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Brief report: Agreement between parent and adolescent autonomy expectations and its relationship to adolescent adjustment[☆]

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ABSTRACT

While disagreement in autonomy expectations between parents and their adolescent children is normative, it may also compromise adolescent adjustment. This study examines the association between parents' and adolescents' agreement on autonomy expectations by cognitive social domains and adolescent adjustment. A sample of 211 Chilean dyads of adolescents (57% female, $M_{age} = 15.29$ years) and one of their parents (82% mothers, $M_{age} = 44.36$ years) reported their expectations for the age at which adolescents should decide on their own regarding different issues in their life. Indexes of parent–adolescent agreement on autonomy expectations were estimated for issues of personal and prudential domains. Greater agreement in the prudential than in the personal domain was observed. For boys and girls, higher agreement in adolescent–parent autonomy expectations in the personal domain was associated with lower substance use. A negative association between level of agreement in adolescent–parent autonomy expectations in the prudential domain and externalizing behaviors and substance use was found.

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Developmental change in parent–adolescent interactions involves mutual adjustment to new expectations for autonomous behavior in parent–child dyads. Realignment of power and mutual expectations are described as part of the normative transition in parent–adolescent relationships. Adolescents' push for autonomy and changes in their views of parental authority (Cumsille, Darling, Flaherty, & Martínez, 2006; Smetana, Crean, & Campione-Barr, 2005) likely contribute to different perceptions and expectations regarding what issues parents should continue to regulate and at what age adolescents are capable of autonomous decision-making. Previous studies have found that parents and adolescents typically disagree in their reports of family conflict (Dekovic, Noom, & Meeus, 1997; Laursen, Coy, & Collins, 1998), beliefs about the legitimacy of parental authority (Rote & Smetana, 2016; Smetana, 2011), and parental monitoring (Keijsers, Branje, VanderValk, & Meeus, 2010).

Although discrepancies between parents and adolescents are developmentally normative (Steinberg, 2001), they may also compromise adolescent adjustment when they reflect interactional patterns of increased conflict and decreased cohesion in

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the family (Ohannessian, 2012). Dekovic et al. (1997) confirmed this relationship except for mother–son dyads. Holmbeck and O'Donnell (1991) found that dyadic agreement and disagreement in mother–adolescent perceptions regarding two different aspects of adolescent autonomy (decision-making and behavioral autonomy) were related to adolescent maladjustment. Specifically, dyadic disagreement over decision-making and behavioral autonomy was associated with higher as well as increasing conflict over time, particularly when adolescents perceived that they were actually in charge of making the decisions (rather than what their mothers reported) or when adolescents expected greater autonomy than their mothers were willing to grant them. In contrast, dyadic agreement in decision-making was associated with lower levels of mother–child attachment when mother and child agreed that the adolescent was in charge of making the decisions; however, higher levels of internalizing symptoms in the adolescents as reported by the mother were associated with mother and adolescents agreeing that adolescents were not in charge of making decisions. These findings suggest that the direction of the dyadic misfit in expectations—adolescents earlier than parents or vice-versa—matters for adjustment.

Indeed, studying parent–adolescent disagreements on autonomy granting in a sample of Mexican-American adolescent–parent dyads, Sher-Censor, Parke, and Coltrane (2011) found that dyadic disagreement was associated with depressive symptoms. Specifically, when fathers perceived themselves as granting greater autonomy than “other fathers”—a vision not shared by their adolescent children—more depressive symptoms in male and female adolescents were found. However, no significant associations with adolescents' symptoms were found when dyadic discrepancies with mothers' ratings were considered. Arnett and Dost-Gözkan (2015) found that parent–adolescent dyadic disagreement characterized by adolescents having later autonomy expectations than their parents was negatively associated with parent-reported conflict in Asian-Indian immigrants but not in Salvadoran families.

