PERCEIVED PARENTING BEHAVIORS AND EMERGING ADULTS’ DEPRESSION IN ARMENIAN AMERICAN FAMILIES

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by

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DEDICATION

I would like to dedicate this thesis to my mother and father who have always encouraged me to pursue my goals. Thank you for all the love and support you have always provided me. You have always encouraged me to be an independent thinker and allowed me to grow and learn from my own experiences. I love you both so much and I am so grateful for everything you have done for me. I can only hope to be as good a parent as you two have been for me.

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ABSTRACT

PERCEIVED PARENTING BEHAVIORS AND EMERGING ADULTS’ DEPRESSION IN ARMENIAN AMERICAN FAMILIES

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The purpose of this study was to examine perceived family qualities (parental psychological control, parent-child conflict, meeting parents’ expectations about dating behaviors, meeting parents’ general expectations, family cohesion) in relation to depressive symptoms of Armenian American emerging adults. Self-report survey data were collected from 443 participants, ages 18-28 years ($M = 20.0$). Results indicated perceived parental psychological control was significantly and positively related to depressive symptoms of men and women in bivariate correlations and multiple regressions. Family cohesion was significantly and negatively related to depressive symptoms of men and women in bivariate correlations and multiple regressions. The other family qualities were not significantly related in the multiple regression analyses, but mixed results were found in the correlations: (1) parent-child conflict was significantly and positively correlated with men’s depressive symptoms, (2) meeting parents’ expectations about dating were significantly related to women’s depressive symptoms, and (3) meeting parents’ general expectations were significantly and negatively correlated for both men and women.
CHAPTER I

INTRODUCTION

Various studies have been conducted on parenting and the adolescent population (Peterson, 2005). However, few studies examine perceived parenting on the mental health of emerging adults (18-25 years, Arnett, 2007). Even fewer studies examine the Armenian American population and the unique challenges and experiences these individuals face when pressured by parental and cultural expectations. Traditionally the late teens and early twenties were a time when individuals settled into marriage and careers (Arnett, 2007). However, individuals are delaying marriage, experimenting with various job or career changes, and/or pursuing higher education (Arnett, 2007). As societal norms have changed, it has become more commonplace for individuals to cohabitate with a romantic partner and delay settling into adult roles until the late twenties or beyond (Arnett, 2007). But, what does this mean for Armenian American emerging adults? In the Armenian American community it is common for individuals to feel pressured to stay home with their parents until marriage and to seek partners of their own culture and ethnicity. However, being a first or second generation Armenian American, living in a melting pot of a nation such as the United States, it is curious that many live up to their parents ideals of a “suitable” mate while others venture out and are open to dating those of other ethnicities. Similarly, there is an expectation that young people should look up to and follow the leadership of parents in Armenian culture (Bakalian, 1993). Thus, young people are expected not to embarrass or shame the family, and also to avoid conflict with parents in Armenian homes. Also, Armenian parents may resort to intrusive parenting strategies (e.g., guilt, love withdrawal) to gain compliance.
Each of these aspects of the parent-child relationship can potentially relate to the mental health and well-being of Armenian American emerging adults. In addition, Armenian American households are characterized by high family closeness (Bakalian, 1993), thus, family cohesion should also be related to the mental health and well-being of the residents.

**Statement of the Problem**

Armenian Americans are a growing population in the United States, with large populations in Los Angeles County. However, very few studies have examined this group, particularly Armenian American emerging adults. With a significant number of Armenians living in the United States, more research needs to be conducted to capture their development and parental relationships. As it stands, there is very little data that would enable clinicians, researchers, and members of the community to understand and better engage with this population.

**Purpose**

The purpose of this study was to examine how perceived parent child relationships related to depressive symptoms in Armenian American emerging adults. The specific parent-child relationships that were examined included: parental psychological control, meeting parents’ expectations about dating behaviors, meeting parents’ expectations about not shaming their family, family cohesion, parent-child conflict. Understanding how perceived parent-child relations impact mental health can guide practitioners and family life educators working with Armenian American emerging adults and also provide useful results for future studies on Armenian American emerging adults and their families.
Definitions

1. Emerging adults refer to individuals who range in age from 18-25 years old (Arnett, 2007).

2. Armenian Americans refer to the population of people who reside in the United States and who trace their ancestry to the country of Armenia (Bakalian, 1993).

3. Depression or depressive symptoms is characterized by depressed mood and/or a loss of interest or pleasure, which must persist for a period of at least two weeks and last most of the day nearly everyday (American Psychiatric Association, 2013). Additional symptoms can include, loss of appetite, insomnia/hypersomnia, weight loss, fatigue, and suicidal ideations or suicide attempts.

4. Parental psychological control refers to an intrusive style of parenting in which parents use tactics such as shaming, guilt, and anxiety induction to gain compliance from their children (Barber & Harmon, 2002; Barber, 1996; Soenens, Park, Vansteenkiste, & Mouratidis, 2012).

5. Parent-child conflict is characterized by disagreement and discord between parents and their child (Laursen, Coy, & Collins, 1998).

6. Parental expectations refer to the cultural beliefs that parents impose on their children and want them to live up to (Wang & Heppner, 2002). Parents can have expectations for their children on a variety of behaviors and life choices such as academics, career, personal responsibility, dating, marriage, and finances.

7. Family cohesion refers to the emotional bond that families share along with the affection, support, helpfulness, and caring between family members (Barber & Buehler, 1996; Rivera, Guarnaccia, Mulvaney-Day, Lin, Torres, & Alegria, 2009).
Hypotheses

Null Hypotheses

The data analyses for this thesis was guided by the following null hypotheses:

1. Perceived psychological control by parents will not be significantly related to Armenian American emerging adults’ depressive symptoms.
2. Perceived parent-child conflict will not be significantly related to Armenian American emerging adults’ depressive symptoms.
3. Meeting parents’ expectations about dating will not be significantly related to Armenian American emerging adults’ depressive symptoms.
4. Meeting parents’ expectations about not shaming the family will not be significantly related to Armenian American emerging adults’ depressive symptoms.
5. Perceived family cohesion not significantly related to Armenian American emerging adults’ depressive symptoms.

Research Hypotheses

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

1. Perceived psychological control by parents will be significantly and positively related to Armenian American emerging adults’ depressive symptoms.
2. Perceived parent-child conflict will be significantly and positively related to Armenian American emerging adults’ depressive symptoms.
3. Meeting parents’ expectations about dating will be significantly and negatively related to Armenian American emerging adults’ depressive symptoms. That is, when Armenian American emerging adults meet their parents’ expectations about dating,
they are less likely to report depressive symptoms.

4. Meeting parents’ expectations about not shaming the family will be significantly and negatively related to Armenian American emerging adults’ depressive symptoms. In other words, when Armenian American emerging adults meet their parents’ expectations, they are less likely to report depressive symptoms.

5. Family cohesion will be significantly and negatively related to Armenian American emerging adults’ depressive symptoms.

6. The family qualities will account for a significant amount of variance in Armenian American emerging adults’ depressive symptoms.

Assumptions

This research study was created based upon certain assumptions. First, it was assumed that Armenian-American emerging adults’ who were in the study, voluntarily participated without any pressure or coercion from researchers, parents, or peers. Next, it was assumed that participants were able to read English and understand the items on the questionnaire since they lived in the United States and attended a university in the United States.

