

## Adolescent Perceptions of Parental Behaviors, Adolescent Self-Esteem, and Adolescent Depressed Mood

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**Abstract** Using symbolic interaction, we developed a research model that proposed adolescent perceptions of parental support and psychological control would be related to adolescent depressed mood directly and indirectly through self-esteem. We tested the model using self-report questionnaire data from 161 adolescents living with both of their biological parents. To examine possible gender of adolescent differences, we tested two multigroup models separately for adolescents' perceptions of mothers' and fathers' parental behaviors. Both the fathers' and mothers' models yielded (a) direct paths from self-esteem to depressed mood (for boys and girls), psychological control to depressed mood (for boys) and (b) an indirect path from support to self-esteem to depressed mood (for girls and boys) and an indirect path from psychological control to self-esteem to depressed mood (for girls). In addition, in the fathers' model a significant direct path was found between fathers' support and depressed mood (for girls).

**Keywords** Psychological control · Support · Self-esteem · Depression · Adolescent

Previous research shows that parental behaviors (Sheeber, Hyman, & Davis, 2001) and self-esteem (Dumont & Provost, 1999) are important factors in understanding adolescent depression. However, previous investigations of the combination of family factors,

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self-evaluations, and adolescent depression are dominated by clinical samples (Crick & Zahn-Waxler, 2003), limiting the potential of identifying protective factors that may reduce the risk of depression in community samples (Peterson et al., 1993). The potential for intervention is also limited by ambiguity in the conceptualization and measurement of whether the focus is on interactions in the overall family unit or within specific parent-adolescent dyads (e.g., Robertson & Simons, 1989). Parent-adolescent dyadic studies of adolescent depression are often limited to mother-adolescent dyads (e.g., Garber, Robinson & Valentiner, 1997), neglecting the possibility that the study of father-adolescent dyads may yield additional insights. Further, despite the evidence that girls tend to report lower self-esteem (Kling, Hyde, Showers, & Buswell, 1999) and are at greater risk for depression than boys (Crick & Zahn-Waxler, 2003), previous studies of parenting, self-evaluations, and depression (Garber et al., 1997; Robertson & Simons, 1989) do not consider gender of the adolescent.

Speier et al. (1995) identified four historical phases in the understanding of adolescent depression. The first phase, dominated by psychoanalytic thought, posited that clinical depression was not possible until adulthood because the superego was not fully developed until that time. The second phase recognized that depression occurred in children and adolescents and proposed that specific features of depression in youth differed from those in adults. The third phase focused on how depression in youth was masked through other symptomatic behaviors such as hyperactivity or learning disabilities. The fourth phase assumes that the symptoms of depression in youth are similar to those in adults and that the differences are due to developmental issues.

Major depressive disorder (MDD) is prevalent in 2–5% of adolescents (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). Additionally, about 35% of adolescent females and 19% of adolescent males will experience at least one episode of MDD by age nineteen (Lewinsohn, Rohde, & Seeley, 1998). A precursor to MDD is *depressed mood*, which is characterized by unhappiness and negative emotions (e.g., guilt or hopelessness). Based on a review of literature, depressed mood is estimated to be present in 15–40% of adolescents (Compas, Ey, & Grant, 1993).

Adolescent depression is associated with a number of risks including greater risk for suicidal ideation or behaviors during adolescence (Field, Diego, & Sanders, 2001; Hollis, 1996) and increased risk of attempted suicide and completed suicide in adulthood (Weissman et al., 1999). Adolescent depression may accompany other problems such as substance abuse, anxiety disorders, disruptive disorders (Angold, Costello, & Erkanli, 1999), impaired social competence and functioning, and poor school achievement (Field et al., 2001). And finally, depression during adolescence is related to increased risk of adult depression in both clinical (Rao, Hammen, & Daley, 1999; Weissman et al., 1999) and community samples (Hankin et al., 1998; Lewinsohn, Rohde, Klein, & Seeley, 1999; Pine, Cohen, Gurley, Brook, & Ma, 1998).

