FAMILY CHARACTERISTICS AND PARENTAL BEHAVIORS IN RELATION TO DEPRESSIVE SYMPTOMS IN THE EMERGING ADULT LATINO POPULATION

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DEDICATION

I would like to dedicate my thesis to my wonderful supportive mother who taught me to persevere above challenges and who encourages me to pursue my fullest potential. Thank you mom for showing me that dreaming without a plan is merely wishing. You have given me courage and strength to continue on with my endeavors regardless of circumstances, and you have firmly implanted the belief that things always get better. I dedicate this project to you because it tested me in more ways than I could have ever imagined; regardless, your warmth, support, and love allowed me to prevail. And, I would like to dedicate this thesis to my brother who is my number one motivator. You are capable of amazing accomplishments, and I hope to always be someone you can look up to. You are someone I admire for your positive nature, warm heart, and zest for knowledge.
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The purpose of this study was to investigate the relationship between Latino emerging adults’ perceptions of family cohesion, family flexibility, family hardiness, parental support, and parental intrusiveness in relation to depression. Self-report surveys were collected online and in-class (i.e., paper/pencil) from 549 Latino undergraduate students from lower and upper division general education courses. Participants’ ages ranged from 18-25 years. Bivariate correlations indicated family cohesion and flexibility were significantly and negatively related to depression in both men and women; however, family hardiness was only related to depression in women. Correlations showed that parental support was significantly and negatively related to depression in men and women, and parental intrusiveness was significantly and positively related to depression in men and women. Structural equation models revealed that parental intrusiveness partially mediated the relationship between family functioning and depression for men, and fully mediated the relationship for women. To summarize, family functioning may serve as a protective factor against depression in the Latino community, while parental intrusiveness can increase risk of depression in Latino emerging adults.
CHAPTER I
INTRODUCTION

Statement of the Problem

Compared to previous decades, the occurrence of depression is more of a
presenting problem at an earlier stage in life (National Institutes of Mental Health
[NIMH], 2003). The earlier the onset of depressive symptoms, the more likely it will
develop into a mood disorder if left untreated (American Psychiatric Association [APA],
2000). Thus, depression commencing during adolescence can lead to detrimental
problems in different aspects of the individual’s life. It can affect performance in school
and create issues with adjustment, which can continue to be problematic into adulthood
(Bonin, 2013; Dunn & Goodyer, 2006). Alarming rates of adolescents suffer from
depression in the United States, and the negative implications associated with early onset
of depressive symptoms give rise to examining factors that may buffer the manifestation
of depression. This is especially true in Latino communities since Latino adolescents
report higher levels of depressive symptoms compared to adolescents from other
ethnicities (Cespedes & Huey, 2008).

Depression is also a major mental health concern during emerging adulthood
(Berry, 2004). However, limited studies have directed attention specifically to this
developmental time period. Given the associations established between family
characteristics, parenting, and depression during adolescence (Anderson, 1986; Henry,
1994; Sander & McCarty, 2005), it is important to examine factors that can serve as
preventative variables to combat signs of depression for emerging adults as well.
Moreover, identifying family and parental predictors of depressive symptoms can provide
helpful information to mental health practitioners who work with emerging adults and their families.

Research suggests the family continues to affect individuals into early adulthood (Amato & Booth, 1997; Amato & Sobolewski, 2001). This can be contributed to changes occurring in society, such as individuals delaying marriage or having kids until their mid to late twenties, pursuing higher education, and searching for careers that provide income and are also fulfilling (Arnett, 2004). These changes require some individuals to depend on their family for a longer period than prior to the 1970s (Arnett, 2004). Further, during this phase of the life span between late adolescence and mid to late twenties (i.e., emerging adulthood), individuals seek to understand themselves through self-exploration (Arnett, 2004), experience many transitions, and more stressors (Arnett, 2011). Thus, family characteristics and parental behaviors can assist emerging adults to feel prepared and capable of taking on new challenges, which can create positive mental health outcomes.

Much of the literature on the effects of family characteristics and parental behaviors focuses on adolescents’ mental health, with less attention give to emerging adulthood. During this time period, individuals begin to establish relationships in which many of their first social interactions and relationships are modeled and learned through family interactions (Sander & McCarty, 2005). Thus, it is important to include dimensions of the overall family system and parental behaviors when examining mental health in adolescents as well as emerging adults. Furthermore, understanding the roles of these variables can provide insight into factors that may contribute or buffer the course of depressive symptoms and set a foundation to understand how these relationships may
affect the mental health of emerging adults.

**Purpose**

Previous studies have examined aspects of family characteristics and parental behavior in association to adolescents’ mental health outcomes, but there is limited research on these variables in relation to depression of emerging adults. The purpose of this study is to explore the relationship between emerging adults’ perceptions of family cohesion, family flexibility, family hardiness, parental support, and parental intrusiveness in relation to depressive symptoms in emerging adults. Further, the aim of this study is to also address the Latino population given that Latinos are a high-risk group for depression, yet there is scant research identifying factors that may be contributing to this epidemic or that may buffer against depressive symptoms during emerging adulthood.

**Definitions**

1. Latinos are the fastest growing minority group in the United States with roots in South America, Central America, Mexico, and certain Caribbean Islands (Rios-Ellis et al., 2005).
2. Depression is a common, but treatable, mental disorder in which mood and functionality are impaired varying on the severity of the depressive symptoms (APA, 2000). Depression also encompasses noticeable changes that usually develop over a few days and can extend to weeks.
3. Depressed mood/symptoms include, but are not limited to, persistent feelings of sadness, hopelessness, worthlessness, low self-esteem, irritability, and loss of interest in activities, decreased energy, change in sleeping pattern, change in appetite, and thoughts of suicide (NIMH, 2012). Although there is a commonality in the
manifestation of depressive moods or symptoms, which symptoms present themselves and the severity of the symptoms are unique to each individual.

4. Family cohesion is defined as the emotional bonding that family members have toward one another and the degree to which individuals perceive feelings of emotional closeness and time spent together (Henry, 1994; Rivera et al., 2008).

5. Family flexibility entails the family’s ability to become accustomed to predicted, as well as unexpected changes, that occur in families, and the ability to adapt in such circumstances (Henry, 1994).

6. Family hardiness is defined as family members’ abilities to work together to solve problems, to have a sense of control over outcomes of unexpected events, to have a positive perspective on change, and to have a proactive orientation towards stressful events (Campbell & Demi, 2000).

7. Parental support is defined as behaviors that communicate warmth, concern, encouragement, physical affection, and praise from primary parental figures (Peterson, 2005).

8. Parental intrusiveness refers to “control attempts” from parental figures that intrude into psychological and emotional development, such as displayed through expressing disappointment, withdrawing love, isolating the child, or using shaming tactics (Barber, 1996; Peterson, 2005).

**Hypotheses**

Based on the review of literature in Chapter 2, the following research hypotheses were developed.