Since the questionnaire was voluntary and anonymous it was assumed that Armenian-American participants would answer the questionnaires completely and honestly. It was also assumed that the measures used in the study were appropriate for emerging adults from different ethnic groups. It was also assumed that collapsing Armenian Americans from different geographic origins (e.g., Armenia, Russia, Iran, Syria, Lebanon) was appropriate since the vast majority of Armenians share a language (i.e., Armenian), culture, and religion (i.e., Christianity).
Another assumption was that no errors were made in entering and coding of the data. This was assumed because research assistants were trained in coding and entering the data and all steps were double-checked for accuracy by multiple research assistants. And finally, it was assumed that the data analyses were accurate because all analyses were conducted with a Ph.D. statistician and double-checked for accuracy.
Depression

Depression is a disorder that affects numerous individuals of varying backgrounds and ages, and has a debilitating effect on the individual’s life and overall well-being (American Psychiatric Association [APA], 2013). According to the American Psychiatric Association, major depressive disorder is characterized by depressed mood or loss of interest, which must be present for most of the day nearly everyday for a period of at least two weeks. Additionally, feelings of sadness, emptiness, or hopelessness should be present either through subjective self-report or observations made by others (APA, 2013). In order for an individual to receive a diagnosis, five or more additional symptoms must also be present nearly all day, every day, such as noticeably diminished interest or pleasure in all, or almost all, activities (as indicated by either subjective account or observation) (APA, 2013). There could also be a significant change in weight (weight loss or gain) when not dieting and/or a decrease or increase in appetite. The individual may also exhibit insomnia or hypersomnia; as well as psychomotor agitation or retardation, which must also be observable by others (APA, 2013). They may also experience fatigue or loss of energy; as well as feelings of worthlessness or excessive or inappropriate guilt. Some individuals also experience a diminished capability to concentrate, or indecisiveness. Lastly, recurrent thoughts of death and suicidal ideations could also be present, either with or without a plan or suicide attempt (APA, 2013).

Although there are limited theories of psychopathology specifically related to the emerging adult population (Berry, 2004), the Diagnostic and Statistical Manual of
Mental Disorders (5th ed.; DSM-5; APA, 2013) reports that the overall prevalence of depression among the U.S. population is about 7%. This amount increases threefold among individuals between 18-29 years old, a time in which incidence levels also seem to peak making depression highly prevalent among the emerging adulthood population (APA, 2013). Depression during emerging adulthood can be particularly debilitating, as this is a time of further development and newfound independence (Arnett, 2007). A study conducted by Linszanyai, Vida, Németh, and Benczúr (2014) examined prevalence rates for depression among students (n = 773) at a university in Hungary. Results indicated that 13.6% of the sample ranged from mild to major depression. In a national study by the Centers for Disease Control and Prevention (2010), approximately 10.9% of the population of 18-24 year olds from 2006 and 2008 had some form of depression at the time of the study. Although these studies show slightly different rates of depressive symptoms (given the different populations of emerging adults and how depression was measured), they all indicate that a sizable percentage of emerging adults are susceptible to depression.

If left untreated, chronic symptoms of depression can lead to further complications such as anxiety, substance abuse, increased chances of developing an underlying personality disorder, and even suicide (APA, 2013). According to the National Institutes of Mental Health ([NIMH], 2015), suicide is the second leading cause of death among individuals between 15-34 years of age, which encompasses the period of emerging adulthood. These results are in line with Arnett’s theory of emerging adulthood, which indicates that emerging adulthood is a time for further development, which will undoubtedly set the stage for later adulthood (Arnett, 2007).
Although depression has been examined in various populations, there are still some populations where limited or no studies on depression exist. One such population is Armenian Americans. There are no studies that specifically examine factors that contribute to the development of depressive symptoms in Armenian Americans. The next section of the thesis focuses on Armenians and Armenian Americans.

**Armenian Americans**

**Armenians and the Diaspora**

According to Bakalian (1993), Armenian-Americans are individuals residing in the United States who are descendants of an ancient population who emerged in the region of northeastern Asia Minor over twenty-five hundred years ago. They refer to their country as Hayastan and to themselves as Hay, named after the great grandson of Noah (Payaslian, 2007; Bayramyan, 2001). Armenia and its people have had a long and tumultuous past and have collectively experienced many incidences of oppression (Bakalian, 1993). They were repeatedly overrun by other powerful groups and have remained firm in maintaining their unique identity while living alongside people of other cultural groups (Dagirmanjian, 2005). Nevertheless, Armenians have survived and have continued to thrive against all odds (Bakalian, 1993). However, they are often perceived to be a culture in jeopardy, mainly due to their relatively small population (approximately 6 million worldwide) and their dispersion in a diaspora (Bakalian, 1993).

The history of Armenia and its people is thought to date as far back as 490-431 B.C. (Payaslian, 2007). However, one of the country’s most prideful early events occurred in 301 A.D. when Armenia became the first country to make Christianity their official religion (Dagirmanjian, 2005). In the fifth century, Monk Menob Mashtots
invented the Armenian alphabet and translated the Bible, further substantiating their Christian identity and emphasizing their uniqueness from nearby cultures and people (Dagirmanjian, 2005; Bakalian, 1993). By the 15th century, Armenians were under Ottoman Empire rule (Dagirmanjian, 2005; Bakalian, 1993). Although Armenians were allowed religious and cultural autonomy, growing political inequality between Armenians and the Turkish further distanced the two groups (Dagirmanjian, 2005; Bakalian, 1993). The inequalities eventually amounted to prejudice and oppression of the Armenian people, and ultimately led to one of the most significant events in Armenian history (Dagirmanjian, 2005; Bakalian, 1993). The Armenian genocide occurred on April 24th 1915 when the Turkish government perpetrated the murder of 1.5 million Armenians, which equated to approximately one quarter of the worldwide Armenian population at the time (Bakalian, 1993; Dagirmanjian, 2005). One hundred years later it has yet to be acknowledged and recognized as genocide by the Turkish government.

The Armenian diaspora is often traced back to the 4th century A.D. when the nation became divided between the Byzantium and Persian empires (Abrahamian, 2006). In the more recent years, Armenians migrated to the United States and found areas to settle and build communities. Although the Armenian population is relatively small as a whole, there are several major U.S. cities with relatively large populations of Armenian Americans; these include Los Angeles, Fresno, San Francisco, Chicago, Detroit, Boston, and New York (Waldstreicher, 1989). As of 2012 there were an estimated 214,618 Armenians living in Los Angeles County, with the highest concentration living in the city of Glendale, and these numbers have been on the rise (U.S. Census Bureau, 2012).
**Armenian Americans**

Bakalian (1993) describes Armenian-Americans as men and women who reside in the United States and trace their ancestry back to the land and culture of Armenia. However, Bakalian acknowledges that this is a subjective definition based on a multitude of identifying factors. According to Bakalian (1993), the definition of an Armenian American “inevitably produces wide within-group variability by generational presence in America, recency of immigration, legal status, country of birth, religious affiliation, mixed parentage, socioeconomic status, knowledge of Armenian language and culture, political/ideological beliefs, and degree of involvement in ethnic communal activities” (p. 5). Based on the wide within-group variability, it has been argued that no two Armenian Americans are the same; however, a common element is that they are bound by solidarity in preserving their unique culture and identity (Bakalian, 1993). Like many cultural groups the Armenian population immigrated and continue to immigrate to the United States, and their moves have been documented by three significant waves that were precipitated by periods of oppression or despair (Bakalian, 1993).