From a symbolic interaction perspective, adolescents' views of themselves and the world around them emerge as they interact and develop shared symbols with their social environments (Openshaw & Thomas, 1990). As adolescents interact with their families and the broader social context, they gradually develop a sense of self by seeing the reflection of themselves through the responses of others to their actions or qualities. This process, the "looking-glass self" (Cooley, 1902), suggests that as adolescents see the responses of "significant others" (Mead, 1934) to their actions, they gradually internalize these appraisals. As these interpretations occur, youth gradually refine their sense of self and make evaluations of their own competence (Openshaw & Thomas, 1990). Although such evaluations may or may not be accurate, symbolic interaction theory proposes that the "subjective" perceptions

of individuals (including adolescents), as compared with more “objective” reality, serve as the foundation for how people perceive and respond to situations (Thomas, 1928).

The study of parenting and adolescent depressive symptoms includes studies of parental depression (especially marital depression) or marital discord as risk factors. More recently, research revealed that a possible mechanism through which parental depression or marital conflicts are associated with adolescent depression may be parental behaviors (Sheeber et al., 2001). Indeed, previous research shows that two key aspects of parental behaviors, parental support and parental psychological control play prominent roles in explaining variation in adolescent depressed mood (Barber, Stolz, & Olsen, 2005; Kaslow, Deering, & Racusin, 1994). Consistent with symbolic interactionist perspectives, adolescents who see their parents as supportive are likely to view their parents as seeing them as competent individuals who are capable of functioning effectively (Openshaw & Thomas, 1990). In contrast, adolescents who see their parents as highly critical or low in support are likely to perceive and internalize symbolic meanings that they are low in competence (Conger, Conger, & Scaramella, 1997) increasing the potential for the adolescents to negatively evaluate themselves. Further, adolescents who perceive their parents as less supportive, warm, and nurturing report more depressive symptoms during adolescence (Bogard, 2005; Ge, Best, Conger, & Simons, 1996; Jenkins et al., 2002; Meadows, Brown, & Elder, 2006; Muris, Meesters, Schouten, & Hoge, 2004; Sheeber, Hops, Alpert, Davis, & Andrews, 1997). The negative relationship between parental support and adolescent depression is corroborated by studies focusing on other age groups including children (Puig-Antich et al., 1985a, 1985b) and retrospective accounts by adults (Crook, Raskin, & Eliot, 1981).

Parental psychological control behaviors are attempts to manipulate adolescents by communicating that they will function effectively only by complying with the parents’ desires (Barber & Harmon, 2002; Barber et al., 2005). Examples of parental psychological control include parental attempts to gain youth compliance (a) through intrusive behaviors, (b) by threatening to withhold parental love or affection, or (c) eliciting guilt in adolescents. Adolescents who perceive their parents as using psychological control strategies may see their parents as being unresponsive to their psychological needs, hindering their abilities to recognize their own uniqueness and/or trust their own ideas. Youth who consistently feel rejected tend to develop low-self esteem (Leary & Baumeister, 2000). Hence, adolescents who see their parents as using high levels of psychological control are at risk for internalizing problem behaviors such as lower self-esteem (Conger et al., 1997) and depression (Barber et al., 2005; Pettit, Laird, Dodge, Bates, & Criss, 2001). Other research found that higher levels of parental psychological control behaviors (as perceived by the adolescents or outside observers) relate to increased depressive symptoms in adolescents (Katainen, Raeikkonen, Keskivaara & Keltikangas-Jaervinen, 1999; Robertson & Simons, 1989).

Symbolic interactionists rarely use contextual variables as explanatory variables without recognizing the importance of mental processes (e.g., self-evaluations) as central to how individuals’ perceptions of their interactions relate to other variables (e.g., depressed mood; Burr, Leigh, Day, & Constantine, 1979). While symbolic interactionism suggests that the sense of self emerges through interactions with the broader social environment, the “mind” processes these interactions and assigns meaning to them (Mead, 1934). In turn, adolescents develop a sense of self and personal adequacy based upon the meaning of the qualities they understand in themselves as they interact with significant others (e.g., parents). Thus, in part, self-esteem emerges as adolescents interact with their parents in the social environment.

