

+ p < .1, * p < .05, ** p < .01, *** p < .001, 1-tailed



Table 3

Correlations of Parenting Variables with Self-Silencing and Depression for Late Adolescent Boys

 \underline{BOYS} (n = 35)

Parenting Variables	Self-Silencing	<u>Depression</u>
5th Grade Aware Parenting	52***	38**
7th Grade Parental Anger	.35*	.37*
12th Grade Aware Parenting	34*	27+

+ p < .1, * p < .05, ** p < .01, *** p < .001, 1- tailed



Gender Differences in the Effects of Parenting on Depression

T-tests revealed no gender differences for any of the measures. Hierarchical multiple regressions were the run with depression as the dependent variable, with a parenting variable and adolescent gender entered on the first step, and a parenting X gender interaction term entered on the second step. There were no gender effects and no parenting X gender interactions.

Hypothesis 7: The effects of earlier parenting behaviors on late adolescent depression would be stronger for girls.

NOT CONFIRMED



Self-Silencing as a Mediator of Depression

Hierarchical multiple regressions were run with depression as the dependent variable. These were done separately for girls and boys, with a parenting variable entered on the first step, and self-silencing entered on the second step. Findings are presented in the form of path diagrams in Figures 1 through 6.

Hypothesis 8: The effects of earlier and immediate parenting on late adolescent depression would be mediated by self-silencing, particularly for girls.

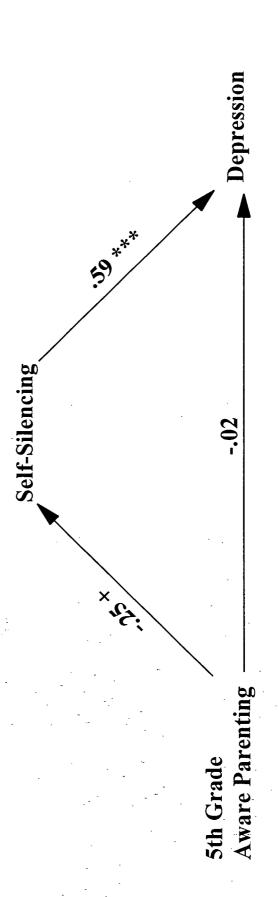
CONFIRMED

- (a) Parenting behavior was found to be related to self-silencing;
- (b) Self-silencing was found to be a significant predictor of depression;
- (c) Parenting behavior was found to predict depression in all but one instance; and
- (d) The effects of parenting on depression became nonsignificant, or only marginally significant, when self-silencing was entered into the equation.
- (e) Contrary to what had been predicted, the effects were equally strong for boys as they were for girls.



Self-Silencing as a Mediator of the Long-Term Effects of Aware Parenting on Late Adolescent Girls' Depression

Depression 5th Grade **Parenting** Aware Relationship Between Depression (step 1) 5th Grade Aware Parenting and

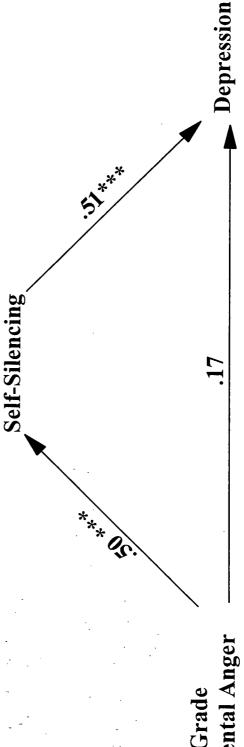


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Self-Silencing as a Mediator of the Long-Term Effects of Parental Anger on Late Adolescent Girls' Depression

7th Grade **Parental** Anger Relationship Between 7th Grade Parental Depression (step 1) Anger and