1. Effective family functioning (comprised of family cohesion, flexibility, and
hardiness) will be significantly and negatively related to Latino emerging adults’ depressive symptoms.

2. Parental support will be significantly and negatively related to Latino emerging adults’ depressive symptoms.

3. Parental intrusiveness will be positively related to Latino emerging adults’ depressive symptoms.

4. The relationship between effective family functioning and depressive symptoms will be partially mediated by parental support and parental intrusiveness.

5. The relationships between effective family functioning, parental support, parental intrusiveness, and depressive symptoms will vary based on the gender of the participant.

Figure 1. Theoretical model with hypothesized relationships between the variables, including gender as a moderator.

Assumptions

This research study was created based upon certain assumptions. Primarily, participants would volunteer in this research study without coercion or pressure.
Although some students may be required to participate in the psychology department subject pool as part of a class requirement, they were also given the option of an alternative research assignment. Data that were collected in classroom settings do not change participants’ rights. Specifically, participants volunteering in classrooms were not penalized if they opted out of the study, nor were they rewarded for their involvement. Participants were expected, but not forced, to answer items on the questionnaires completely and to the best of their ability.

Further, it was assumed that participants would be able to read English and understand the items on the questionnaire. The questionnaire was formulated without psychological jargon and was created for adolescents and/or emerging adults to comprehend with ease. It was assumed that the measures used in the study were appropriate to address the variables of interest for this study.

Lastly, it was assumed that the sample of emerging adult Latino university students would be representative of other Latinos at the university and Latino college students in general. Also, a systematic procedure with double-checking of all data at each step of the coding and entering process was used; thus, it was assumed there were no errors were made during data coding and entry. And lastly, it was assumed there were no errors in the data analyses because of the collaboration with committee members during the data analyses process.
CHAPTER II
REVIEW OF LITERATURE

Depression

Depression is characterized as a mood disorder in which mood and functionality are impaired varying on the severity of the depressive symptoms (National Institutes of Mental Health [NIMH], 2003). According to the Diagnostic and Statistical Manual of Mental Disorders, version IV (2000), depression encompasses noticeable changes that usually develop over a few days and can extend to weeks. These changes include, but are not limited to: persistent feelings of sadness, hopelessness, worthlessness, irritability, and loss of interest in activities, decreased energy, change in sleeping pattern, change in appetite, and thoughts of suicide (NIMH, 2012). Further, depression continues to remain a major concern in the realm of mental health because its symptoms can be costly and debilitating to the individual, and depressive symptoms can worsen when left untreated (NIMH, 2012).

Depression is a rising mental health illness among adolescents, causing much concern for clinicians and researchers (Stark, Banneyer, Wang, & Arora, 2012). According to the National Institute of Mental Health, 11.2% of adolescents from ages 13-17 have reported experiencing depression. Depression is recurrent, and depression in youth is a strong predictor of depression in adulthood and function disability (Stark et al., 2012). Further, another concerning factor is that individuals who experienced depression as adolescents are at a higher risk for suicide (Prabhu, Molinari, Bowers, & Lomax, 2010; Stark et al., 2012). Although the onset for depression varies ranging from childhood into adulthood, Schulenberg and Zarrett (2006) found that adolescence through emerging
adulthood is a sensitive period for the development of depression (Arnett & Tanner, 2006). Given that many changes and experiences occur during emerging adulthood and that this transitional age period is at risk for the emergence of depression, it is important to consider how different factors (e.g., family functioning) affect the development of depressive symptoms.

Researchers conducted a longitudinal study and found that 60% of the adolescents with depressive symptoms developed major depressive disorder, reporting at least one or more episodes in adulthood (Weissman et al., 1999). Depression in adulthood has been associated with poor interpersonal relationship skills (Dunn & Goodyer, 2006). Moreover, not only are the symptoms of depression threatening, but depression is also estimated to be one of the top three most burdening disorders by 2030 (Center for Disease Control and Prevention [CDC], 2010). According to the CDC (2010), in the United States approximately 1 in 10 adults report symptoms of depression.

Studies identify Latinos as a high-risk group for mental health problems, such as depression (National Alliance for Hispanic Health, 2001). Given the strong associations between depression and suicide, as well as prognosis, it is imperative to identify protective factors in the Latino population in order to better serve this population. Due to the alarming rates of depression among Latinos, but lack of research within this population, this study aims to identify factors that affect the occurrence of depressive symptoms in the Latino population. Influenced by previous research, this present study will investigate how family functioning and parental behaviors affect depressive symptoms.
Latino Families in the United States

Latinos in the United States

Among the different ethnic groups in the United States, the Latino population has become the nation’s largest ethnic minority (Ozer, Flores, Tschann, & Pasch, 2011) with an estimated 51 million Latinos living throughout the United States (Motel & Patten, 2012). Latinos make up approximately 16.7% of the nation’s total population (CDC, 2011). Further, the 2010 U.S. Census Bureau report shows that the percentage of Latinos in California has increased 20% comprising an estimated 14 million Latinos residing in California (Humes, Jones, & Ramirez, 2011).

According to the Pew Hispanic Center, Los Angeles has the nation’s largest Latino population with an estimated 5.7 (11%) million Latinos. More specifically, within the greater Los Angeles areas, Latinos comprise 45% of the area’s residents (Motel & Patten, 2012). Thus, this study focused on Latino emerging adults in the greater Los Angles area.

Latino Families and Familism

A theme that remains relevant in research investigating Latino family characteristics is the idea of familismo, defined as a strong commitment to family life (Vega, 1995). Some researchers contend that familismo hinders the socioeconomic success of Latinos (Bacallao & Smokowski, 2007); however, other scholars view familismo as a protective factor to a variety of outcomes, such as mental health (Halgunseth, Ispa, & Rudy, 2006; Maldonado-Molina, Reyes, & Espinosa-Hernandez, 2006; Sarmiento & Cardemil, 2009). Moreover, these researchers suggest that extended family networks, family cohesion, and high levels of social support reduce the adverse
consequences of poverty (Magana & Hovey, 2003). These findings further suggest that familismo is a positive attribute of Latino families and has been linked to lower levels of substance abuse, drug abuse, and negative mental health outcomes (Gil, Wagner, & Vega, 2000).

According to Aguilar-Gaxiola and Gullotta (2008), cultural beliefs and values influence the way psychopathology manifests and then further develops. Therefore, culture and cultural values are important elements to consider when examining and evaluating factors that may influence mental health outcomes, such as depression. For instance, Harker (2001) found that Latino families share fundamental “familial and communal mechanisms” that shield against negative psychological adversities and strengthen wellbeing. Given the importance of family in Latino culture, it is likely that family qualities can impact the mental health (e.g., depression) of Latino emerging adults. Thus, the next section will cover the relationship between family dynamics and depression.