While some scholars (e.g., Harter, 1990) emphasize the multidimensional nature of self evaluations, others contend that a global deprecating view of self is the primary contributor to

depression (e.g., Abramson, Metalsky, & Alloy, 1989; Beck, 1974). According to Rosenberg (1979), adolescents with low self-esteem lack self-respect and consider themselves to be “unworthy, inadequate, or otherwise seriously deficient as a person” (p. 54), and may be predisposed to respond to life events with feelings of inadequacy, despair, and helplessness. These self-deprecating views of one’s competence and self then lead to depressed mood (Abramson et al., 1989; Lewinsohn, Rohde, & Seeley, 1998; Rose & Rudolph, 2006). Conversely, adolescents with high self-esteem may be more optimistic and perceive life events as manageable, and therefore may be less susceptible to depressed mood (Dumont & Provost, 1999; Robertson & Simons, 1989). Craighead and Green (1989) identified self-esteem as a key variable that accounted for nearly half of the variability in adolescent depressive symptoms.

Both gender of the youth and parent may be important considerations when examining models of parental behaviors, self-esteem, and depression. Research on the development of youth psychopathology (e.g., depression) is dominated by a focus (a) on maternal influences (to the exclusion of fathers) and (b) on male psychopathology (Crick & Zahn-Waxler, 2003). Yet, females are at greater risk than males for depression during adolescence (Crick & Zahn-Waxler, 2003; Rutter, Caspi, & Moos, 2003). In addition, adolescent females are more likely to report lower self-esteem (for a meta-analysis see Kling et al., 1999), which may be a factor in their greater rates of depressed mood and/or clinical depression (Crick & Zahn-Waxler, 2003; Nolen-Hoeksema & Girgus, 1994; Rose & Rudolph, 2006).

Gender issues are also important regarding perceptions of parenting behaviors. Holden and Miller (1999) conducted a meta-analysis of parenting studies and concluded that too few studies reported findings separately for boys and girls. Previous research and theory also suggest that adolescents may respond differentially regarding mothers’ and fathers’ parenting behaviors (Demo, Small, & Savin-Williams, 1987). Crick and Zahn-Waxler (2003) advocate for greater consideration of both gender of youth and gender of parent when examining the relationship between parenting and youth psychopathology. To address these issues, we used symbolic interaction perspectives to develop a model of adolescents’ perceptions of parental behaviors, self-esteem, and depressed mood. Using a community sample of adolescents, we tested the model separately regarding adolescents’ perceptions of mothers’ and fathers’ parenting behaviors using multigroup comparisons to control for gender of the adolescent.

## Method

### Procedure and sample

Self-report data were collected from 9th and 10th grade students at public high schools in three communities in a southwestern state with populations ranging from 6,500 to 7,600. Data collection occurred in the schools during a school day. For the overall project, 321 9th and 10th grade students from three high schools participated (i.e., 36% response rate). Complete data were available for 293 students, consisting of 57% girls and 43% boys ranging in age from 14 to 17 ( $M = 14.82$ ). To eliminate differences by family form, only those youth who lived with both biological parents were included in this study. Thus, this study is based on 161 youth who reported living in a two-parent household with their biological parents (57% were girls and mean age = 14.76). Race of the subsample follows: 80% Caucasian, 10% Native American, 3% Mexican American, 2% African Americans, 3% Asian Americans, and 2% other or not reported.

## Measurement

Adolescent reports of their level of *depressed mood* were assessed using a 12-item modification of the short form of the Beck Depression Inventory (Beck & Beck, 1972). Respondents were directed to read groups of four statements for each item and select the statement that described their current feelings reflecting depressed mood (e.g., hopelessness, feelings of worthlessness, tiredness). One item was omitted from the 13-item short form; it asked if respondents were thinking of killing themselves, and the data collection procedures did not allow for referrals for adolescents who responded positively to this item. The responses on the items were averaged, resulting in scores that ranged from 0 (low depressed mood) to 3 (high depressed mood). Using the present data, the Cronbach's coefficient alphas were established at .86 for the mother subsample and .86 for the father subsample.