Before the first immigrant influx, there were few Armenians that had arrived in the United States. “Malcolm the Armenian” was the earliest recorded immigrant to arrive in the United States (Bakalian, 1993). He arrived in Jamestown in 1618 or 1619. By 1870, there were only an estimated 1,500 Armenians in the United States (Bakalian, 1993). However, twenty years later, the Ottoman Empire launched the first wave of massacres, forcing over 12,000 Armenians to flee and find refuge in the United States (Bakalian, 1993; Dagirmanjian, 2005). The first group of Armenians came widely from an agrarian culture and found it difficult to acclimate to their new urban environment, yet
according to Dagirmanjian (2005), they strove to become hard working and well-respected members of the community.

The second wave of Armenian immigrants arrived in the United States following World War II, with another subset arriving in 1965 (Dagirmanjian, 2005). Dissimilar to the first cohort of Armenians, these individuals came from a variety of diaspora communities (Dagirmanjian, 2005). They came from industrialized countries such as Syria, Greece, and France, where Armenian communities had formed after the Genocide in 1915. Having already lived in countries other than their homeland, these immigrants adapted more easily and were better prepared for life in America (Bakalian, 1993; Dagirmanjian, 2005). They were better educated, had more financial resources, and many had some proficiency in the English language (Bakalian, 1993). Despite being better equipped than earlier Armenian immigrants, they still faced the obvious hardships that arise when immigrating to a new country, and thus, they were quick to form connections with other Armenians, establishing churches and schools to maintain their ethnic identities (Dagirmanjian, 2005).

The third significant influx of Armenians occurred in the 1980s when the quota law was liberalized (Dagirmanjian, 2005). This time, Armenians were fleeing from political unrest in the Middle East, as well as trying to resettle after the massive earthquake that hit Soviet Armenia in 1988 (Bakalian, 1993; Dagirmanjian, 2005). The 6.9-magnitude earthquake left 45,000 people dead and 500,000 more homeless. Following the earthquake, conflict arose between Soviet Armenia and Soviet Azerbaijan over the Nagorno-Karabakh region (Dagirmanjian, 2005). In January 1990, this conflict ultimately resulted in yet another massacre of Armenians, this time by the Muslim
majority in Baku (Dagirmanjian, 2005). This further substantiated a need for immigration and relocation. Because of their self-sufficiency, intelligence, and industriousness; Armenians in their adopted country were able to quickly escape some of the common ethnic slurs (Bakalian, 1993; Dagirmanjian, 2005).

**The Armenian and Armenian American Family**

In both traditional and modern Armenian and Armenian American culture, family is highly valued and is often patriarchal and authoritarian, often adhering to strict gender roles and valuing collectivism (Abrahamian 2006; Dagirmanjian, 2005). Traditionally, the family structure consisted of many generations living in one household such as grandparents, parents, children, and spouses of adult children (Dagirmanjian, 2005). Also, marriages were arranged, and the new bride was expected to live with her husband’s family (Dagirmanjian, 2005). The new bride was also expected to be subservient to her mother-in-law and was often responsible for the domestic workload of the home, along with the other females in the house (Dagirmanjian, 2005). Thus, younger generations were expected to acquiesce to older generations.

Although Armenian homes were mainly patriarchal in structure, the eldest female in the home was also seen as an authority figure in charge of domestic matters (Dagirmanjian, 2005). However, the eldest male in the home oversaw all family income and work routines. Although he consulted other males in the home, he commanded obedience of all members of the family (Kirkland, 1984). Thus, a sense of family honor and valuing the needs of the family as a whole over individual needs was highly valued (Dagirmanjian, 2005).

Contemporary Armenian families have somewhat changed. Their key morals and
ideals have remained intact (Abrahamian 2006, Kirkland, 1984). They are still widely patriarchal and have clearly defined gender roles, but the family structure has changed. For example, sons and daughters are expected to stay in their parents’ home until marriage; after which they tend to live in nuclear families (Abrahamian 2006, Kirkland, 1984). This differs from the traditional family in which sons were expected to bring their wives into the family home (Abrahamian 2006). Although marriages are no longer arranged, both sons and daughters are expected to marry opposite sex individuals of Armenian descent (Kirkland, 1984). However, daughters are still closely taken care of because they can bring the most shame to their family by moving out (Kirkland, 1984).

Armenian and Armenian American families have strict sexual mores, and it is often believed that if a woman moves out of the home she has more chances to be promiscuous and will inevitably shame her family and lose her chances of finding a suitable Armenian husband (Bakalian, 1993; Kirkland, 1984).

The hierarchical structures of social events also serve to demonstrate the culture’s patriarchal values. For example, in the traditional table seating at an Armenian event, women are rarely seen at the table as they are serving guests and working in the kitchen (Abrahamian, 2006). Meanwhile, a male “toastmaster” is appointed to toast elders, children, family, and guests (in that order), alluding to the importance of hierarchy and family (Abrahamian, 2006).

Nevertheless, there is more to Armenian and Armenian American families than just adherence to gender roles and hierarchy. Armenian families are often very close knit and refrain from engaging in activities that may bring shame to their family (Dagirmanjian, 2005). This has been evident through clinician reports in cases where
strong value systems and family ties make it difficult for young adult children to separate from their parents (Dagirmanjian, 2005).

**Parenting**

Parents greatly impact the development of their children and shape their children’s behaviors (Peterson, 2005). The parental influence perspective examines how varying parenting styles, behaviors, and characteristics impact how children develop in terms of social-psychological factors (Peterson, 2005). According to this perspective, parents serve as the catalyst to mold their children into functional people who serve society. Thus, parents are the agents of socialization who educate their children on societal norms and cultural values and from whom children are nurtured and supported (Peterson, 2005). Although few studies have outlined parental effects on emerging adults, the significance of this relationship does not stop at adolescence. Many young adults and college students still live at home with their parents and may rely on them for financial and emotional support, thus they are still under the influence of their parents’ parenting (Abaied & Emond, 2013).

The vast majority of research on parental influence has focused on children and adolescents. However, in some cultures, such as in the Armenian culture, grown children are expected to stay home until they are married, and in some cases even after marriage (Kirkland, 1984). Thus parents can still have a strong impact on the developmental outcomes of their emerging adult children, who are often dependent on their parents for emotional and financial support, and obligated to obey their parents’ demands. Therefore, more research needs to address the parental effects perspective on emerging adults.
Parental Psychological Control

Parental psychological control refers to an intrusive style of parenting in which parents use tactics such as shaming, guilt, and anxiety induction with their children (Barber, 1996; Barber & Harmon, 2002; Bush & Peterson, 2013; Soenens, Park, Vansteenkiste, & Mouratidis, 2012). According to Barber (1996), this perceived intrusiveness constrains individuals’ autonomy, which can threaten relationships between individuals and their parents. These characteristics are similar to the authoritarian style of parenting (Barber & Harmon, 2002; Bush & Peterson, 2013). Whether conscious or unconscious, this type of parenting is often aimed at controlling the child’s autonomy and personal identity (Baumrind, Larzelere, & Owens, 2010). For example, parents who engage in psychological control with their children often do not give their children any choices and demand them to comply with their requests (Bush & Peterson, 2013). However, when parents use these intrusive tactics to gain compliance, their children often interpret these behaviors as threats to their parent-child relationship (Peterson, 2005). These threats can produce insecure relationships with parents, a lack of differentiation from the parents, and a sense of hopelessness and diminished sense of self, all of which can increase risk of depression (Barber, Stolz, & Olsen, 2005).

