



# Trajectories of Psychological Control Throughout Adolescence and Young Adulthood

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FLOURISHING FAMILIES PROJECT  
Survey of Family Life

## Introduction

Parental psychological control involves the manipulation of a child’s thoughts, feelings, and attachment to the parent in an attempt to elicit compliance. Psychological control has been linked to numerous negative child outcomes in adolescence (Barber, 1996; Soenens et al., 2012). Previous research has shown that other forms of parental control tend to decrease during adolescence (Keijsers & Poulin, 2013); the purpose of this study was to map developmental trajectories of psychological control throughout adolescence from age 12 to 19, if these trajectories were discriminable by parent and child characteristics, and whether they differentially predicted adolescent internalizing problems

## Methods

**Methodology.** Using longitudinal data from 500 families, we explored how parent’s use of psychologically controlling strategies changed throughout adolescence, and correlated those findings with internalizing and externalizing symptomology. We also used statistical techniques to explore various subgroups of parents who engaged in psychological control of their teenagers.

**Parental Psychological Control.** Adolescents responded to 8 items (Barber, 1996,  $\alpha = .82$ ) on a Likert scale from 1 (*never*) to 5 (*always*). Example items include “My parent will avoid looking at me when I have disappointed her/him.”

**Parent Depressive Symptoms (age 12).** Parents responded to 11 items (CES-D; Radloff, 1977,  $\alpha = .77$ ) on a Likert scale from 1 (*Never*) to 3 (*Most of the time*) about depressive symptoms in the last week. An example item is “I felt everything I did was an effort”

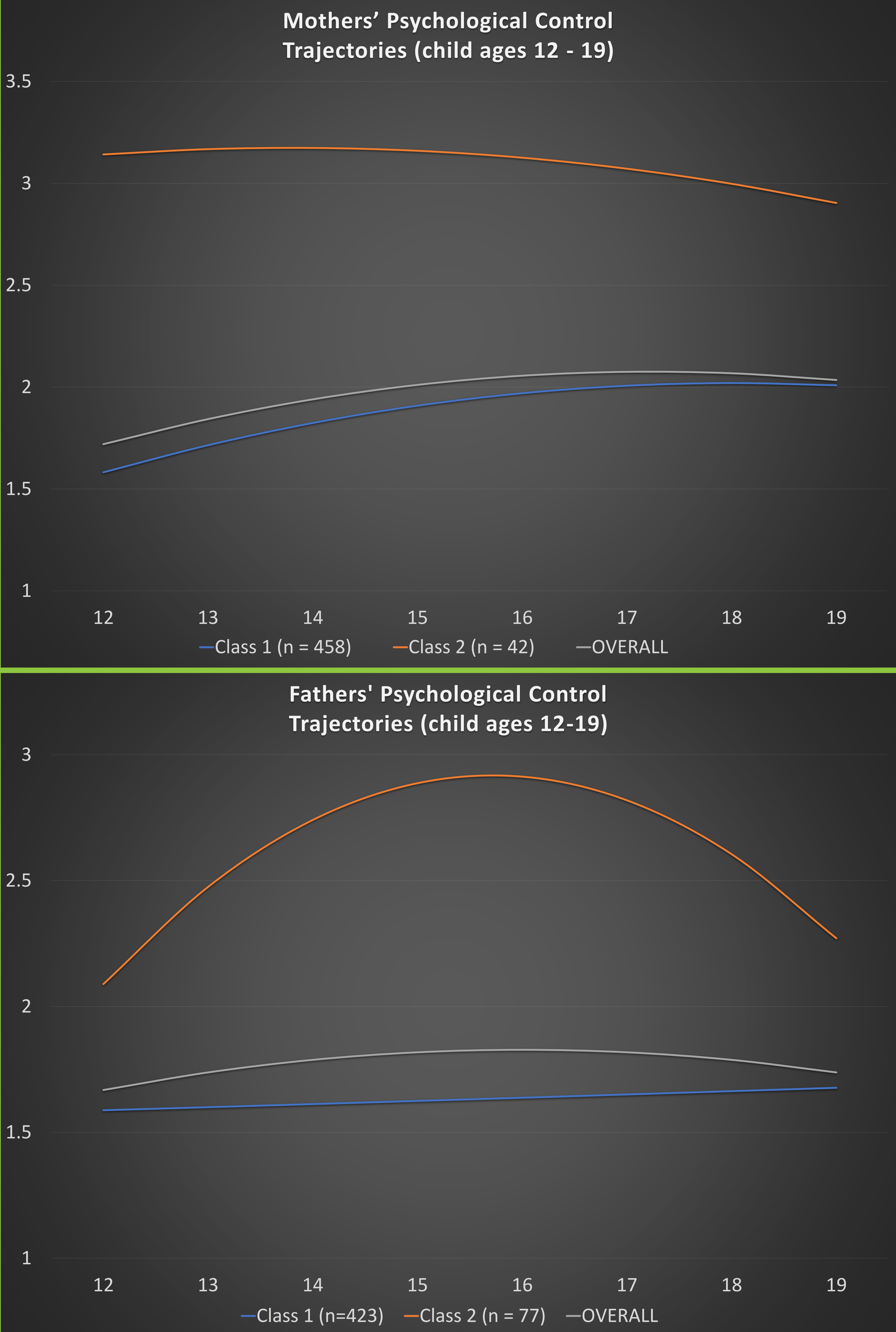
**Adolescent Externalizing Problems (age 12).** Participants responded to 9 items (Barber, Stolz, Olsen, & Maughn, 2005,  $\alpha = .70$ ) on a Likert scale from 0 (*not true*) to 2 (*often true*). Example items include, “I destroy things belonging to others”