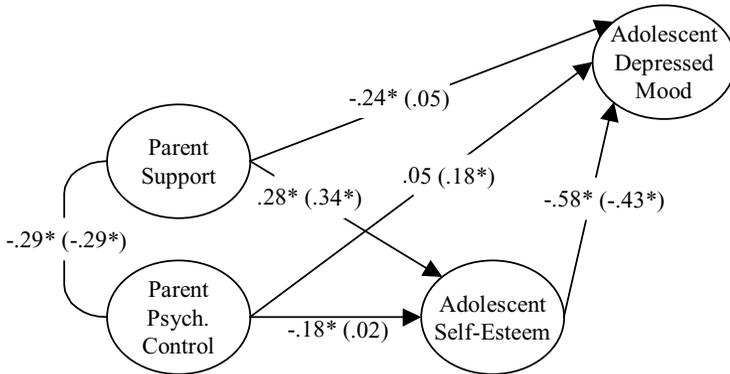
Adolescents' perceptions of their overall level of self-esteem were assessed using the 10-item, Rosenberg Self-Esteem Scale (Rosenberg, 1979). Although the original instrument was a Guttman scale, it is often used as a Likert-type scale with similar results (Rosenberg). The Likert-type format was used in the current study with response choices ranging from 1 = *strongly disagree* to 4 = *strongly agree*. The responses to the items on the scale were coded as directed by Rosenberg and averaged resulting in a possible score ranging from 1 (low self-esteem) to 4 (high self esteem). The Cronbach's alphas were .85 for the mother subsample and .86 for the father subsample.

Adolescent perceptions of mothers' and fathers' parental behaviors were assessed using items from Peterson's (1982) Parental Behavior Measure. The 4-item parental support subscale was used to assess the extent to which adolescents saw each parent/stepparent in the home as providing emotional and resource support. The psychological parental control subscale was comprised from the items in the following three subscales: parental guilt induction (5 items), parental love withdrawal (2 items), and parental punitiveness (7 items). Participants were asked to respond to each item twice about parents living in their primary residence, once for mothers and once for fathers. The responses (1 = *strongly disagree* to 5 = *strongly agree*) were averaged resulting in a range of 1 (low) to 5 (high). The Cronbach's alphas were .80 for mothers' support, .86 for fathers' support, .81 for mothers' psychological control behaviors, and .79 for fathers' psychological control behaviors.

## Results

The theoretical model was tested using structural equation modeling LISREL 8.72 software (Jöreskog & Sörbom, 2004). The structural equation models (SEMs) hypothesized parental support and parental psychological control as exogenous variables, each with direct paths to adolescent self-esteem. Paths from parental support and parental control also were theorized to be directly related to adolescent depressed mood, and indirectly related to depressed mood through adolescent self-esteem. Guided by a symbolic interactionist perspective on adolescent relationships, we chose to look at individual relationships between each parent and adolescent, breaking out both parent and adolescent gender to examine differences in pathways. Thus, two multigroup models (boys/girls) were tested separately for adolescents' perceptions of fathers' and mothers' parental behaviors (see Figs. 1 and 2).

Table 1 demonstrates the bivariate relations among the variables. A significant negative correlation was found between adolescent self-esteem and depressed mood. Mothers' support and fathers' support were positively related to self-esteem and negatively related to depressed mood. Mothers' psychological control and fathers' psychological control were



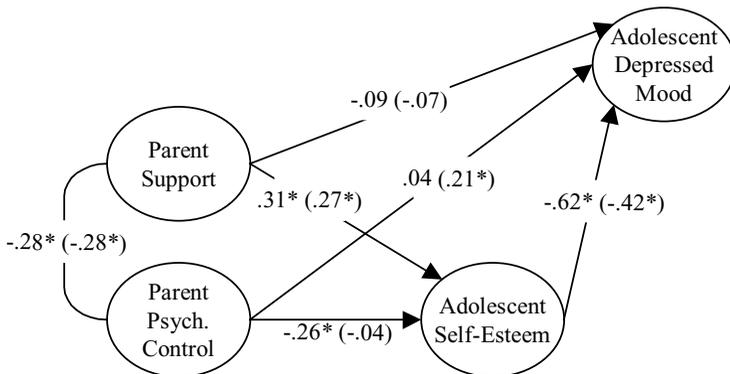
$\chi^2_{(5)} = 5.86$ ;  $GFI = .97$ ;  $NNFI = .98$ ;  $CFI = .99$ ;  $RMSEA = .047$   
 $*p < .05$

**Fig. 1** Fathers' models with boys' coefficients within parentheses

negatively related to self-esteem and positively related to depressed mood in the bivariate correlations.