**Family Dynamics and Parenting in Relation to Depression**

Previous research suggests that the role of family dynamics continues to be a crucial aspect of an individual’s life throughout their older adolescent period (Steward, Mckenry, Rudd, & Gavazzi, 1994) and emerging adulthood (Arnett, 2004). The literature on overall family system qualities has identified family resources that can serve as beneficial factors relating to the mental health of family members (Anderson, 1986; Bigbee, 1992; Henry, 1994). The vast majority of studies examine family characteristics or parental behaviors in association to mental health outcomes, but less attention is given to how the combination of overall family characteristics and parenting behaviors
contribute to an individual’s outcome (Henry, Robinson, Neal, & Huey 1996). The aim of this study is to incorporate factors of both familial and parental dynamics to further investigate their effect on depressive symptoms.

**Family Functioning and Depression**

From a systems perspective, the relationship between a child and his or her family affects the etiology and development of mental health, such as depression (Stark et al., 2012). Thus, family functioning has a longstanding contribution towards mental health. Researchers have identified families as an important aspect contributing to the development of an adolescent’s emotional health (Houltberg, Henry, Merten, & Robinson, 2011).

Additionally, an individual’s family serves as a foundation for exploration and development (Aquilino, 2006), including during emerging adulthood (Schulenberg & Zarrett, 2006). Studies show that previous patterns of family interactions established during childhood tend to be reflected in individuals during emerging adulthood (Schulenberg & Zarrett, 2006). This shows the importance of continuing to assess the implications that family functioning has on an individual’s mental health extending into emerging adulthood.

Various methods have been used to evaluate overall family functioning. For example, the Circumplex Model assesses family functioning as a combination of family cohesion and flexibility (Anderson, 1986). Another indicator of overall family functioning is family hardiness. These next sections will examine the relationship between family cohesion, family flexibility, and family hardiness with depressive symptoms.
Family cohesion and depression. According to Henry (1994) family cohesion is defined as the level of emotional bonding and connectedness within the family. In other words, family cohesion is the degree to which individuals perceive feelings of emotional closeness and time spent together (Henry, 1994). Studies examining protective aspects of family qualities in adolescence found that perceived family closeness and time spent together were associated to a decreased likelihood of troublesome behaviors and negative mental health outcomes (Reinherz, Giaconia, Paradis, Novero, & Kerrigan, 2008). Furthermore, a high level of family cohesion has shown to promote an adolescent’s sense of control over his or her health (Reinherz et al., 2008). Researchers suggest that family cohesion supports the development of self and acceptance, as well as provides emotional support during times of stress (Houlberg et al., 2011; Prabhu et al., 2010), which can diminish symptoms of depression.

Stark et al. (2012) examined family factors that contributed to depression. They found that a lack of family cohesion had a problematic effect on families. Consequently, adolescents experiencing depression often resided in family types where there were low levels of cohesion (Stark et al., 2012). In another study, researchers used a sample of 248 high school students to examine adolescents’ perceptions of family factors in relation to depression (Houlberg et al., 2011). One of the family factors examined was family cohesion. The researchers found that family cohesion protected the adolescent participants against depressive symptoms.

The exhibition of family cohesion suggests there is an establishment of secure attachment between family members (Prabhu et al., 2010). Thus, an individual can thrive in a cohesive family environment resulting in a healthier sense of self. For example, as a
result of perceived familial cohesiveness, an individual is more likely to be cheerful and optimistic when confronted with stressors (Prabhu et al., 2010).

Further, Winnicott (2005) emphasized the importance of family cohesiveness and meeting the emotional needs of a child into adolescence and early adulthood. Continuation of qualities such as family cohesion and emotional support serve as protective factors for preventing depression and suicide (Winnicott, 2005; Prabhu et al., 2010). For example, in a review of findings for clinical cases involving adolescent suicidal patients (Wagner, Silverman, & Martin, 2003), having a cohesive family involved with the patient’s treatment plan positively increased the prognosis of the patient (Prabhu et al., 2010; Wagner et al., 2003). Research observing the affects of increased levels of family cohesion found that it shields against depressive symptoms and suicide (Wagner et al., 2003).

Additionally, poor family functioning is strongly associated with factors of depression, such as recurrence of symptoms (Wagner et al., 2003). For example, researchers found that depressed individuals who perceived their family with low levels of emotional bonding and emotional closeness with one another were more likely to experience a relapse of a depressive episode (Hooley, Orley, & Teasdale, 1986). Thus, lack of family cohesion, particularly for those already suffering from symptoms of depression, will experience symptoms again. Although these findings are more prevalent in populations outside of Latino ethnicities, there is evidence to support that family functioning can also be a positive indictor for Latino mental health, particularly depression.

Rivera et al. (2008) conducted a study where they examined the relationship
between family cohesion and psychological distress among Latino college students. Researchers collected data by interviewing college students and administering surveys. Rivera et al. (2008) found that family cohesion was a significant factor in relationship to lower distress, which is consistent with non-Latino studies. Given that the vast majority of the literature suggests that low levels of family cohesion are associated with increased risk of psychological pathology and considering that within Latino communities “centrality of family” is highly valued (Harker, 2001), family cohesion is of special interest to examine within the Latino population.

**Family flexibility and depression.** Family flexibility entails the family’s ability to become accustomed to predicted, as well as unexpected, changes that occur in families, and the ability to adapt in such circumstances (Henry, 1994; Henry et al., 1996). Family flexibility has also been associated with positive outcomes of family satisfaction among adolescents (Henry, 1994; Henry et al., 1996). When examining the families of adolescents experiencing depressive symptoms, studies show a commonality of low levels of cohesion, as well as an inability to deal with the changes that occur within families (Stark et al., 2012). In such circumstances, family members lack the ability to adapt (flexibility) which leads to family conflict, and ultimately depression in adolescence (Kane & Garber, 2004).

Along with cohesion, flexibility has been related to mental health and developmental outcomes in families (Henry et al., 1996). According to Cumsille and Epstein (1994), one of the strongest predictors of depressive symptoms in adolescents is their level of perceived satisfaction with the adaptability in their families. Henry and Lovelace (1995) examined different family variables and found that family flexibility had
the strongest relationship with family life satisfaction, which decreases the likelihood of depressive symptoms. Additionally, individuals who perceive their families as having the ability to adapt to change also have a greater sense of adaptability when it comes to responding to personal hardships (Henry et al., 1996). This finding also suggests that perceived family flexibility could promote healthier vehicles of dealing with hardship, which could potentially decrease the occurrence of depressive symptoms (e.g. helplessness and hopelessness).

Family flexibility, along with cohesion, is associated with optimal family functioning (Anderson, 1986; Henry, 1994). Specifically, family flexibility and cohesion facilitate open communication (e.g., empathy and problem solving skills), which can serve as a buffer against depressive symptoms in adolescence. Bernstein, Warren, Massie, & Thuras (1999) found that adolescents diagnosed with depression perceived their family as being low in family flexibility. These families were also characterized as rigid when dealing with hardships, and they were unable to change (Bernstein et al., 1999). Further, low flexibility is found to be associated with depression, and the family’s inability to be flexible during hardships sustains depressive symptoms (Bernstein et al., 1999). Additionally, it is suspected that emerging adults who continue to rely on assistance from their family are affected by their family’s interaction (Arnett, 2011); thus, emerging adults can benefit from the qualities related to positive family functioning. Familial characteristics, such as flexibility, are associated to lower levels of depressive symptoms in emerging adults (Arnett, 2011).