In sum, results examining the relationship between dyadic disagreement in autonomy expectations suggest a mixed pattern depending on the type of autonomy assessed, the specific adolescent–parent dyad studied, and the culture of the dyads examined. Guided by Social-Cognitive Domain Theory, this study examines specifically whether dyadic agreement in autonomy expectations over issues that represent different social-cognitive domains is related to adolescent maladjustment. Autonomy expectations represent timing, that is, age at which adolescents and their parents expect children to make decisions on a range of situations.

The social-cognitive domain theory has been used as a framework to analyze the way in which parents and children organize their social interactions, including the parental regulation of their children's behavior. Judith Smetana and others differentiate between moral, conventional, personal and prudential domains (Smetana, 2006). The personal domain includes behaviors that affect only the self, the moral and conventional domains include areas of social regulation. While moral issues appeal to prescriptive behaviors imperative of right and wrong in relation to other people's welfare, conventional issues pertain to regulations that are the product of discretionary societal agreements that can vary from one society to another (Smetana, 1989). Prudential issues are a particular kind of personal issues that could have negative consequences for the self (Smetana, 1989, 2006).

This study focuses on personal and prudential domains as these represent different dimensions of personal issues. Because both domains concite greater agreement between parents and adolescents regarding who should regulate issues under these domains (Darling, Cumsille, & Peña Alampay, 2005), we hypothesized that disagreement on autonomy expectations regarding these issues could potentially be associated with adjustment. Specifically, adolescents with expectations to decide earlier in the prudential domain could indicate faster than normative autonomy, while parents with autonomy expectations at later ages for adolescents' personal domain issues could be perceived as intrusive. Both these conditions could be associated with adolescents' depressive symptoms.

No previous studies provide a foundation on which to advance an hypothesis regarding the specific relationships between dyadic agreement (or disagreement) and adolescent adjustment. However, based on previous research showing that adolescents make decisions more independently of their parents about personal than prudential issues (Pérez & Cumsille, 2012), and their beliefs that their parents have less legitimate authority over the personal than the prudential domain (Cumsille et al., 2006; Darling et al., 2005), we hypothesized higher agreement in parent–adolescent autonomy expectations over prudential issues than personal ones.

Several studies have been conducted on youth from different ethnic backgrounds reporting that females have later autonomy expectations than males (Bámaca-Colbert, Umaña-Taylor, Espinoza-Hernández, & Brown, 2012; Daddis & Smetana, 2005; Fuligni, 1998; Zhang & Fuligni, 2006). Because Chilean boys were more likely to believe that their parents do not have authority over personal and prudential issues than girls (Darling et al., 2005), we hypothesized girls will have a higher level of dyadic agreement in autonomy expectations over prudential and personal issues.

Based on previous research showing that adolescents are more accepting of parental regulation in the prudential than personal domain (Cumsille et al., 2006), we expected that lower agreement on autonomy expectations in the prudential domain would be related to substance use and externalizing behavior, than disagreements in the personal domain. Dyadic disagreement in the personal domain, particularly when parents think adolescents should decide at a later age than the age adolescents expect to, should be related to depressive symptoms as it could be perceived by adolescents as intrusiveness.

Our sample represents a particular cultural context. As observed by the United Nations Development Programme (UNDP, 2007), Chilean society has changed rapidly, displaying higher levels of individualism. Horizontality and equality in social relations are values claimed by individuals, suggesting that the new egalitarian and individualistic values can be a disruptive force in parent–adolescent relationships in Chile. In fact, findings from a qualitative study (Martínez, Pérez, & Cumsille, 2014) indicate that parents thought of autonomy based on social or age-related criteria, whereas adolescents thought opportunities for experimentation were central to becoming autonomous.

Method

Participants

The sample included 211 parent–adolescent dyads drawn from two Chilean cities (70% Santiago, 30% Antofagasta). Adolescents' age range was 12–18 years ($M = 15.29$, $SD = 1.32$; 57% female). Parents' age range was 31–61 years ($M = 44.43$, $SD = 6.10$). The majority of parent–adolescent dyads included mothers rather than fathers (48% mother–daughter, 34% mother–son, 11% father–daughter and 7% father–son dyads), and were comparable in terms of adolescent age composition. The majority of the sample corresponded to middle to late adolescents (see Table 1).