In a longitudinal study conducted by Baumrind et al. (2010), preschool power-assertive practices and patterns of parental authority were examined among 87 families. Researchers revisited the preschoolers once they reached adolescence and assessed their emotional health and competence. It was postulated that children who were exposed to an authoritarian style of parenting as preschoolers would be less emotionally healthy and lack competent as adolescents. Results suggested that adolescents who were not parented
in an authoritarian style but rather in a directive authoritative parenting style, had significantly better outcomes than children who received harsh verbal and physical punishment. Therefore, indicating that the potential effects associated with parental psychological control can have harmful effects on a child’s development.

Luyckx, Soenens, Vansteenkiste, Goossens, and Berzonsky (2007) conducted a longitudinal study with emerging adults from a university in Belgium. The university students were surveyed every six months in five different waves. They were asked to complete questionnaires measuring parental psychological control and dimensions of identity formation (commitment making and exploration in breadth). The results indicated that emerging adults’ experiences of psychological control were related to their ability to make committed choices without their parents’ input (Luyckx et al., 2007). This finding could be of particular interest when working with the Armenian American emerging adult population since strong family ties often make it difficult for them to separate from their parents (Dagirmanjian, 2005). A lack of differentiation from parents can promote mental health issues (Bowen, 1978).

Abaied and Emond (2013) investigated the link between parental psychological control and responses to interpersonal stress of 161 university students. Results for this study indicated that perceived parental psychological control was correlated with maladaptive patterns of stress in emerging adults. Stress is often a precursor to depression (Alloy et al., 2000).

Cui et al. (2014) researched the relationship between parental psychological control, depressive symptoms, and aggressive behavior among 206 adolescents from disadvantaged backgrounds. Results of this study indicated an indirect relationship
between parental psychological control and depressive symptoms. Specifically, adolescents who experience more parental psychological control develop poor emotion regulation, which ultimately results in depressive symptoms.

Bush and Peterson (2013) proposed that psychological control by parents might be seen as a positive parenting strategy in some cultures. For example, in collectivist cultures, parental psychological control can be regarded as a characteristic of a caring parent (Bush & Peterson, 2013). Specifically, the parents may use psychological control (e.g., shame, guilt) as a way to ensure their offspring are good citizens and stay out of trouble. Nevertheless, parental psychological control can still have damaging effects on children’s developmental outcomes (Bush & Peterson, 2013). For example, Soenens et al. (2012) examined the relevance of psychological control across culture. This study examined high school students from Belgium ($n = 290$) and South Korea ($n = 321$). The study focused on dependency-oriented psychological control (i.e., pressuring children to remain within close emotional and physical proximity to parents) and achievement-oriented psychological control (i.e., pressuring children to be high achieving). The results indicated that both types of psychological control related to depressive symptoms in both cultures.

Additionally, Barber et al. (2005) conducted a study examining perceived parental psychological control in relation to depression in adolescents in different cultures. First, a U.S. sample ($n = 750$) was examined and then a comparative study was conducted in which samples from 10 other countries and/or ethnic groups were assessed: (South Africa: 600 Black, 600 Colored, 600 White; Bangladesh ($n = 1000$), China ($n = 1025$), India ($n = 975$); Bosnia ($n = 600$), Germany ($n = 970$), Palestine ($n = 980$), and Colombia
Across the board, results for this study show that perceived parental psychological control was significantly and positively related to depression in all cultures studied. Furthermore, Barber et al. (2005) conceptualized parental psychological control as intrusiveness that resulted from lack of boundaries between family members, and as a concept separate from autonomy granting. The resulting depression inflicted on the child was thought to come from the parents inhibiting the need for boundaries between themselves and their offspring.

Based on the studies cited above, there are many ways that perceived psychological control could increase the risk of depressive symptoms, such as promoting stress, poor emotional regulation, and lack of differentiation from parents. Thus, it was hypothesized that perceived psychological control by parents would be significantly and positively related to Armenian American emerging adults’ depressive symptoms.

**Parent-Child Conflict**

Parent-child conflict refers to disagreement or discord between the parent and the child (Laursen, Coy, & Collins, 1998). Parent-child conflict can impact the child’s developmental outcomes (Laursen et al., 1998). However, few studies have examined the effects of parent-child conflict on the child’s risk of depression.

Parent-child conflict is often thought to increase from childhood to adolescence (Laursen et al., 1998). Some scholars have indicated that adolescents and their parents have the most conflict during early adolescence, which continues steadily into later adolescence when conflict levels begin to decline (Peterson, 2005; Laursen, Coy, & Collins, 1998). This decline could presumably be accounted for by the assumption that by later adolescence some individuals have begun to move out of their parents’ households.
Most studies have focused on parent-child conflict during adolescence, but given the transition to adulthood (e.g., increased autonomy, separation from parents, identity development; Arnett, 2007), it is likely that parent-child conflict could continue to impact the development of emerging adults.

A study conducted by Supple and Cavanaugh (2013) used self-report scales to examine parent-child conflict, academic support, monitoring, and depressive symptoms among Hmong American adolescents ($n = 93$) and their parents. Both boys and girls reported similar levels of conflict among relationships with their parents. However, analyses indicated that cultural-based conflicts were positively related with self-deprecation and depressive symptoms, suggesting that these types of conflicts could potentially be harmful to the adolescents’ well-being in terms of depressive symptoms. Furthermore, although girls reported greater depressive symptoms, boys were found to experience more depressive symptoms in relation to culture-based conflicts (Supple & Cavanaugh, 2013). Overall, this study indicated that conflict among parents and their children can cause psychological distress for the children.

Similarly, Yeh, Tsao, and Chen (2009), examined adolescent reports of parent-child conflict. Taiwanese high school students ($n = 603$) with an age range of 15 to 19 were asked to complete a self-report questionnaire with separate sections for mothers and fathers. Yeh et al. (2009) assessed factors of parent-child conflict (frequency and emotional intensity of conflict), reciprocal filial belief, perceived threat, internalizing problems, and externalizing problems. They posited that the parent-child conflict the adolescents reported would result in an increase in perceived threat, which would lead to internalizing maladjustments. Results of the study confirmed the researchers’ hypotheses,
thus supporting the belief that high levels of conflict among parents and children can have damaging effects on the adolescents’ overall well being (Yeh et al., 2009).

Although few studies have examined the effects of parent-child conflict among emerging adults and their parents, Renk, Roddenberry, Oliveros, Roberts, Meehan, and Liljequist (2006) looked to examine the sources and perceptions of conflict between emerging adults and their parents. College students between the ages of 18-22 ($n = 273$) were asked to complete various scales about parenting and to write down their top three areas of conflict with their parents. Results of this study aided in identifying topics of conflict most frequently reported by young men and women. For young women and their mothers, the most common topics were regarding peer issues, independence, material possessions, and values. Between young women and their fathers, the top conflict topics were mainly concerned with independence, peer issues, school issues, and values. For young men and their mothers, the topics of conflict were independence, school issues, household rules/responsibilities, and values. And, between young men and their fathers, the top conflict areas consisted of school issues, independence, values, and material possessions. Overall, the parent-child conflict topics with emerging adults were consistent with topics of conflict that adolescents reported in previous studies. Thus, Renk et al. (2006) concluded that conflicts from an earlier period of development could be relevant in the developmental stage of emerging adulthood.