Stewart, Mckenry, Rudd, & Gavazzi (1994) examined the relationship among family characteristics and adolescent depression in 108 rural adolescents and their
parents. Researchers found that family life events were a strong indicator of depressive symptoms. More specifically, cohesion and flexibility were perceived higher in participants with less problematic life events and were negatively related to depression. This shows that family influences can be strong predictors of depression.

**Family hardiness and depression.** Family hardiness is defined as family members’ abilities to work together to solve problems, to have a sense of control over outcomes of unexpected events, to have a positive perspective on change, and to have a proactive orientation towards stressful events (Campbell & Demi, 2000). Limited studies examine the effect of family hardiness in relation to depression. Although the empirical research for the concept of hardiness is limited (Bigbee, 1992), within the literature that examined family hardiness, results show that hardiness serves as a protective factor against illness (Bigbee, 1992; Rhodewalt & Agustsdottir, 1984).

In some circumstances, family hardiness can serve as a quality that promotes resiliency to overcome hardships (Walsh, 2003). Although family hardiness seems to be an important aspect of family functioning, there are very few studies on family hardiness, especially with Latinos and even fewer with emerging adults. Thus, it is important to further examine its relationship with depression in Latino emerging adults.

According to the Resiliency Model of Family Stress, Adjustment and Adaptation, family hardiness is considered one of the strengths of the family system (Campbell & Demi, 2000). The concept of family hardiness includes to the family’s ability to serve as a functional unit when adversity arises (Walsh, 2003). This allows the family system to unite during times of hardships, to serve as a buffer against stress, and also to reduce the risk of the manifestation of depressive symptoms (Walsh, 2003). Family hardiness tends
to be effective to the overall functioning of the family system during the changes involved with the continuous development of an adolescent (Walsh, 2003); thus, a proactive orientation toward life stressors and positive perspective toward change can create a nourishing environment for adolescents and emerging adults in which to thrive (Arnett, 2004; Rivera et al., 2008).

Campbell and Demi (2000) assessed family hardiness in the adult’s family of origin when they were children. They looked at the adult children of fathers who fought in the Vietnam War. The results indicated that family hardiness was a strength that facilitated “bonadaptation” (i.e., the process of restoring family balance). Hence, the family’s ability to display resilience or hardiness when facing adversity can be associated with better mental health of family members. Further, family hardiness is becoming a more relevant construct in the literature of family systems because it provides a protective environment for family members that can essentially protect against adversity, which promotes wellbeing (Fernandez, Schwartz, Heejung, & Dickson, 2013).

Considering the family as a unit of change and growth when adversary strikes can instill feelings of hope for the individual, which can protect against feeling stuck or overwhelmed by problems (Fernandez et al., 2013). Thus, family hardiness can also serve as a protective factor against symptoms of depression.

Furthermore, family hardiness has become an important factor to consider in the development of adolescents into emerging adulthood and positive mental health outcomes (Campbell & Demi, 2000; Walsh, 2003). Several studies note family hardiness as a protective factor during hardships because families higher in hardiness are better in solving problems and communication skills which can promote better mental health
outcomes (Bigbee, 1992; Luthar et al., 2000; Rhodewalk & Agustsdottir, 1984). These qualities are important to facilitate within the family system when considering the mental health of adolescence due to the vulnerability of their self-esteem, which play a crucial component when preventing depression (Behnke, Plunkett, Sands, & Bama-Colbert, 2011). Additionally, the family’s ability to adapt to changes brought upon by the normal development of adolescents has positive implications for the adolescent’s sense of self, which also decreases the occurrence of depressive symptoms (Lee, Kobayashi, & Adams, 1988). The aim of this study is to extend the literature on family hardiness into research with Latino emerging adults.

**Parenting and Depression**

Parents remain influential in promoting their child’s development and in preventing negative outcomes (Simpson & Roehlkepartain, 2003). Parent-child relations are recognized as contributors to mental health, including depression. Numerous studies have found that good parent-child relationships are associated with better adolescent adjustment (Sarmiento & Cardemil, 2009). Evidence also suggests that positive parent-adolescent relationships can buffer against emotional problems that are usually associated with the developmental stage of adolescence (Delay et al., 2012). Yet, limited research looks at parenting in relation to the mental health of Latino emerging adults. The next sections will examine the roles of two key parenting variables, support and intrusiveness, and their relationship with depression.

**Parental support and depression.** Parental support is defined as perceiving warmth, concern, encouragement, physical affection, and praise from primary parental figures (Peterson, 2005). Peterson (2005) suggests that parental support may be the most
important and universal variable related to the development of social competence and
wellbeing during adolescence. Various studies indicate that when adolescents perceive
their parents as supportive, they have more positive mental health (Peterson, 2005). For
example, low parental support can have adverse affects on the adolescent, such as
increased risk of problem behaviors and lower self-esteem (Peterson, Cobas, Bush,
Supple, & Wilson, 2005), both of which are predictive of depression. Various studies
have shown a negative association between perceived parental support and adolescents’
depressive symptoms (Henry et al., 1996; Mueller, Bridges, & Goddard, 2011; Plunkett,
Henry, Robinson, Behnke, & Falcon, 2007).

Plunkett et al. (2007) collected self-report data from 9th and 10th grade, mostly
White, high school students. They found that perceived parental support was directly and
indirectly related (through self-esteem) to decreased depressive symptoms in the
adolescents. Similarly, in a sample of 383 Latino adolescents in Los Angeles, Behnke et
al. (2011) found that support from mothers and fathers were negatively correlated with
depressive symptoms. When included with other family variables in a structural equation
model, perceived support from fathers was directly related to depressive symptoms in
Latino girls, and indirectly related through self-esteem to depressive symptoms for boys
and girls. In another study of 398 adolescent students from Brazil, Delay et al. (2012)
found that adolescent perceptions of parental support buffered against depressive
symptoms.

Furthermore, low perceived parental support may lead to suppressing emotions
and poor emotion regulation among adolescents, which is linked to depression. For
example, Larsen et al. (2012) found that low parental support explained an increase use
of expressive suppression by European White females from regions in the Netherlands, which lead to experiences of symptoms of depression. Additionally, Needham (2008) conducted a longitudinal study examining whether parental support had a direct effect on depressive symptoms across the transition from adolescence to young adulthood. Findings suggested that there was a significant relationship between parental support and depression as adolescents’ transition into adulthood. Specifically, adolescents who reported lower levels of parental support also reported higher levels of depression during young adulthood (Needham, 2008). Over the course of the longitudinal study, individuals who later experienced an increase in symptoms of depression also reported perceiving lower levels of parental support. Thus, this finding suggests that a change from high parental support to lower levels of support can impact the offspring’s mental health.