Measures

Autonomy expectations

Adolescents and their parents completed an adapted version of the Teen Timetable Questionnaire (Feldman & Quatman, 1988), which measures the expected age at which adolescents should be allowed to decide on their own about different issues. Participants responded to questions using a 5-point scale (1 = *before age 12* to 5 = *18 years or older*). Based on theory and previous research (Cumsille et al., 2006; Darling et al., 2005), three items were selected to represent each domain: Personal: “*what clothes to wear*,” “*style of your hair*,” “*how you spend your free time*” ($\alpha = .69$ for adolescents and .67 for parents); and Prudential: “*drink beer or alcohol*,” “*use drugs*,” “*smoke cigarettes*” ($\alpha = .80$ for adolescents and .84 for parents). We chose prudential and personal issues because they are more likely to be agreed upon than multifaceted issues. Consequently, disagreements between parents and adolescents on personal and prudential issues are more likely to lead to conflict and adjustment problems.

Although in the case of older adolescents, decision-making on some issues might have been achieved by the time of the study, our items really measure age expectations for decision-making. In fact, our data revealed no significant association between dyadic agreement in autonomy expectations and adolescent age, either in the personal ($r = -.01$) or prudential domains ($r = -.09$).

Adolescent adjustment

Depressive symptoms. Adolescents were asked how often in the last 30 days they have felt down, lonely or misunderstood. Participants responded to questions using a 6-point scale (1 = *never*–6 = *almost daily*, Cumsille, Martínez, Rodríguez, & Darling, 2015). Items were averaged to create a composite score ($\alpha = .82$, 6-items).

Externalizing behavior and alcohol and drugs use/abuse. Adolescents were asked how often in the last 6 months they engaged in minor law-breaking behaviors (e.g., *damaged property*), and had *smoked cigarettes*, *drank a beer*, etc. Participants responded to questions using a 7-point scale (1 = *never in my life*, 7 = *at least once a week*). Items were averaged to create an externalizing composite score ($\alpha = .75$, 6-items) and alcohol and drug use score ($\alpha = .75$, 4-items; Cumsille, Martínez, Rodríguez, & Darling, 2014).

Procedures

The hosting university and the funding agency's ethics committee approved this study. Adolescents completed the questionnaire in school classrooms. Parent questionnaires were sent home, and were returned in a sealed envelope by the students.

Following Lanz, Scabini, Vermulst, and Gerris (2001), an agreement score was estimated based on the following formula:

$$a = 1 - \frac{\sum_{i=1}^N |A_i - P_i|}{NR_i}$$

a = dyadic degree of agreement of autonomy expectations in a specific domain ($a = 1$, absolute agreement). N = number of items. R = maximum within dyad difference possible per item “ i ”. A_i and P_i , adolescent and parent score on item i .

Table 1
Sample characteristics.

	Early adolescence (12–13 years old)	Middle adolescence (14–15 years old)	Late adolescence (16–18 years old)
n	21	93	97
Adolescent age	12.90 (.30)	14.61 (.49)	16.46 (.69)
Female (%)	62%	52%	62%
Parent age	47.00 (5.46)	42.98 (6.35)	45.25 (5.67)

Note. Mean age in years (standard deviation).

Table 2
Descriptive statistics and bivariate correlations of study variables.

	M	SD	N	2	3	4	5	6	7	8
1. Adolescent sex ^a	.43	.49	211	-.08	-.04	-.03	-.10	-.27***	.01	-.10
2. Adolescent age	15.29	1.32	211		-.14*	-.01	-.09	.17*	.03	.33***
3. Socio-economic status ^b	4.74	1.71	210			-.05	-.01	-.04	-.06	-.10
4. Agreement-personal domain	.65	.20	207				.23***	.01	-.21**	-.17*
5. Agreement-prudential domain	.81	.21	201					.01	-.20**	-.23***
6. Depressive symptoms	2.84	1.29	211						.17*	.21**
7. Externalizing	1.87	.73	211							.57***
8. Use/abuse alcohol and drugs	2.16	1.30	211							

^a 1 = Boys.