Frank (2010) used a sample of 121 Iranian American emerging adults (about 30% Iranian Armenian) to examine perceptions of parent-child relationships and mental health. Frank found that increased parent-child conflict was related to increased risk of depressed mood and self-deprecation. Perceived parent-child conflict was also related to
lower positive esteem. Frank argued that when parents and their offspring have frequent conflict, the emerging adults might have lower self-esteem and more depressed mood because they internalize the conflictual responses.

Based on the studies cited above, it was hypothesized that experiencing increased parent-child conflict would also increase depressive symptoms in Armenian American emerging adults.

**Meeting Parents’ Expectations**

The way individuals’ parent their children can vary widely across cultures. Similarly the expectations that parents impose on their children can also vary, and in some cases cause emotional distress and discord (Wang & Heppner, 2002). Parental expectations refer to the cultural beliefs that parents impose on their children and want them to live up to (Wang & Heppner, 2002). Surprisingly, very few studies have outlined how these parental expectations can impact an emerging adults’ well being.

Wang and Heppner (2002) assessed factors of parental expectations and living up to those expectations as related to their effect on the psychological well being of Taiwanese college students ($n = 392$) with a mean age of 20.7 from three different universities in mid-Taiwan. Since most studies only examined effects of parental expectations on children and adolescents, no scales were available to examine these factors in young adults. Thus, in this two-part study, researchers initially sought to identify domains of parental expectations and to and develop the Living up to Parental Expectation Inventory (LPEI; Wang & Heppner, 2002). In the first part of the study, focus groups were conducted with men, women, and men and women to identify domains of interest. The researchers identified five domains of parental expectations, and
developed self-report scales which included items related to the following domains: dating/marriage, character training, academic achievement, responsibility for parents, and responsibility for family (Wang & Heppner, 2002). The second part of the study assessed how living up to parental expectations contributed to depressive symptoms in Taiwanese college students ($n = 99$; 56 men, 43 women) from two universities. They found that the more individuals reported not meeting their parents’ expectations, particularly that of personal maturity (in this study personal maturity is defined as general expectations), the likelihood of experiencing depression also increased (Wang & Heppner, 2002). Thus, indicating that when emerging adults do not meet expectations by their parents then the child’s well being suffers.

A study conducted by Frank (2010) examined perceptions of parent-child relationship and mental health in a sample of 121 Iranian American emerging adults (about 30% Iranian Armenian). Frank found that meeting parental expectations about education were positively related to positive esteem, and negatively related to depressed mood and self-deprecation. She argued that failing to meet their parents’ expectations might increase psychological distress in the emerging adult, ultimately diminishing self-esteem and increasing risk of depressed mood as the emerging adults internalize these negative feelings.

Although the previous two studies looked at Taiwanese and Iranian American students, Armenian American emerging adults are often imposed with meeting the expectations of their parents across some of the same domains that Wang and Heppner developed; particularly the domains related to dating/marriage and personal responsibility (referred to as not embarrassing or shaming the family in this thesis). Armenian
American emerging adults are expected to stay home until marriage and are also expected to marry an opposite sex individual of the same background (Bakalian, 1993; Dagirmanjian, 2005). In many cases, when children do not meet their parents’ expectations, they can be disowned by their parents and other family members (Bakalian, 1993; Dagirmanjian, 2005). Also, because Armenian Americans in Los Angeles are a small but tight community, emerging adults’ who do not meet their family’s expectations and embarrass or shame the family, will likely have diminished well-being. This is especially true since Armenian Americans are expected to adhere to their parents’ wishes (Bakalian, 1993). Thus, it was hypothesized that not meeting parents’ expectations about dating and/or not meeting parents’ expectations about embarrassing or shaming the family would increase depressive symptoms in Armenian American emerging adults.

**Family Cohesion**

The affection, support, helpfulness, and caring among the family unit is often referred to as family cohesion (Barber & Buehler, 1996; Rivera et al., 2009). Families vary widely in how close they are to one another and the emotional bond they share (Barber & Buehler, 1996; Rivera et al., 2009). Family cohesion has been conceptualized as both a curvilinear construct and a linear construct. The difference between viewing cohesion as a linear construct versus curvilinear construct revolves around whether high levels of family cohesion are in general viewed as more positive or that high levels may be viewed as enmeshment or lack of differentiation from family (Olson & Gorall, 2006). As a curvilinear construct, family cohesion is conceptualized as ranging from disengaged to enmeshed/fused, such as in the Circumplex Model (see Olson, 2000 or Olson, Sprenkle, & Russel, 1979). In this conceptualization, too much family cohesion (i.e.,
enmeshment) might hinder the differentiation of family members from each other. More specifically, high levels of enmeshment may not allow or discourage individual autonomy and/or put family needs over individual needs (Kerr & Bowen, 1988; Minuchin, 1974). This lack of differentiation can be associated with increased risk of mental health problems (Olson et al., 1979). However, in this thesis family cohesion is viewed as a linear construct, with high levels of family cohesion being interpreted as greater emotional bonding without giving up individual autonomy (Olson et al., 1992).

When measured linearly, studies have shown that family cohesion is a protective factor against depressive symptoms (Rivera et al., 2009). One study examined family cohesion and the effects of cultural conflict on psychological distress among a diverse group of Latinos in the United States (n = 2540) (Rivera et al., 2009). Results of this study showed that family cohesion was negatively correlated to psychological distress.

Fosco, Caruthers, and Dishion (2012) examined family cohesion and emotional health in a diverse population of adolescents (n = 792). Participants started in the study at 17 years of age and were assessed over a six-year period. At the start of the study, researchers assessed the emotional climate of the family using self-report scales filled out by the adolescent and their parents, as well as through direct observation. During the emerging adult stages, self-report scales were used to measure emotional distress/depression, anxiety, and aggressive behaviors. Results for this study indicated that emerging adults from families with higher levels of family cohesion reported better overall well-being and were at a decreased risk for depressive symptoms and aggression.

In another study, Wong, Uhm, and Li (2012) studied the moderating and mediating effects between family cohesion and suicide ideation. This is an important
factor to examine considering that suicidal ideations are a symptom of depression (APA, 2013), this in turn can lead to suicide, which is the second leading cause of death among individuals aged 15-34 (NIMH, 2015). In their study Wong et al. (2012) examined Latino and Asian Americans ($n = 2072$) using archival data from the National Latino and Asian American Study. Analyses indicated that family cohesion was inversely related to suicidal ideation and depression.

Similarly, Harris and Molock (2000) investigated the relationship between family cohesion and suicidal ideation and depression among African American college students ($n = 188$). Data were collected using self-report surveys. Overall, findings were consistent with other studies suggesting that low family cohesion is related to increased risk of depressive symptoms and higher occurrences of suicidal ideation.

Based on the review of articles cited above, family cohesion likely serves as a protective factor in depression across cultures and ethnicities. Therefore, it was hypothesized that family cohesion would be significantly and negatively related to Armenian American emerging adults’ depressive symptoms.
CHAPTER III
METHODOLOGY

Procedures

The data used in this study came from a larger study on parenting related to mental health and also from a study targeting Iranian Americans. Only Armenian-American emerging adults (18-28 years) were included in the analyses for this study. All participants were from the greater Los Angeles area. Participants consented and completed the survey between the time periods of 2011 to 2015.