Depression .42 **



Parental Anger 7th Grade

 $***_{p} < .001,$

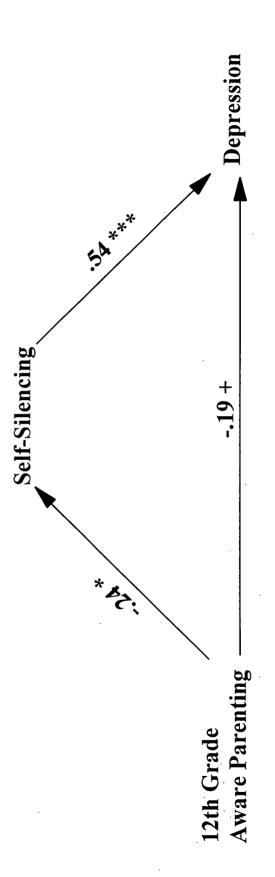
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Figure 3

Self-Silencing as a Mediator of the Effects of Aware Parenting in 12th Grade on Late Adolescent Girls' Depression

12th Grade **Parenting** Aware Relationship Between 12th Grade Aware Depression (step 1) Parenting and

Depression



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* p < .05, * * * p < .001, 1-tail



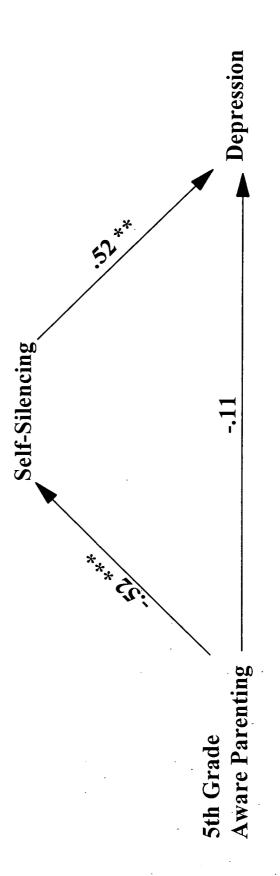
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Self-Silencing as a Mediator of the Long-Term Effects of Aware Parenting on Late Adolescent Boys' Depression

-.38 ** 5th Grade **Parenting** Aware Relationship Between Depression (step 1) 5th Grade Aware Parenting and

Depression



**p < .01, **p < .001, 1-tailed

⊘

Self-Silencing as a Mediator of the Long-Term Effects of Parental Anger

on Late Adolescent Boys' Depression

7th Grade **Parental** Anger Relationship Between 7th Grade Parental Depression (step 1) Anger and

Depression .37 *

Depression Self-Silencing Parental Anger

7th Grade

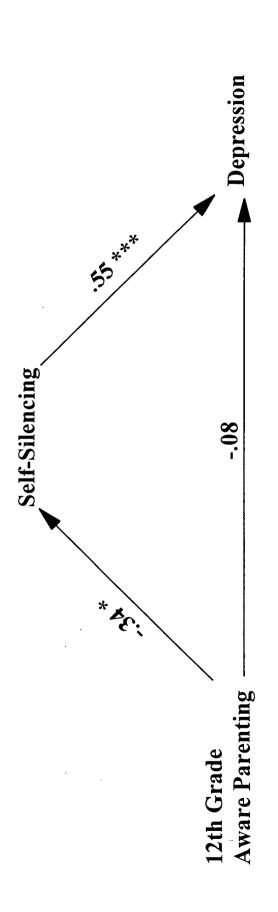
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 $***_{p} < .001,$

Self-Silencing as a Mediator of the Effects of Aware Parenting in 12th Grade on Late Adolescent Boys' Depression

-.27+ 12th Grade **Parenting** Aware Relationship Between 12th Grade Aware Depression (step 1) Parenting and

Depression



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CONCLUSION

Parental Behavior Predicting Self-Silencing & Depression

The findings from the present study suggest that more Aware Parenting behavior, consisting of Support, Attentiveness, Responsiveness, Receptivity to Emotions, and Guidance, as measured in both the 5th and 12th grade years, is related to lower levels of self-silencing and depression in late adolescence.