^b The highest level of parental education (mother or father) was used as a proxy for SES.

* $p \leq .05$.

** $p \leq .01$.

*** $p \leq .001$.

Results

Descriptive statistics and correlations are presented in Table 2. Results from a $2 \times 3 \times 2$ (Domain by Age by Sex) mixed effects ANOVA indicated that parent–adolescent agreement was higher in the prudential than in the personal domain, $F(1,194) = 48.25$, $p < .001$, $\eta^2 = .20$. No significant differences in agreement in autonomy expectations by adolescents' sex, $F(1,194) = 1.46$, $p = .23$, or age, $F(2,194) = 1.15$, $p = .32$, were observed, nor were significant interactions between variables found ($p > .05$) (see Table 3).

Path analysis was used to test the association between dyadic agreement and different indicators of adolescent adjustment, controlling for adolescent's age and parental education. Because multi-group analysis indicated no statistical differences in path coefficients by sex ($\Delta\chi^2(12\ df) = 15.09$, $p = .24$), sex was added to the model as a control variable.

Dyadic agreement on autonomy expectations in the personal domain was negatively associated with externalizing behavior, while dyadic agreement on autonomy expectations in the prudential domain was negatively associated with substance use and externalizing behavior. Only adolescent's age and sex were related to adolescent depressive symptoms (see Fig. 1).

In order to test for the importance of the direction of the difference, in contrast to percentage of agreement, an index of the adolescent–parent dyad disagreement was estimated.¹ A $2 \times 3 \times 2$ (Domain by Age by Sex) mixed effects ANOVA indicated that parent–adolescent disagreement on autonomy expectations differed only by domain $F(1,194) = 46.99$, $p < .001$. While adolescents expected to be able to decide at a younger age than their parents expected in both domains, this difference was higher in the personal ($M = -1.05$, $SD = 1.05$, $n = 200$) than in the prudential domains ($M = -.46$, $SD = .99$, $n = 200$).

Discussion

As expected, parent–adolescent agreement in autonomy expectations was higher in the prudential than in the personal domain, a result consistent with previous research studying parental legitimacy (Darling et al., 2005) and decision-making autonomy (Pérez & Cumsille, 2012; Smetana, 2000). In general, lower agreement among adolescents and their parents was due to adolescent's earlier autonomy expectations, particularly in the personal domain.

Results showed no differences in dyadic agreement nor in dyadic differences by adolescent sex. Recent evidence of a greater push for gender equality in the Chilean society (UNDP, 2007) may suggest that Chilean parents are transitioning to similar expectations for age of autonomy for girls and boys.

Study results showed that agreement in autonomy expectations for the personal domain was negatively related to adolescent externalizing symptoms, but not to depressive symptoms. Additionally, agreement in autonomy expectations in the prudential domain was negatively related to both maladjustment indicators: externalizing and substance use.