**Gender differences**

Gender differences were analyzed using a series of independent t-tests. Although adolescent boys and girls did not significantly differ with regards to parental support, parental psychological control, or depressed mood, they differed slightly in self-esteem, with boys reporting higher levels of self-esteem ( $M$  girls = 3.07;  $SD$  = 0.54;  $M$  boys = 3.25;  $SD$  = 0.43;  $t(161) = -2.26$ ;  $p < .05$ ).



$\chi^2_{(5)} = 4.46$ ;  $GFI = .98$ ;  $NNFI = 1.00$ ;  $CFI = 1.00$ ;  $RMSEA = .000$

$*p < .05$

**Fig. 2** Mothers' models with boys' coefficients within parentheses

**Table 1** Zero-order correlations among variables, means, and standard deviations for the data

|                                   | 1        | 2        | 3        | 4        | 5       | 6    |
|-----------------------------------|----------|----------|----------|----------|---------|------|
| 1. Self esteem                    | 1.00     |          |          |          |         |      |
| 2. Depression                     | −0.60*** | 1.00     |          |          |         |      |
| 3. Mother's support               | 0.35***  | −0.26**  | 1.00     |          |         |      |
| 4. Father's support               | 0.35***  | −0.36*** | 0.77***  | 1.00     |         |      |
| 5. Mother's psychological control | −0.31*** | 0.30***  | −0.30*** | −0.32*** | 1.00    |      |
| 6. Father's psychological control | −0.25**  | 0.30***  | −0.16*   | −0.34*** | 0.87*** | 1.00 |
| <i>M</i>                          | 3.15     | 0.32     | 4.30     | 4.16     | 2.60    | 2.51 |
| <i>SD</i>                         | 0.50     | 0.40     | 0.80     | 0.84     | 0.69    | 0.67 |
| <i>n</i>                          | 161      | 161      | 161      | 156      | 161     | 158  |

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

### Fathers' models

Model fit was established using the  $\chi^2$  Statistic, the Goodness of Fit Index ( $CFI \geq .95$ ), the Comparative Fit Index ( $CFI \geq .95$ ), the Non-Normed Fit Index ( $NNFI \geq .95$ ), and the Root Mean Squared Error of Approximation ( $RMSEA \leq .08$ ) as recommended by Bentler (1990). The fathers' models were a good fit to the data ( $\chi^2_{(5)} = 5.86$ ;  $GFI = .97$ ;  $NNFI = .98$ ;  $CFI = .99$ ;  $RMSEA = .047$ ). The results (see Fig. 1) showed positive direct paths from fathers' psychological control to depressed mood for boys but not girls. In contrast, a direct negative path between fathers' support and depressed mood was evident for girls but not boys. Thus, boys' reports of depressed mood were more related to fathers' psychological control than fathers' support, whereas the opposite was found for girls. The indirect pathway from fathers' support to adolescent self-esteem was significant and positively related for both boys and girls. A significant negative relationship was evident between self-esteem and depressed mood for both groups of adolescents, indicating that adolescents reporting higher self-esteem tended to report lower levels of depressed mood. In addition, the indirect path from fathers' psychological control to adolescent self-esteem was significant and negative for girls but not for boys.

### Decomposition of effects for adolescent depressed mood

Fathers' parental support yielded both significant direct and indirect (through self-esteem) relationships to depressed mood for girls, while direct effects were not significant for boys and indirect effects were significant (see Table 2). This supports the mediating effects of self-esteem for boys. However, fathers' support was shown to have significant total effects only for adolescent girls. The direct effect of fathers' psychological control on depressed mood was significant for boys only. The indirect pathway of fathers' psychological control to self-esteem to depressed mood was not significant for either boys or girls. Though neither direct nor indirect effects of fathers' psychological control were significant for girls, the combined effects (total effects) of fathers' psychological control were significant for both genders.