Support. Parental Support, which communicates to children that they are loved, appreciated, competent, and connected to other people, has been found to predict lower incidence of emotional and behavioral problems, and higher levels of emotional well-being. Children and adolescents who experience warmth and acceptance from parents, then, might be expected to experience lower levels of depression. Supportive parenting has also been found to be associated with higher levels of adolescent self-esteem. This sense of overall self-worth may serve as a buffer against depression and suppression of voice as children and adolescents come to view themselves as loved and competent people in the world.

Attentiveness. This component refers to parents listening to their children and encouraging them to talk about their interests, ideas, and



experiences. The experience of being attentively listened to and encouraged to speak in one's own voice, and to express one's own opinions, may lead to the feeling, later in life, that one's voice is valued and worth listening to. We would expect this parenting component to lead to lower levels of self-silencing. Also, much as it does in clinical work, this freedom to speak about life experiences and ideas, while being thoughtfully attended to, may promote psychological adjustment and lower levels of depression in children and adolescents.

Responsiveness. This component of Aware Parenting refers to parents allowing children to have input into family discussions and decisions in a democratic way. This willingness to take children's perspectives into account could be expected to result, later in life, in an adolescent's feeling that her/his views and opinions are welcome, and that he/she can have an impact on what happens in the world around her/him. This recognition of a child's voice within the family may lead to lower levels of self-silencing, and as self-silencing and depression appear to be closely related, lower levels of depression might also be expected.

Receptivity to Emotions. Emotional receptivity refers to parenting in which children are allowed to express their emotions



openly. It has been found to be related to early adolescents' self-esteem, which, again, might be expected to be associated with lower levels of self-silencing. In addition, the open expression of one's emotions is a aspect of voice, and thus children who are encouraged to express their emotions might be less likely to self-silence later on in adolescence. Emotional receptivity has also been linked with psychological adjustment, and we might expect that children and adolescents who are allowed to emote freely may experience lower levels of depression.

Guidance. Guidance refers to parents providing direction and guidelines, and setting limits for their children. This component of Aware Parenting imparts values, life skills, and a sense of self-efficacy which can contribute to one's sense of her/his own ability to navigate the world. We might expect that parental guidance, which appears to be related to competence and self-reliance, may act as a buffer against depression.

In addition, more angry or punitive parenting behavior, as measured in the 7th grade year, was predictive of higher levels of both self-silencing and depression in late adolescent girls and boys. It seems plausible that disapproving and overly controlling parental behavior may cause children to become more submissive, unsure of



themselves, and to withdraw, which may then be related to late adolescent self-silencing and depression.

Although there were no significant gender differences in the regressions, the correlations of self-silencing and depression with earlier parenting appear to be stronger for late adolescent boys than for late adolescent girls. A possible explanation may be that other social and cultural variables tend to affect girls more than boys in the intervening years, and thus, for girls, become more powerful predictors of self-silencing and depression in late adolescence than earlier parenting behavior.

Self-Silencing as a Mediator

Findings from this study support the hypothesis that self-silencing is a mediator of the long-term and immediate effects of parenting on late adolescent depression for both girls and boys. In each equation, with a parenting variable entered on the first step, the magnitude of the beta decreased substantially when self-silencing was entered on the second step of the equation. Although the hypothesis was supported in this study, the prediction that a mediation effect would hold particularly for adolescent girls, was not supported.



Results suggest that self-silencing is a mediator of the effects of parenting for <u>both</u> late adolescent girls and boys.

This finding may have important clinical and educational implications in that it appears that self-silencing, or suppression of voice, acts as an intervening variable between the effects of parenting behavior and depression. Efforts, in clinical, educational, and social settings, to encourage and support the development of voice in children and adolescents may mitigate the effect of punitive and restrictive parenting on late adolescent girls' and boys' depression. In addition, the importance of aware parenting as a buffer against later self-silencing and depression may be useful information for clinicians and educators, particularly those working with families on developing parent training programs.



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