Vazsonyi and Belliston (2006) administered questionnaires to 8,417 high school students, community college, and university college students in the Netherlands, Hungary, Switzerland, and the United States. Questionnaires were used to collect self-report data assessing several family and parenting dimensions, including parental support. In their analyses, they reaffirmed that parental support is a key predictor for depressive symptoms in adolescents.

In summary, these studies suggest that perceived parental support can decrease the risk of depression in adolescents and emerging adults from different cultural backgrounds.

**Parental intrusiveness and depression.** Parental intrusiveness is one dimension of parental control (Ispa et al., 2004; Wood, 2006), and refers to control attempts from parental figures that intrude into psychological and emotional development, such as
displayed through expressing disappointment, withdrawing love, isolating the child, or using shaming tactics (Barber, 1996; Peterson, 2005). According to Ispa et al. (2004), parental intrusiveness can result in overwhelming negative stimulation that results in the adolescent emotionally shutting down and avoiding contact with the parent(s) to protect his or herself. Thus, parental intrusiveness is linked to negative impacts on adolescent’s esteem and autonomy which leave the individual vulnerable to maladjustment and lack of expression, which are precursors to depressive symptoms (Barber, 2006; Soenens, Luychx, Vansteenkiste, Duriez, & Goossens, 2008).

Soenens, Park, Vansteenkiste, & Mouratidis (2012) investigated the effects of dependency-oriented psychological control (e.g., shame and instilling anxiety) and depressive symptoms. Dependency-oriented psychological control was defined as the parental use of pressure in order to keep children in close physical and emotional proximity, thus imposing intrusive tactics to remain in psychological control. Results suggest that when parents pressure adolescents to be reliant on them, adolescents are more likely to become insecure about their ability to function independently (Soenens et al., 2012). Such feelings can lead to negative affect and attitudes about the self, others, and their future, which is strongly linked to the onset and course of depression (APA, 2000).

Findings from other studies also suggest that adolescents who are raised by intrusive parents are likely to struggle with asserting their independence and constantly look for external approval, which can lead to low self-esteem (Barber & Harmon, 2002; Plunkett et al., 2007). Signs of low-esteem at early developmental stages in adolescence are concerning because of their link to depressive symptoms. Thus, high levels of
parental intrusiveness are related to maladjustment in adolescents, including depression (Barber, 1996).

Soenens et al. (2008) conducted a longitudinal study assessing associations between parental intrusiveness and adolescent depressive symptoms. Results not only suggested a relationship between parental intrusiveness and depression in adolescents, but parental intrusiveness was related to higher levels of depression over time. Parental intrusiveness tends to be covert and manipulative which affects the psychological wellbeing of offspring due to implications associated with decreased autonomy and self-control (Mandara & Pikes, 2008). Further, when examining the affect of parental intrusiveness and psychological wellbeing, Mandara and Pikes (2008) found that intrusive parenting has stronger effects on girls’ depressive symptoms than boys. Additionally, girls who reported perceiving their mother as playing mental games with them, making them feel guilty, or withdrawing their love reported more depressive symptoms than girls who reported low levels of maternal intrusiveness (Mandara & Pike, 2008).

According to Halgunseth, Ispa, and Rudy (2006), the use of parental intrusiveness in Latino families can have a motivational basis towards values such as familismo, respect, and moral education. Thus, it is important to extend the research to Latino offspring, including Latino emerging adults to see whether parental intrusiveness relates to depression in Latino families.

**Family System Qualities in Relation to Parenting**

The family systems perspective suggests that a family is a system that seeks to maintain current functioning (i.e., homeostasis; Sander & McCarty, 2005). Various
scholars suggest that a balance in family cohesion and flexibility are essential for optimal family functioning (Henry et al., 2006), and an imbalance in family system qualities can result in dysfunction (Sander & McCarty, 2005).

Family systems perspectives also emphasize interactions within family systems and subsystems (Henry, Sager, & Plunkett, 1996). Relationships within the family systems occur at the level of subsystems, which are units of two or more family members (Henry et al., 1996). Further, Henry (1994) explained that parental behaviors occur within the context of the overall family system. Thus, overall family system qualities can facilitate change in subsystems, such as parent-child dyads (Henry et al., 2006).

Sander and McCarty (2005) proposed that the relationship between family functioning and depression is not direct and can be mediated by other factors, such as parental behaviors. Hence, depressive symptoms can be related to an indication that the persisting family system is not properly meeting the needs of the family member expressing psychopathology (Sander & McCarty, 2005). Thus, it is likely that overall family functioning may be directly related to mental health outcomes (e.g. depression), as well as partially mediated through perceived parenting behaviors (support and intrusiveness).

Lastly, studies suggest that the best functioning in families occur within the context of perceived cohesion, flexibility, and support in moderate degrees (Weissman et al., 1999). Given the importance of family and parental interaction during adolescence and emerging adulthood, investigating the relationship between family qualities and parenting is essential to better understand mental health outcomes.
Gender, Family, and Latino Depression

As previously mentioned, depression is an alarming mental illness that is affecting individuals at an earlier start than in previous years (National Institutes of Mental Health [NIMH], 2003). Research indicates that both genders are equally affected by depression during childhood; however, during adolescence, researchers have found an increase in prevalence of depression in girls over boys (Stark et al., 2012). As previously stated, girls, especially Latinas are at a higher risk for depression than boys (Cespedes & Huey, 2008; Rios-Ellis et al., 2005).

One reason for this finding can be attributed to the way girls cope with stress. Specifically, girls are more likely to internalize stressful events resulting in depression (Rios-Ellis et al., 2005). According to Rios-Ellis et al. (2005), internalizing stressful events can manifest into physiological symptoms of depression, such as nervousness, fatigue, body aches, and pains. Thus, any examination of Latino family and depression should consider gender as a possible moderator.

Within the Latino community, individuals tend to express depression in the form of physical symptoms, which could be neglected during times of high stress (Rios-Ellis et al., 2005). Since, gender roles are very defined in Latino families (Cespedes & Huey, 2008), factors attributing to depressive symptoms may manifest differently in male and female Latinos.

Cespedes and Huey (2008) investigated whether cultural factors, as well as family factors were related to depression in Latino adolescents. They found that perceived gender role discrepancy was highly associated with depressive symptoms in girls. Living in the United States can create confusion as to what gender roles to adhere to and this can
create tension or threaten the traditional roles within the Latino family, thus disrupting familial homeostasis and causing emotional distress (Cespedes & Huey, 2008; Rivera et al., 2008). In Latino families, girls also tend to be more tied into family dynamics as well as parent-adolescent relations. Therefore, family dynamics may be more related to depressive symptoms for girls than boys. Parallel to the literature of the positive implications of family qualities and depression, this study aims to investigate these qualities within the Latino population given that family has been found to serve as a protective factor for mental health outcomes (Sarmiento & Cardemil, 2009).
CHAPTER III

METHODOLOGY

Procedures

This study is a correlational design using cross-sectional data. This research study was approved by the university institutional review board. Two methods were used for data collection: (1) psychology department subject pool and (2) in-class distribution of surveys.