**Adolescent Depressive Symptoms (age 19).** Adolescents responded to 20 items (CES-DC; Faulstich, 1986,  $\alpha = .91$ ) on a Likert scale from 1 (*not at all*) to 4 (*a lot*). Example items include “I wasn’t able to feel happy, even when my family or friends tried to make me feel better”

**Adolescent Anxiety Symptoms (age 19).** Adolescents self-reported to 3 items (Spence, 1998,  $\alpha = .89$ ) on a scale of 1 (*not at all*) to 4 (*a lot*). An example item was “I worry that something bad will happen to me.”

## Results

- Preliminary correlations were conducted to establish relations between the data
- We estimated a latent growth curve in a structural equation modelling (SEM) framework. Once a normative trend was established, Growth Mixture Modeling (GMM) was conducted to identify subgroups of trajectories.
- Each subgroup was explored for antecedent and correlates of class membership. See discussion for more information.
- All models controlled for family structure, parents’ education, adolescent sex and ethnicity



## Discussion

### General Trends

- For the average mother, use of psychological control increased from age 12 to 17, then tapered off. The trend was similar for fathers’ except their levels of psychological control tended to increase faster
- Mothers of boys, non-white minority fathers, as well as fathers and mothers with less formal education displayed higher levels of psychological control at age 12, and then rose similarly throughout adolescent until age 17.

### Mothers

- Class 1 “Moderate stable” (9%): Started high and remained relatively stable throughout adolescence. Mothers here had higher levels of depressive symptoms, and had children with higher levels of externalizing problems and higher depression and anxiety at age 19
- Class 2 “Gradual increasers” (91%): Low initial levels, gradual increase, peak at age 17. Follows average trend

### Fathers

- Class 1 “Low Stable” (85%): Low initial levels at age 12, and these levels remained stable throughout adolescence.
- Class 2 “Increasing/ Decreasing” (15%): Slightly higher initial levels that increased substantially over time until an eventual decrease later in adolescence. These fathers had less formal education and greater depressive symptoms and had children with greater depressive symptomology by age 19.