### Mothers' models

The second multigroup model (i.e., mothers' model) proved to be an even better fit to the data than the fathers' model ( $\chi^2_{(5)} = 4.46$ ;  $GFI = .98$ ;  $NNFI = 1.00$ ;  $CFI = 1.00$ ;

**Table 2** Decomposition of effects for adolescent depressed mood

| Dependent constructs    | Adolescent depressed mood |       |                  |                 |               |       |                |       |                  |       |               |       |
|-------------------------|---------------------------|-------|------------------|-----------------|---------------|-------|----------------|-------|------------------|-------|---------------|-------|
|                         | Father's models           |       |                  | Mother's models |               |       |                |       |                  |       |               |       |
|                         | Direct effects            |       | Indirect effects |                 | Total effects |       | Direct effects |       | Indirect effects |       | Total effects |       |
| Girls                   | Boys                      | Girls | Boys             | Girls           | Boys          | Girls | Boys           | Girls | Boys             | Girls | Boys          |       |
| Parental support        | -.24*                     | .05   | -.16*            | -.15*           | -.40*         | -.10  | -.09           | -.07  | -.19*            | -.11  | -.28*         | -.18* |
| Parental psych. control | .05                       | .18*  | .10              | -.01            | .15*          | .17*  | .04            | .21*  | .16*             | .02   | .20*          | .23*  |
| Adolescent self-esteem  | -.58*                     | -.43* |                  |                 | -.58*         | -.43* | -.62*          | -.42* |                  |       | -.62*         | -.42* |

*Note.* Indirect effects are calculated by multiplying the coefficients associated with the path of influence from the independent construct to the dependent construct. For example, Fathers' Support has an indirect effect on Boys' Depressed Mood via its in.

$RMSEA = .000$ ). Our results (see Fig. 2) showed that the direct path from mothers' support to depressed mood was not statistically significant for either boys or girls, whereas the path from mothers' psychological control to depressed mood was significant for boys only. Hence, it appears that adolescents' reports of depressed mood were more related to mothers' psychological control for boys and more related to mothers' support for girls; yet the only significant direct path was the boys' pathway from psychological control to depressed mood. Similar to the fathers' models, the indirect pathway from mother's support to adolescent self-esteem was significant and positively related for both boys and girls. Further, the indirect path from mothers' psychological control to adolescent self-esteem to depressed mood was significant for girls but not for boys, implying that boys' self-esteem was less associated with mothers' psychologically controlling behaviors than girls' self-esteem. A significant negative relationship was evident between self-esteem and depressed mood for both groups of adolescents, indicating that adolescents reporting higher self-esteem tended to report lower levels of depressed mood.

#### *Decomposition of effects for adolescent depressed mood*

Mothers' parental support to depressed mood yielded significant indirect effects for girls, while the direct effects for both boys and girls and the indirect effects for boys were not significant (see Table 2). However, mothers' support yielded significant and negative total effects for both boys and girls. The direct effect of parental psychological control on depressed mood was significant for boys only. However, the indirect pathway from mothers' psychological control through self-esteem to depressed mood was significant for girls only. The total effects for mothers' psychological control were significant for both genders.

## **Discussion**

Our results provide substantial support for the proposed symbolic interaction model of adolescent reports of parental behaviors, self-esteem, and depressed mood. Both the fathers' and mothers' models showed the following significant direct paths: (a) a negative path from adolescent self-esteem to depressed mood for both girls and boys and (b) a positive path from parental psychological control to depressed mood for boys. In addition, a negative direct path from fathers' support to girls' depressed mood was manifested. Indirect paths were identified from: (a) support to self-esteem to depressed mood for both boys and girls, and (b) psychological control to self-esteem to depressed mood for girls. These results support the potential for decreasing the risk of depressed mood in adolescents with interventions involving parents as significant others with whom interactions help create meaning.

Consistent with previous research (Sheeber et al., 2001), our results provide substantial support for the hypothesis that adolescent self-esteem would be negatively related to adolescent depressed mood for both adolescent girls and boys. Such findings can be interpreted through symbolic interaction as indicating that adolescents' negative evaluations of the self may serve as a basis for depression. Specifically, negative views of the self may be associated with feeling unable to influence events in life, resulting in a sense of helplessness, inadequacy, and despair or depressed mood (Abramson et al., 1989). Conversely, adolescents with high self-esteem may perceive life events as manageable, and may be less vulnerable in developing depressed mood. Such results support the importance of programs designed to help adolescents engage in cognitive processes that promote the recognition of strengths, self-management, and understanding the transitions of adolescence. These results are

consistent with cognitive therapy approaches which believe that symptoms of depression can be minimized by modifying dysfunctional cognitive processes. A school-based, cognitive therapy prevention program has been found to be effective in minimizing negative thought processes and depressive symptoms (Lewinsohn et al., 1998). Also, cognitive therapy has been found to be highly effective in treating youth depression (for a meta analysis see Butler, Chapman, Forman, & Beck, 2006). Psychotherapy can also be effective in reducing symptoms of youth depression (for a meta analysis see Weisz, McCarty, & Valeri, 2006).