In regards to the psychology department subject pool, students who decided to participate in this survey study were given credit for the research requirement portion of their psychology 150 or psychology 250 courses. The participants signed up for this study through the Sona System. The students who chose to participate were instructed to read an online consent form, and then check that they read and agreed with the consent form. Next, they completed the online questionnaire. The consent form and survey were created through a survey generator cite (www.qualtrics.com).

The second method in which data were collected was through the paper-pencil method during their class. Specifically, research assistants went into upper-division classrooms at California State University Northridge, read instructions to the participants from a script, and distributed consent forms (to be signed) and surveys. Once the participants finished answering the questions, research assistants collected the signed consent forms and surveys.

All questionnaires were assigned numerical codes to maintain confidentiality. The data on the questionnaires were coded and entered into an excel spreadsheet by research assistants from the Adolescent and Adult Adjustment Research Lab. Trained lab
members followed a strategic process to code and enter data. To minimize error, pairs of lab members verified all data coded and entered. Lastly, verified data were imported to SPSS statistical software and combined with data collected online.

**Sample**

The analyses were conducted using the self-report survey data from 549 Latino emerging adults. The sample consisted of college students’ ranging in age from 18-25 years ($M = 20$). The university classification of the participants included: 34.1% freshmen, 23.7% sophomores, 24.2% juniors, 13.5% seniors and .2% graduate students. Of this sample, women made up a larger portion of the participants than men (women = 60.8%; men = 39.2%). The majority of the participants was born in the United States (i.e., 91.4%; $n = 502$) and reported being second generation American (i.e., 80.3%; $n = 441$).

Additionally, the majority of participants reported living with their parents (i.e., 74.5%; $n = 409$). Most participants reported that their parents were married (65%); the remaining participants reported the following parental marital statuses: 15.7% divorced, 16.4% never married, and 2.9% remarried. Of the 15 countries from which fathers were born, the countries most reported included: 57.2% Mexico, 15.1% United States, 12.6% El Salvador, 6% Guatemala, and 9.1% other countries. Of the 18 countries from which mothers were born, the countries most reported included: 55.7% Mexico, 17.3% United States, 12.4% El Salvador, 6.6% Guatemala, and 8.1% other countries.

**Measurement**

Demographic variables were measured using standard fact sheet items while other variables in the study were assessed using previously established self-report instruments
as well as measures developed for the overall study.

**Family Cohesion**

To assess family cohesion, a 9-item family cohesion scale was developed for the overall study based on items in other cohesion scales. This scale measured perceived bonding and connectedness within the family. The scale used the Likert-type response choices as follows: 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, and 4 = *strongly agree*. The stem to the items was, “How much do you agree with each statement about your family?” Two sample items from the scale follow: (a) “Help each other” and (b) “Feel very close to each other”. Using the current data a Cronbach’s alpha of .90 was found.

**Family Flexibility**

To assess family flexibility, a 7-item family flexibility scale was developed for the overall study and was used to measure perceived adaptability of family members to meet the needs of individual family members. The response choices follow: 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, and 4 = *strongly agree*. Participants were asked to rate their agreement with the items, such as (1) “Family discussion is encouraged” and (2) “Family members compromise”. Using the current data a Cronbach’s alpha of .85 was found.

**Family Hardiness**

To assess family hardiness, a 6-item family hardiness scale was developed for the overall study and was used to measure perceived resiliency by the family in relation to family stressors. The response choices follow: 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, and 4 = *strongly agree*. The stem to items follows: “In times of stress and
hardship, my family.” Sample items follow: (1) “Directly deals with problems” and (2) “Doesn’t give up”. Using the current data a Cronbach’s alpha of .93 was found.

**Parental Support**

A 4-item subscale was used to assess perceived parental support from mothers and fathers (Bush, Peterson, Cobas, & Supple, 2002). The response choices follow: 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly agree. Sample items include: (a) “Has made me feel that he/she would be there if I needed him/her” and (b) “Seems to approve of me and the things I do”. The participant answers each question about their mothers and fathers separately, and then the items were averaged to create an overall score for perceived support from parents. Using the current data a Cronbach’s alpha of .86 was found.

**Parental Intrusiveness**

A 9-item parental intrusiveness subscale was used to assess perceived punitiveness, guilt induction, and love withdrawal from mothers and fathers (Frank, Plunkett, & Otten, 2010). The response choices follow: 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly agree. Sample items include: (a) “Does not give me any peace until I do what he/she says” and (b) “Tells me that I will be sorry that I wasn’t better behaved”. The participant answers each question about their mothers and fathers separately, and then the items were averaged to create an overall score for perceived support from parents. Using the current data a Cronbach’s alpha of .90 was found.

**Depressive Symptoms**

Depression in emerging adults was assessed using the Patient Health Questionnaire for Adolescents (PHQ-A; Johnson, Harris, Spitzer, & Williams, 2002).
The PHQ-A depression scale consists of 9 items originally designed to assist primary care practitioners in the assessment of depression in adolescent patients. This study used 8 items from the PHQ-A depression scale (eliminating the item about suicide ideation). Analyses show that the elimination of the item about suicide ideation does not affect the strength of the Cronbach’s alpha or the predictive validity of the measure (Johnson et al., 2002). The response choices follow: 0 = not at all, 1 = several days, 2 = more than half the days, and 3 = nearly every day. The stem to the items was: “How often have you been bothered by each of the following symptoms during the past two weeks?” Two sample items in the scale were (a) “Feeling down, depressed, irritable, or hopeless” and (b) “Little interest or pleasure in doing things”. Using the current data a Cronbach’s alpha of .89 was found.
CHAPTER IV

RESULTS

The results of all the analyses are presented in this chapter. The means and standard deviations for all variables are reported in Table 1. The frequencies and zero-order correlations were conducted using SPSS version 20.0 for Mac. The path analyses were conducted using EQS version 6.2 (Bentler, 2012).

Zero-Order Correlations

Zero-order correlations were used to examine the strength and direction of the bivariate relationships between each independent and dependent variable in the study (see Table 1). For both men and women, as predicted, family cohesion and flexibility were significantly and negatively related to Latino emerging adults’ depressive symptoms. However, family hardiness was only significantly related to Latino women’s depressive symptoms, but was not significantly related to depressive symptoms in Latino men.