The survey was administered online through PsychSurveys.com or Qualtrics.com (depending on the year). Some participants came from a psychology subject pool at a large multiethnic state university. Students in the subject pool had a variety of studies to choose from or they could do an alternative assignment to receive credit in their lower-division, general education, psychology course. Participants in this study signed up through SONA, and then completed the survey online (Qualtrics.com). The students received credit for participation.

Other participants completed a paper survey during class in an upper-division, general education, family, and consumer sciences course. These students did not receive credit for participation.

Other participants came from a study targeting Iranian American emerging adults. For this study, the researchers went to Iranian American campus groups to solicit participation and posted links on Facebook with inclusionary criteria (18-29 years of age, Iranian descent). They completed the survey on PsychSurveys.org. Participants were asked to forward the link to other Iranian American university students.
The studies had institutional review board approval. Also, all participants were informed of their rights (e.g., confidentiality, the right to withdraw at any time with no penalty, the right to not answer any questions that made them uncomfortable). Once data were collected, trained research assistants coded and entered the data. Each step (coding, entering) was verified to minimize errors. The online surveys were also downloaded, and research assistants verified the coding to match the paper surveys. All data were then collapsed together into one SPSS data file, and frequencies were conducted on every variable to check for additional errors. Any errors were then double-checked against the online or paper version of the survey.

**Sample Characteristics**

Participants for this study consisted of 443 emerging adults, comprised of 30.2% men and 69.8% women. The ages ranged from 18 to 28 years old ($M = 20.0$). The majority (79.7%) of emerging adults completed the survey via the psychology subject pool, while 15.6% of the participants completed the survey during class in upper-division university courses. Also, 3.2% of the participants’ completed the survey through online snowball sampling that came from an Iranian American sample, and the remaining 1.6% came from university campus groups.

There were 31.8% first generation Armenian Americans (i.e., born outside of the USA), 62.3% second generation (i.e., participant was born in the USA, but at least one parent was foreign born), and 5.9% third generation (i.e., participant and parents were all born in the USA). The remaining participants were born in 11 other countries. The mothers were born in Armenia (53.5%), Iran (24.2%), Lebanon (7.2%), USA (4.3%), and Syria (2.7%). The rest of the mothers came from 14 other countries. The fathers were
born in Armenia (49.4%), Iran (26.4%), Lebanon (7.2%), USA (3.2%), and Syria (3.6%). The rest came from 14 other countries.

In regards to family living situations, the majority (74%) of these Armenian American emerging adults reported living at home with their parents. Only 6.8% reported not living at home with their parents, while the remaining 19.2% were not asked whether they lived at home or not.

**Measurement**

Demographic characteristics of the participants were measured using standard background items used in other studies. Means, standard deviations, and Cronbach’s alphas for each variable are presented in Table 1.

**Depressive Symptoms**

Participants’ depressive symptoms were measured using, the 8-item, Patient Health Questionnaire (PHQ-8; Johnson, Harris, Spitzer, & Williams, 2002). Participants were directed to respond to the statement, “How often have you been bothered by each of the following symptoms during the past two weeks?” Sample items included: “Little interest or pleasure in doing things,” and “Feeling down, depressed, irritable, or hopeless.” Response choices follow: 0 = *Not at all*, 1 = *several days*, 2 = *more than half the days*, and 3 = *nearly every day*. The items were averaged to create a depressive symptoms score, with higher scores indicating more depressive symptoms. Using the current data a Cronbach’s alpha of .85 was found.

**Psychological Control**

Parental psychological control was measured using a 6-item subscale (Plunkett, Williams, Schock, & Sands, 2007) from the Parent Behavior Measure (Henry & Peterson,
that assessed participants’ perceptions that their parents attempt to constrain their individual autonomy through love withdrawal and guilt. The six items were asked twice (i.e., once about primary mother figure and once about primary father figure). Sample items from the scale were, “This parent tells me about all the things that he/she has done for me,” and “This parent will not talk to me when I displease him/her.” Response choices follow: 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, 4 = *strongly agree*. The mothers’ psychological control subscale and the fathers’ psychological control subscale were correlated at .76. Because they correlated so highly and because other measures in the study asked about parenting in general (as compared to mothers and fathers separately), the items for mothers and fathers were combined into one parental scale. Specifically, the 12 items were averaged to create a parental psychological control score. Using the current data, a Cronbach’s alpha of .91 was found for the parental psychological control scale.

**Parent-Child Conflict**

Frequency of conflict with parents was assessed using a 15-item, modified version of the Parent-Adolescent Conflict Scale (Thayer, 2005), which asks participants to rate the frequency of conflict with parents on various aspects (e.g., physical appearance, romantic and family relationships, autonomy, privacy, culture, money). Response choices follow: 1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 = *often*, 5 = *most of the time*. Items were averaged to create a scale parent-child score. Using the current data, a Cronbach’s alpha of .91 was found for the parent-child conflict scale.

**Meeting Parents’ Expectations**

A parental expectation scale was created that was based on items from the Living
up to Parental Expectation Inventory (Wang & Heppner, 2002). Two subscales were used: (1) 6-item dating expectation and (2) 10-item not shaming the family expectation. Participants were asked to report on both parents combined. The stem for the items follows: “I have met my parents’ expectations on the following?” A sample item from each subscale is: (1) “only dating someone with same or similar cultural/ethnic background” (dating expectation), and (2) “Not embarrassing my family” (being responsible expectation). Response choices follow: 1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree. The items for each subscale were averaged to create scores for each subscale. Using the current data, a Cronbach’s alpha of .88 was found for the meeting parents’ general expectation scale, and a Cronbach’s alpha of .84 was found for the meeting parents’ dating expectation scale.

**Family Cohesion**

Family cohesion was assessed with a 9-item scale that measured the level of emotional bonding between family members (Calix, 2013). Three items were reverse-coded. Two sample items follow: (1) “We help each other,” and (2) “We avoid each other at home” (reverse coded). Response choices follow: 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly agree. The items were averaged to create a family cohesion score. Using the current data, a Cronbach’s alpha of .88 was found for the family cohesion scale.
CHAPTER IV

RESULTS

Analyses were conducted using SPSS 23.0 for Macintosh. Before conducting the analyses, the data from both the online surveys and paper surveys were collapsed together into one SPSS data file, and frequencies were conducted on every variable to check for additional errors. The means and standard deviations for the independent and dependent variables for the combined sample (i.e., men and women together) are presented in Table 1 below.

Table 1  
Descriptive Statistics for the Independent and Dependent Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Theoretical Range</th>
<th>Actual Range</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive symptoms</td>
<td>0-3</td>
<td>0.00-3.00</td>
<td>0.80</td>
<td>0.62</td>
</tr>
<tr>
<td>Parental psychological control</td>
<td>1-4</td>
<td>1.00-3.92</td>
<td>1.80</td>
<td>0.63</td>
</tr>
<tr>
<td>Parent-child conflict</td>
<td>1-4</td>
<td>1.00-4.40</td>
<td>2.20</td>
<td>0.48</td>
</tr>
<tr>
<td>Meeting parents’ dating expectations</td>
<td>1-4</td>
<td>1.00-4.00</td>
<td>2.37</td>
<td>0.74</td>
</tr>
<tr>
<td>Meeting parents’ general expectations</td>
<td>1-4</td>
<td>2.13-4.00</td>
<td>3.35</td>
<td>0.51</td>
</tr>
<tr>
<td>Family cohesion</td>
<td>1-4</td>
<td>1.56-4.00</td>
<td>3.26</td>
<td>0.52</td>
</tr>
</tbody>
</table>

Zero-Order Correlations

Zero-order correlations (i.e., Pearson correlations) were conducted to examine the strength and direction of the bivariate relationships between each of the five family qualities and depressive symptoms. Separate zero-order correlations were conducted for the male and female participants (see Table 2).