Consistent with a symbolic interaction framework (Burr et al., 1979), our results show that perceptions of oneself (e.g., self-esteem) emerge as individuals interact with parents. On an ongoing basis, adolescents see significant others (e.g., parents) respond to their actions, interpret their reactions, and internalize the responses of others to the self (Cooley, 1902). Hence, adolescents who view their mothers or fathers as high in warmth, praise, encouragement, or physical affection may also perceive themselves as worthy, decreasing their risk of depressed mood (Garber, Robinson, & Valentiner, 1997).

Our study shows that both girls' and boys' perceptions of fathers' and mothers' support are indirectly related to depressed mood through self-esteem. Adolescent boys and girls may share symbolic meaning that parents are an important source of nurturance (or support), while low support may symbolize to youth less positive parental evaluations of their worth. When adolescents perceive higher support, they may see themselves as more important to their parents and share the perceived symbolic meaning. In turn, higher self-esteem may serve as a buffer against depressed mood.

Girls also reported a direct relationship of perceived fathers' support to depressed mood. Girls, compared to boys, may tend to perceive additional symbolic meaning when they see their fathers as supportive. Girls may see fathers' as significant others in developing meaning about relationships with males. Thus, perceived fathers' support by girls may symbolize acceptance by an important member of the opposite sex. In turn, the greater tendency of girls to emphasize or value relationships may translate perceived fathers' support into a buffer against risk for depressed mood. Thus, despite the substantial evidence that parental support is central in the prevention of adolescent depression (Sheeber et al., 2001), greater specification is needed regarding perceived support in the father-son, father-daughter, mother-son, and mother-daughter dyads.

Our findings provide support for the idea that adolescents who experience their mothers or fathers as using higher levels of parental psychological control are at greater risk for depressed mood (Barber, 1996). Our results build on the work of Barber et al. (2005) by identifying different ways perceived psychological control relates to depressed mood for adolescent boys and girls. Specifically, the path from perceived mothers' and fathers' psychological control to depressed mood for boys is direct, while it is indirect for girls (through self-esteem). From a symbolic interaction perspective this may be evidence of different socialization processes for boys and girls. Adolescent boys who perceive their mothers or fathers as high in psychological control are at risk for depressed mood, possibly due to less perceived opportunity to develop autonomy (Barber). For girls, perceptions of mothers' and fathers' using high levels psychological control (or manipulation) have the potential to interfere with daughters' abilities to trust their own ideas since they may lose key connections with caregivers when they do not comply with their parents' wishes (Barber). Girls may perceive psychologically controlling behaviors by their parents as indications of the parent being unresponsive to their needs, and evaluate themselves as not worthy of love and affection (i.e., report lower self-esteem), increasing the risk for depressed mood. Since girls may share symbolic meaning with the broader social context that relationships with

others are important, psychological control may be experienced as a negative form of control that threatens the parent-daughter relationship.

In sum, prevention and intervention efforts to reduce the risk for adolescent depressed mood may benefit from recognizing the direct and indirect paths through which perceived parental support and psychological control relate to depressed mood. Hence, prevention and intervention programs targeting youth negative thought processes and depression might include a parent component; such as the Adolescent Coping With Depression (CWD-A) Course (Lewinsohn et al., 1998).

When considering the present findings, readers are encouraged to recognize that while the proposed theoretical model begins with the parental behaviors, then focuses on individual adolescent qualities, symbolic interaction theory also supports considering the possibility that adolescents with depressed moods develop a lower self-esteem (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995) or perceive parental behaviors more negatively. Additional cross-sectional and longitudinal research studies with adolescents of different ages, in varied geographic areas, and with greater racial diversity would provide additional insights.

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