Table 1
Means, Standard Deviations, and Bivariate Correlations for Latino/a Men (above diagonal) and Women (below diagonal)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Men's M</th>
<th>Men's SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depressive symptoms</td>
<td>1.00</td>
<td>-.30**</td>
<td>-.15*</td>
<td>-.05</td>
<td>-.21**</td>
<td>.31**</td>
<td>-.09</td>
<td>.79</td>
<td>.69</td>
</tr>
<tr>
<td>2. Family cohesion</td>
<td>-.27**</td>
<td>1.00</td>
<td>.58**</td>
<td>.49**</td>
<td>.47**</td>
<td>-.48**</td>
<td>.75**</td>
<td>3.28</td>
<td>.49</td>
</tr>
<tr>
<td>3. Family flexibility</td>
<td>-.25**</td>
<td>.62**</td>
<td>1.00</td>
<td>.54**</td>
<td>.40**</td>
<td>-.48**</td>
<td>.75**</td>
<td>3.04</td>
<td>.47</td>
</tr>
<tr>
<td>4. Family hardiness</td>
<td>-.11*</td>
<td>.67**</td>
<td>.56**</td>
<td>1.00</td>
<td>.39**</td>
<td>-.23**</td>
<td>.66**</td>
<td>3.42</td>
<td>.49</td>
</tr>
<tr>
<td>5. Parental support</td>
<td>-.13**</td>
<td>.57**</td>
<td>.51**</td>
<td>.48**</td>
<td>1.00</td>
<td>-.40**</td>
<td>.47**</td>
<td>3.45</td>
<td>.56</td>
</tr>
<tr>
<td>6. Parental intrusiveness</td>
<td>.37**</td>
<td>-.41**</td>
<td>-.45**</td>
<td>-.31**</td>
<td>-.34**</td>
<td>1.00</td>
<td>-.33**</td>
<td>1.90</td>
<td>.54</td>
</tr>
<tr>
<td>7. Family functioning (factor)</td>
<td>-.12</td>
<td>.87**</td>
<td>.72**</td>
<td>.76**</td>
<td>.60**</td>
<td>-.28**</td>
<td></td>
<td></td>
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<tr>
<td>Women's M</td>
<td>.99</td>
<td>-3.17</td>
<td>-2.96</td>
<td>-3.29</td>
<td>3.34</td>
<td>1.87</td>
<td></td>
<td></td>
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<tr>
<td>Women's SD</td>
<td>.75</td>
<td>.62</td>
<td>.60</td>
<td>.63</td>
<td>.60</td>
<td>.57</td>
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</table>

*p < .05. **p < .01

Perceived parental support was significantly and negatively related to Latino emerging adults’ depressive symptoms for both male and female emerging adults. Lastly, perceived
parental intrusiveness was significantly and positively related to Latino emerging adults’ depressive symptoms in both men and women.

**Structural Equation Models**

A structural equation model was first run for the experimental sample of 549 participants (see Figure 2), followed by separate structural equation models conducted for Latino men (see Figures 3 and 4) and Latino women (see Figures 5 and 6). To begin, the latent variable family functioning was comprised of three indicators: cohesion, flexibility, and hardiness. Then, a path model was conducted to predict whether family functioning was directly related to depression for both Latino men and women. Next, parental support and parental intrusiveness were added as possible mediators for the relationship between family functioning and depression for both Latino men and women.

![Figure 2](image)

Results suggested that family functioning was related to both parental support and parental intrusiveness in Latino men and women. However, parental support was not directly related to depression in either model, but parental intrusiveness was related to depression in both models (see Figures 4 and 6). Family functioning was still directly related to depression for men. Additionally, family functioning was only partially

\[ \chi^2 = 31.47, p < .001; \text{CFI} = .98; \text{RMSEA} = .08 \]
mediated by parental intrusiveness for Latino men. Similarly, parental support was not directly related to depression in Latino women, but parental intrusiveness was related to depression for women as well. Further, family functioning was not directly related to depression for women; thus, family functioning was fully mediated by parental intrusiveness for women.

\[
\chi^2 = 13.60, \ p = .001; \ CFI = .94; \ RMSEA = .17
\]

*Figure 3.* Structural equation model with latent variable family functioning and its relationship to depression for Latino men with no mediation.

\[
\chi^2 = 26.97, \ p = .001; \ CFI = .94; \ RMSEA = .11
\]

*Figure 4.* Structural equation model including mediating parental variables and their relationship to depression for Latino men.
Figure 5. Structural equation model with latent variable family functioning and its relationship to depression for Latino women with no mediation.

Figure 6. Structural equation model including mediating parental variables and their relationship to depression for Latino women.
 CHAPTER V
DISCUSSION

The purpose of this study was to explore the relationship between emerging adults’ perceptions of family functioning (i.e., cohesion, flexibility, hardiness), parental support, and parental intrusiveness in relation to depressive symptoms in Latino emerging adults. As hypothesized, family functioning was directly and negatively related to depression for both men and women. When including the parental variables as potential mediators into the model, the analyses showed that better family functioning predicted higher parental support and lower parental intrusiveness for both Latino men and women. Interestingly, family functioning was completely mediated by parental intrusiveness in the Latino women model. However, in the Latino men model, family functioning was only partially mediated by parental intrusiveness. In both models for Latino men and women, parental support was not a direct predictor of depression when added to the model along with the other variables.

Discussion of the Findings

As previously stated, parental intrusiveness was directly and positively related to depression for both Latino men and women. When young Latino men and women perceived their parents as engaging in intrusive tactics (e.g., guilt, love withdrawal, and shame), they may feel a lack of security in themselves because their confidence is undermined, which can then increase their risk of depressive symptoms (Barber, 2006; Soenens et al., 2008). Interestingly, for both Latino men and women parental support was not directly related to depressive symptoms. Although parental support at the bivariate level was associated with depression, once it was included into the model with overall
family functioning and parental intrusiveness, it dropped out of the analysis. One explanation is that family functioning and support explain much of the same variance in depression. It is also possible that family functioning and parental intrusiveness are more important in explaining depressive symptoms in Latino emerging adults than parental support.

An interesting finding at the bivariate level, as well as the model without the parenting variables, was that family functioning was a significant predictor of depressive symptoms. However, the models that included the parenting variables for Latino men and women showed that family functioning was only indirectly related to depression through parental intrusiveness. This can indicate that families who are characterized as being cohesive, flexible, and hardy are more likely to produce parents that are less likely to engage in parental intrusive behaviors (Henry et al., 1996). Thus, parents in better functioning families may engage in better parenting strategies that steer them away from engaging in negative parenting tactics that can threaten relationships within the overall family system.

In Latino men, findings suggested that family functioning was still directly related to depressive symptoms even after including the parent variables in the analyses. So when Latino men perceived their families as being more cohesive, flexible, and hardy they also reported having fewer symptoms of depression. Further, it is important to emphasize that family functioning was related to parental support. When families were characterized as functioning better (i.e., more cohesive, flexible, and hardy), then parents were perceived as engaging in more nurturing and loving behaviors. Family functioning was also directly and negatively related to parental intrusiveness. Thus, families who
were perceived as more cohesive, flexible, and hardy were more likely to have parents who were characterized as using intrusive tactics as their primary parenting method. Lastly, when family systems establish an environment where there is more emotional bonding, are flexible to individual’s needs, and come together during times of stress, then the overall system benefits and encourages less depressive symptomology in Latino emerging adult offspring.