As hypothesized perceived parental psychological control was significantly and positively related to Armenian American emerging adults’ depressive symptoms for both men and women. Parent-child conflict was significantly and positively correlated with men’s depressive symptoms, but not to women’s depressive symptoms. The correlation between meeting parents’ expectations about dating and depressive symptoms was
significant for women, but not men. However, as hypothesized meeting parents’ general expectations were significantly and negatively correlated to depressive symptoms for both men and women. Lastly, the hypothesis related to family cohesion was confirmed for both men and women. Specifically, the correlations indicated that family cohesion was significantly and negatively related to depressive symptoms of men and women.

Table 2

Summary of Zero-Order Correlations (n = 443): Men below the diagonal and women above the diagonal.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depressive symptoms</td>
<td>1.00</td>
<td>.26**</td>
<td>.08</td>
<td>-.28**</td>
<td>-.43**</td>
<td>-.23**</td>
</tr>
<tr>
<td>2. Parental psychological control</td>
<td>.32**</td>
<td>1.00</td>
<td>.36**</td>
<td>-.20**</td>
<td>-.38**</td>
<td>-.40**</td>
</tr>
<tr>
<td>3. Parent-child conflict</td>
<td>.23**</td>
<td>.57**</td>
<td>1.00</td>
<td>-.08</td>
<td>-.28**</td>
<td>-.19**</td>
</tr>
<tr>
<td>4. Meeting parents’ dating expectations</td>
<td>-.06</td>
<td>-.18**</td>
<td>-.11*</td>
<td>1.00</td>
<td>.51**</td>
<td>.04</td>
</tr>
<tr>
<td>5. Meeting parents’ general expectations</td>
<td>-.28**</td>
<td>-.42**</td>
<td>-.49**</td>
<td>.29**</td>
<td>1.00</td>
<td>.39**</td>
</tr>
<tr>
<td>6. Family cohesion</td>
<td>-.31**</td>
<td>-.42**</td>
<td>-.19**</td>
<td>.13</td>
<td>.23*</td>
<td>1.00</td>
</tr>
</tbody>
</table>

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

Multiple Regression Analyses

Multiple regression analyses were used to test if parental psychological control, parent-child conflict, meeting parents’ expectations about dating, meeting parents’ general expectations, and family cohesion accounted for significant proportion of variance in depressive symptoms of Armenian American men and women. Because family cohesion has been conceptualized as potentially being a curvilinear construct, and because there are some suggestions that parental psychological control might be different depending upon the culture, non-linear relationships were examined for each predictor in relation to depressive symptoms. Prior to conducting the regression analyses, scatterplots between each predictor variable and depressive symptoms was examined to see if there were any indications of non-linear relationships (e.g., quadratic, cubic). The overall shape of the scatterplots indicated linear relationships with depressive symptoms. Also, the residual plots in the multiple regression equations also indicated linear relationships.
The predictor variables accounted for significant amount of variance \((p < .01)\) in both men and women. Specifically, the predictors accounted for 15% of the variance in depressive symptoms for men, and 10% of the variance in depressive symptoms for women (see Table 3). Examination of the standardized beta coefficients showed that perceived parental psychological control was significantly and positively related to depressive symptoms for both men and women when entered into the model with the other family qualities. Family cohesion was also significantly and negatively related to depressive symptoms for men and women. Although other predictor variables were significant in the zero-order correlations, the beta coefficients were not significant for parent-child conflict, meeting parent’s dating expectations, and meeting parent’s general expectations when entered into the multiple regression models.

Table 3  
*Summary of Multiple Regression Analysis on Male and Female Emerging Adults’ (n = 443)*

<table>
<thead>
<tr>
<th>Family Qualities</th>
<th>Men’s (\beta)</th>
<th>Women’s (\beta)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental psychological control</td>
<td>.16*</td>
<td>.18**</td>
</tr>
<tr>
<td>Parent-child conflict</td>
<td>.07</td>
<td>-.03</td>
</tr>
<tr>
<td>Meeting parents’ dating expectations</td>
<td>.02</td>
<td>-.04</td>
</tr>
<tr>
<td>Meeting parents’ general expectations</td>
<td>-.07</td>
<td>-.10</td>
</tr>
<tr>
<td>Family cohesion</td>
<td>-.23**</td>
<td>-.16**</td>
</tr>
<tr>
<td>(R^2)</td>
<td>.15</td>
<td>.10</td>
</tr>
<tr>
<td>(F)-value</td>
<td>4.34**</td>
<td>6.50**</td>
</tr>
</tbody>
</table>

Notes: \(\beta = \) standardized betas  
*p < .05. **p < .01.
CHAPTER V
DISCUSSION

The purpose of this study was to examine how perceived family qualities (i.e., parental psychological control, parent-child conflict, meeting parents’ expectations about dating behaviors, meeting parents’ general expectations, and family cohesion) related to depressive symptoms in Armenian American emerging adults. As hypothesized, perceived parental psychological control was significantly and positively related to depressive symptoms of men and women in both the bivariate correlations and the multiple regression equations. As also hypothesized, family cohesion was significantly and negatively related to depressive symptoms of men and women in both the bivariate correlations and the multiple regression equations. The other family qualities were not significantly related in the multiple regression analyses, but mixed results were found in the correlations: (1) parent-child conflict was significantly and positively correlated with men’s depressive symptoms, (2) meeting parents’ expectations about dating were significantly related to women’s depressive symptoms, and (3) meeting parents’ general expectations were significantly and negatively correlated with depressive symptoms for both men and women.

Discussion of the Findings

Results for perceived parental psychological control confirmed the hypothesis and demonstrated that increased perceptions of psychological control by parents increased the likelihood that Armenian American emerging adults would report depressive symptoms. These results are in line with previous cross-cultural studies that indicated parental psychological control was related to depressive symptoms (Barber et al., 2005; Soenens
et al., 2012). This was a likely result because parental behaviors that are intrusive and constrain individual autonomy can be viewed as threats by the offspring to their parent-child relationship (Peterson, 2005). These threats can be internalized by the individual producing an overall diminished sense of self and thus, increasing the likelihood of depressive symptoms (Barber et al., 2005). Adult children in Armenian families often live with their parents, and thus can potentially still be affected by parental psychological control (Kirkland, 1984).

As hypothesized, family cohesion was significantly and negatively related to Armenian American, emerging adults’ depressive symptoms. This is not surprising, as several studies in various cultures have shown that family cohesion can serve as a protective factor against depression (Fosco et al., 2012; Harris & Molock, 2000; Rivera et al., 2009; Wong et al., 2012). When emerging adults perceive their families as cohesive, they can turn to their families during times of stress. In this study, family cohesion was conceptualized as a linear construct, in which individual autonomy is not given up and emotional bonding is key to cohesiveness. This distinction is of particular importance in Armenian families as they tend to be very close and at times can be viewed as enmeshed. Future research may want to compare the impact of family cohesion as a linear compared to curvilinear construct in relation to depressive symptoms.