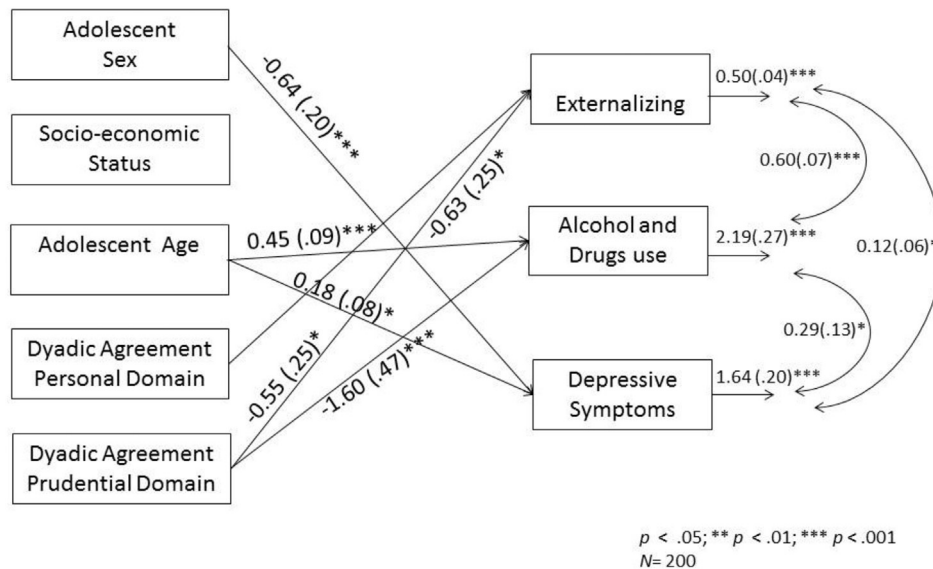
Hollenstein, Granic, Stoolmiller, and Snyder (2004) showed that rigid parent–child interactions are associated with children maladjustment. In the present study, a lack of convergence in parent–adolescent autonomy expectations could be a sign of a rigid parent–child interaction, where both members keep their own view of the world without negotiating as the adolescents grow up. The inability to negotiate autonomy expectations translates into externalizing symptoms in adolescents. However, the opposite is also possible: an increase in adolescent risky behavior (externalizing behavior) could lead to parents' perceptions of their children as being unprepared to make decisions, and thus hold expectations that their adolescent children should make decisions at older ages.

¹ A directional index was estimated by averaging adolescent–parent differences in three items belonging to a specific domain. These difference scores were estimated by subtracting parents' scores from the adolescents' scores on each autonomy expectation item. Because higher scores represent later autonomy expectations, a negative difference score indicates that adolescents expect to decide at a younger age than their parents expect them to (or that parents have later autonomy expectations for their children).

Table 3

Means and standard deviations of parent–adolescent agreement in autonomy expectations by domain, adolescent sex and adolescent age.

Adolescent age	Personal domain						Prudential domain					
	Girls			Boys			Girls			Boys		
	M	SD	n	M	SD	n	M	SD	n	M	SD	n
12–13 years	.70	.16	13	.68	.18	7	.92	.16	13	.82	.23	7
14–15 years	.65	.20	46	.61	.21	41	.81	.16	46	.79	.23	41
16–18 years	.65	.19	56	.67	.21	37	.81	.19	56	.76	.25	37
Total	.66	.19	115	.64	.21	85	.83	.18	115	.78	.24	85

**Fig. 1.** Relation between indicators of adolescent adjustment with autonomy expectations dyadic agreement in personal and prudential domains.

The individuation model (Grotevant & Cooper, 1986) provides a theoretical framework to hold up the assertion that both common views and distinctive realities are expected characteristics of parent–adolescent relationships (Carlson, Cooper, & Spradling, 1991). Our findings support the idea that the common view in expectations can promote adjustment in adolescence. Coherent with this view, Juang, Lerner, McKinney, and von Eye (1999) reported that the dyadic fit between parents' and adolescents' expectations for autonomy, when these expectations involve what adolescents actually experience with their parents, predicted better adjustment in adolescents. As Rote and Smetana (2016) concluded: “greater mother–adolescent agreement may be adaptive even when it is not normative” (p. 13); how this dyadic agreement can be engendered is a question for future research.

Finally, although parents tend to have later autonomy expectations than their children in the personal domain, contrary to our expectations, but consistent with what Rote and Smetana (2016) reported, dyadic agreement was not associated with adolescent depressive symptoms.

It is important to emphasize that, given the small representation of early adolescents, these results are more applicable to mid- to late adolescents. Also, the small sample size precluded the analysis of specific dyadic combinations (i.e. mother–daughter).

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