# *Poor Family Functioning and Adolescent Depressive Symptomatology: Which Comes First?*

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## Abstract

In many ways, the manner in which a family functions impacts their children's behavior and development. Recent research has shown that poor family functioning is associated with depression during adolescence. However, at this time, it is not clear whether poor family functioning predicts adolescent depression and/or whether adolescent depression predicts poor family functioning. This gap in the literature is important to address given that contemporary theories of human development (e.g., developmental systems theories; Lerner, 2011) suggest that characteristics of the individual and the context each influence one another in order to produce development. Therefore, the purpose of this longitudinal study was to examine the relationship (or direction of effect) between family functioning and adolescent depressive symptomatology. Survey data were collected from 1,000 15-17 year-old adolescents (53% female; 59% Caucasian) from the Mid-Atlantic region of the United States during the spring of 2007 and the spring of 2008. Results indicated that for girls, , the quality of family functioning predicted later depressive symptomatology and depressive symptomatology predicated later family functioning. For boys, family functioning did not predict depressive symptomatology; however, depressive symptomatology predicted later family functioning.


## Sample

- 1,001 10th and 11th grade high school students (53% girls)
- 57% Caucasian; 22% African-American; 12% Hispanic; 2% Asian
- Mean age = 16.09 (SD=.68); age range 15-17
- All participants attended a public high school in Delaware, Pennsylvania, or Maryland
- Most of the adolescents (56%) lived with both biological parents; 89% lived with their biological mother and 61% lived with their biological father

## Measures

**Family Adaptability and Cohesion** The Family Adaptability and Cohesion Evaluation Scale II (FACES II; Olson & Wilson, 1982) was used to measure perceived levels of family functioning. The FACES II measure consists of one 10-item Adaptability scale and one 10-item Cohesion scale. A representative item is "Family togetherness is very important". Respondents rated perceptions of these items using a 5-point Likert-type scale ranging from 1="almost never" to 5="almost always". Both have demonstrated good psychometric properties (Olson & Wilson, 1982; Olson et al., 1983). The α coefficients for family cohesion and family adaptability were .83 and .79 in this sample, respectively.

## Measures

**Adolescent Depression.** *The Center for Epidemiological Studies Depression Scale for Children* (CES-DC; Weissman et al., 1980) was used to measure adolescent depressive symptomatology. Participants were asked to respond to the CES-DC items in regard to how they felt or acted during the past week. A sample item from this measure is "I felt sad." The response scale ranges from 1 = *not at all* to 4 = *a lot*. The 20 CES-DC items were summed to create a total score. The CES-DC has been shown to be a reliable and valid measure of depressive symptomatology (Faulstich et al., 1986). The Cronbach alpha coefficient for the CES-DC total score based on this sample was .90.

## Measures

**Adolescent-Parent Communication.** *The 20-item Parent-Adolescent Communication Scale* (Barnes & Olson, 2003) was used to measure communication between adolescents and their parents. This measure includes two subscales – open family communication and problems in family communication. Respective sample items are "I find it easy to discuss problems with my mother/father" and "There are topics I avoid discussing with my mother/father." The response scale ranges from 1 = *strongly disagree* to 5 = *strongly agree*. Separate scale scores were calculated for communication with mothers and fathers. Cronbach alpha coefficients were .92 for adolescent-mother open communication, .78 for adolescent-mother communication problems, .94 for adolescent-father open communication, and .82 for adolescent-father communication problems.

## Procedures

During the spring of 2007, adolescents who provided assent, and who had parental consent, were administered a self-report survey in school by trained research personnel. The survey took approximately 40 minutes to complete. After completing the survey, the adolescents were given a movie pass for their participation.

## Analyses

Hierarchical linear regression models were conducted to examine whether family functioning (assessed at Time 1) predicted depressive symptomatology (assessed at Time 2) and/or whether depressive symptomatology (assessed at Time 1) predicted family functioning (assessed at Time 2). The dependent variables assessed at Time 1 were included as covariates. In addition, the models were conducted separately by gender.

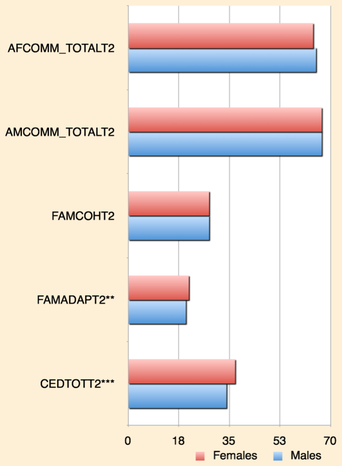
**Regression Models Predicting Depressive Symptomology**

| | Girls | | | Boys | | |
|---|---|---|---|---|---|---|
| | *b* | SE | β | *b* | SE | β |
| Family Adaptability | -.467 | .126 | -.182*** | -.087 | .144 | -.037 |
| Family Cohesion | -.353 | .100 | -.180*** | -.018 | .109 | -.011 |
| Adolescent – Mother Communication | -.115 | .039 | -.152** | -.064 | .045 | -.087 |
| Adolescent – Father Communication | -.058 | .036 | -.081 | -.054 | .044 | -.076 |

*p < .05 **p < .005 ***p <. 001

| | Family Cohesion | | | Family Adaptability | | | Mom Communication | | | Dad Communication | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | b | SE | B | b | SE | B | b | SE | B | b | SE | B |
| Girls | -.135 | .028 | -.077 | -.142* | .021 | -.104 | -.052 | .066 | -.070 | -.151* | .077 | -.223 |
| Boys | .069 | .036 | -.046 | -.208* | .028 | -.064 | -.058 | .078 | -.084 | -.105* | .067 | -.161 |

Group Statistics Mean




## Results

Importantly, depressive symptomatology also predicted family functioning one year later. For girls and boys, more depressive symptomatology predicted less family adaptability (β=-.14, p<.01; β=-.21, p<.001, respectively). Depressive symptomatology also predicted less family cohesion for girls (β= -.14, p<.01) and more problematic adolescent-father communication for both girls and boys (β=-.11, p<.05; β=-.15, p<.01, respectively).

Results indicated that family functioning significantly predicted depressive symptomatology, but only for girls. More specifically, lower levels of adolescent perceived family adaptability (β=-.18, p<.001) and family cohesion (β= -.18, p<.001) predicted more depressive symptomatology one year later for girls. More problematic adolescent-mother communication predicted more depressive symptomatology one year later for girls as well (β=-.15, p<.01).

## Conclusions

Findings from this study indicate that the quality of family functioning does not have an impact on later depressive symptomatology for boys. These findings may reflect the tenet that girls are more likely to be negatively affected by problems occurring in the family than are boys because girls are more enmeshed in the family during adolescence (Gore, Aseltine, & Colten, 1993; Ohannessian, 2012). In contrast to the results for boys, both directions of effect were observed for girls. That is, family functioning predicted depressive symptomatology and depressive symptomatology predicted family functioning. Importantly, the findings for girls are consistent with developmental systems theories (Lerner, 2011), which emphasize that both characteristics of the context and the individual influence one another during adolescence.

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