Similar to other studies, it was found that meeting parents’ general expectations was significantly and negatively related to depressive symptoms for both men and women (Frank et al., 2010; Wang & Heppner, 2002). Since families in the Armenian culture are very close knit and individuals will refrain from engaging in any activities that can shame their families (Dagirmanjian, 2005), it is likely that when individuals let their
families down they will feel badly about themselves. It should be noted that meeting parents’ general expectations were not significantly related in the multiple regression analyses when entered with the other family qualities. Currently, few studies explore the relationship between parental expectations and emerging adults’ depressive symptoms, further research needs to examine the relationship between these two variables.

At the bivariate level, parent-child conflict was significantly and positively correlated to depressive symptoms for men, but not for women. In the Armenian culture, male births are often preferred to female births, and men are more likely to receive preferential treatment from their parents (Bakalian, 1993). Thus, conflict between parents and their male offspring may occur less frequently, and only when the male emerging adult has really created a problem for the family. Thus, for male Armenian American emerging adults, parent-child conflict may indicate that they have really upset their parents. Armenian American emerging adult women are not provided the same preferential treatment, so conflict with parents may come more frequently but on less serious issues.

At the bivariate level, meeting parents’ expectations about dating was not significantly correlated to depressive symptoms for men, but it was significantly and negatively correlated to depressive symptoms in women. Both men and women in the Armenian culture are expected to marry opposite sex individuals of the same culture; however, women are more closely monitored when engaging with potential partners (Kirkland, 1984). Thus, when women fail to meet their parents’ expectations about dating, they may bring the family shame and/or dishonor, which might increase risk of depressive symptoms.
Limitations and Research Implications

This thesis will add to the understanding of Armenian American emerging adult’s depressive symptoms; however, certain limitations to the study exist. First, the data were collected using self-report questionnaires in a cross-sectional design, which only assessed emerging adults’ perceptions at a certain point in time. Future studies would benefit from having a longitudinal design to examine how changes in family qualities across time impact mental health of Armenian American emerging adults. Also, future studies could use mixed methods (e.g., adding interviews or focus groups) to help explain how the family qualities relate to depressive symptoms.

Second, using only individual reports to measure the family qualities and depressive symptoms could result in shared method variance. Specifically, shared method variance can potentially inflate the strength of the relationship between variables. To address the possibility of shared method variance, future studies would benefit from collecting data from the parents. In addition, the variables as measured in the study had restricted ranges and were either positively or negatively skewed. For example, the depressive symptoms scale had a theoretical range of 0-3, but the mean score was 0.80 with standard deviation of .62. Similarly, the family cohesion scale had a range of 1-4, but the mean score was 3.26 with standard deviation of .52. Since the data were skewed, it could limit interpretation of the data.

Furthermore, this study collapsed various Armenian groups together, which does not take into account intra-group differences. For example, there may be differences in family qualities and/or depressive symptoms between Armenians who identify as Persian Armenian, Russian Armenian, Lebanese Armenian, and Hyastansi (Armenians from
Armenia). There are distinct cultural differences between various Armenian factions (Bakalian, 1993; Dagirmanjian, 2005).

In the male and female subsamples, only 10-15% of the variance was accounted for in depressive symptoms. This study only examined five family qualities. It is possible that other family qualities may contribute to depressive symptoms. Also, only one indicator of mental health (i.e., depressive symptoms) was examined. Thus, future research should include other family qualities and outcome measures that might be relevant in Armenian American families (e.g., parental expectations about education or career, parental monitoring, adherence to older generations, and family gender roles). Interviews or focus groups might help identify other family qualities that are important in Armenian culture and that may not appear in other literature on parenting. Also, potential interactions (i.e., moderating effects) between family qualities were not examined. For example, it is possible that families who experience high cohesion and low psychological control may have differing levels of depression compared to those with high cohesion and high psychological control or low cohesion and high psychological control. Future research should examine how family qualities interact with each other in relation to mental health.

Additionally, this study collapsed perceptions of mothers’ and fathers’ psychological control into one variable that was called parental psychological control (as compared to looking at maternal and paternal behaviors separately). In addition, the other parenting variables were not examined separately for mothers and fathers. Future studies could benefit from comparing mother and father relationships separately in Armenian American families, especially since there are strong gender roles in Armenian culture.
Another limitation of this study is that most participants in the sample were college students attending a large multiethnic state university and living in Los Angeles County. This sample limits generalizability to other Armenians and other geographical areas where there are not large populations of Armenians. Future studies would benefit from collecting data from Armenian Americans outside of the Los Angeles area, as well as Armenian emerging adults who may not be attending college. For example, parental expectations about dating may be different in areas where there are many potential Armenian mates (e.g., Los Angeles) versus geographic areas where there are very few Armenian Americans. Similarly, meeting parents’ general expectations might be different for those Armenian American emerging adults who are not in college and/or who have not attended college.

Implications

Despite the aforementioned limitations, this study adds to the understanding of how perceived family qualities impact mental health and can guide practitioners and family life educators working with Armenian American emerging adults and their families. First, practitioners working with Armenian American emerging adults experiencing depressive symptoms may want to assess the family dynamics of their clients.

Clinicians could employ techniques to help clients reframe perceived parental psychological control (e.g., guilt and love withdrawal tactics) into parents’ attempts to show they care for their children and/or to interpret the intrusive behaviors in a different way that is not as detrimental to their psyche. For example, emerging adults may view
parental behaviors of guilt and love withdrawal as ways in which their parents try to control them. These tactics would be reframed by interpreting this behavior as that of a caring parent who wants what they think is best for their child, as well as by pointing out that these behaviors could be a maladaptive way of communicating support. As another example, the psychological control behavior by the parents could be re-interpreted by helping the emerging adult understand that parents may be using intrusive parenting techniques because that is they learned from their parents.

Furthermore, clinicians could potentially benefit from including parents in therapy sessions with their emerging adult clients. By doing so, clinicians would be able to use psychoeducation to teach parents how to love and support their children in ways that do not induce anxiety and guilt. Practitioners could also coach Armenian American parents on the dangers of using psychological control to constrain their offspring’s individual autonomy.

Additionally, practitioners can also help non-cohesive families identify ways in which they can be cohesive and promote a healthy family bond. Armenian American emerging adults and their parents could benefit from this type of distinction and guidance, as their strong bonds can potentially make it difficult for children to separate from their parents (Dagirmanjian, 2005).

Although parent-child conflict and meeting parents’ expectations were not significant in the multiple regression analyses, they were significantly related at the bivariate level. Thus, clinicians can help teach positive conflict resolution strategies to the emerging adults and their parents. Additionally, clinicians can help the emerging adult clients cope when they feel they are not meeting their parents’ general expectations or
The purpose of this study was to examine how perceived family qualities (i.e., parental psychological control, parent-child conflict, meeting parents’ expectations about dating behaviors, meeting parents’ general expectations, family cohesion) related to depressive symptoms in Armenian American emerging adults. As hypothesized, perceived parental psychological control was significantly and positively related to depressive symptoms of men and women in the bivariate correlations and the multiple regressions. When Armenian Americans perceive their parents to be intrusive by inducing guilt or love withdrawal, as well as constraining their autonomy, they are more likely to exhibit depressive symptoms. Additionally, family cohesion was significantly and negatively related to depressive symptoms of men and women in the bivariate correlations and the multiple regressions. These findings suggest that Armenian American emerging adults might benefit from cognitive tools to positively reframe perceived parental psychological control, as well as educating parents on how to support their emerging adult children without being psychologically controlling. Additionally, non-cohesive Armenian American families can identify ways in which they can be cohesive and promote a healthy family bond.
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