**Limitations and Research Implications**

This thesis will add to the understanding of the effects of family functioning and parenting behaviors in relation to depression in Latino emerging adults, however, certain limitations to the study should be acknowledged. The data used for the analyses were collected through self-report questionnaires from the emerging adults’ perspectives only. Using participant questionnaires to measure both the independent variables and dependent variable may result in shared method variance, potentially inflating the relationship between variables. Also, participants answered survey items based on their perception of their family and parental qualities. It is possible that parents or other members of the family may rate the family functioning and parent-child interactions differently.

Next, this cross-sectional design only allotted assessment of their perceptions of the variables at one point in time, which can impact the accuracy of the responses if specific circumstantial events were occurring during the time of the questionnaire. For example, if an emerging adult had an especially negative or positive interaction with the parents on the day of data collection, it could have biased the answers. Further, using a cross-sectional, correlational design restricts the type of conclusions that can be made.
Specifically, causality cannot be assumed from the data and corresponding results.

Next, this sample was comprised of college students from the greater Los Angeles area, which can hinder generalizability to Latinos living in other regions of the United States. And lastly, Latinos from different origins (e.g., Mexico, El Salvador) and different generation statuses were collapsed together. Thus, intragroup differences were not examined.

From a theoretical standpoint, there is at least some partial support of the ideas by Henry et al. (2006) that parenting may be a mediator of the overall family system, but more research needs to be done to continue to assess this relationship. Moreover, given that family functioning is directly related to depression, this supports the importance of family quality extending beyond adolescence and into emerging adulthood. It should be noted that family functioning is not the only factor associated to depression; rather, there are other variables (e.g., genetics) that may affect an individual’s susceptibility to depression.

Additionally, family systems theorists believe that forces influence each other in a bidirectional manner (Lehman, 2005). Thus, the relationship between family characteristics and depression could have a circular causality relationship in which family characteristics may affect depression in an individual, but an individual’s depression may also affect family characteristics. This is an interesting relationship to further examine as an extended analysis of this investigation. Specifically, future longitudinal designs can examine the variables at different time points (e.g., family functioning at time 1, parent-child interactions at time 2, and depressive symptoms at time 3) to help better test the hypothesized theoretical model. Also, if each of the variables were measured at time 1,
time 2, and time 3, then reciprocal influences could be examined. Plus, this would help clarify whether family functioning influences parenting behaviors and then depression or vice versa.

Future research would benefit from using multiple perspectives of the family environment and parent-child interactions (e.g., parent reports). Also, examining whether these relationships exist across generation statuses and countries or origin would be insightful. And finally, future research may benefit by using a more representative sample of Latino emerging adults (e.g., non university students, more representation from other countries of origin). Also, given the large sample size of 549 participants, future analyses could conduct multi-group structural equation models.

Implications for Practice

The findings of this study suggest various implications for educators, mental health counselors, and parents. Given that much of the findings were consistent with the literature on family functioning and parental behaviors, family therapists should continue to include strategies that promote overall family functioning. For example, parenting programs are generally more focused on promoting parental support between parents and offspring, but topics concerning the effects of using love withdrawal, shaming, and guilt as parenting methods is rarely mentioned. Thus, parent educators and curriculums should educate parents about the potential harms of intrusive parenting tactics.

When parents are perceived as intrusive, both Latino men and women were more likely to show signs of depression. However, educators can also empower offspring to reframe experiences of intrusive parenting as their parent’s way to show love and care. Although it may be difficult to accept such a perception, this understanding may limit the
detrimental effects of intrusiveness on the individual’s mental health. Additionally, parents can be discouraged from using tactics, such as guilt, love withdrawal, and shame as a means to control their children due to the negative effects this behavior brings to their relationship. Given that some parents may use love withdrawal or shame, the motive may not be malicious, hence training parents on tactics to replace intrusiveness can also encourage parents to seek methods that are less harmful to the individual’s psyche. Parents and offspring can learn to recognize intrusive behaviors and realize that these messages tend to serve as “broken messages” where the intention to guide and parent the offspring is lost or misinterpreted.

Although support was not related in the overall model, it was still related at the bivariate level, which suggests the beneficial impact of parental support. Thus, parents should be encouraged to show their love and affection to their young adult offspring, which can serve as a beneficial factor that defends against depressive symptoms in Latino men and women. Latino emerging adults should be taught how to recognize their parents’ attempts to show warmth and affection.

Findings also suggested that families who are more cohesive, flexible, and hardy are less likely to use intrusiveness as a means to parent their offspring, and as a result, less depressive symptoms are found among Latino emerging adults. Parenting programs can also incorporate the importance of helping emerging adults recognize when their families are engaging in cohesive, flexible, and hardy behaviors in order to promote future similar behavior. Parenting programs and mental health practitioners can also teach families strategies to promote emotional bonding, family flexibility, and family hardiness.
These results support treatment studies that have shown that including parents or family members in an individual’s treatment plan contribute to the effectiveness of treatment outcomes (Stark et al., 2012). This supports that family and parental relationships do have an effect on individual’s mental health. Counselors can include parents and target families as a means to diminish depressive symptoms.

Finally, counselors working with Latino emerging adult clients struggling with depressive symptoms can use interventions that include culturally relevant concepts. Previous studies have found that familismo is associated with decreased mental health issues among Latino families. Thus, counseling strategies that use the values and strengths of the Latino culture can alleviate some of the depression experienced due to the stressors of being Latino American. It is possible that helping clients connect to their family can encourage better family functioning which is related to less depressive symptoms.

**Conclusion**

The purpose of the current study was to examine the relationship between emerging adults’ perceptions of family functioning (i.e., cohesion, family flexibility, family hardiness), parental support, and parental intrusiveness in relationship to depressive symptoms in Latino emerging adults. The results indicated that perceived family functioning was negatively correlated with depressive symptoms. It was also found that for both men and women, family functioning was directly related to parental support and parental intrusiveness. However, the path model found that when the potential mediating variables were included, family functioning was indirectly related to depression. Specifically, the model for Latino men showed that family functioning was
partially mediated by parental intrusiveness, whereas the model for Latino women showed that family functioning was completely mediated through parental intrusiveness. Although, parental support was not directly related to depression for men or women it was related to depression at the bivariate level. The findings suggested that (1) overall, family functioning was related to depression, which can serve as a buffer against depressive symptoms for young Latino men and women, (2) family functioning and parental intrusiveness may serve as more important variables than parental support when assessing depression in Latinos, and (3) parental intrusiveness appeared to be detrimental to emerging adults’ mental health for both Latino men and women. Counselors can use these findings to understand how family quality may affect their clients’ depression. Counselors should encourage the use of more cohesive, flexible, and hardy qualities to promote better family functioning. Similarly, it would be beneficial for parenting programs to include education on the detrimental effects of parental intrusiveness on depression.
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