

Perceptions of Family Belonging during Adolescence, and Implications for Depressive Symptoms and Alcohol Consumption during Young Adulthood

Chanell Washington
Department of Sociology and Criminology
The Pennsylvania State University

This research uses data from Add Health, a program project directed by Kathleen Mullan Harris and designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris at the University of North Carolina at Chapel Hill, and funded by grant P01-HD31921 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, with cooperative funding from 23 other federal agencies and foundations. Special acknowledgment is due Ronald R. Rindfuss and Barbara Entwisle for assistance in the original design. Information on how to obtain the Add Health data files is available on the Add Health website (<http://www.cpc.unc.edu/addhealth>). No direct support was received from grant P01-HD31921 for this analysis.

INTRODUCTION

Parent-child relationship quality is a significant predictor of well-being for adolescents. Prior research has found that it is associated with several behavioral and psychological outcomes, including depressive symptoms, alcohol use, school suspensions and expulsions, and delinquency (Hair et al., 2008; King, Boyd, & Pragg, 2018; Manning & Lamb, 2003). Thus, the quality of the parent-child relationship has important implications for adolescents. Adolescents who have closer relationships with their parents generally report better well-being than those who are not as close to their parents.

Some family scholars, however, have argued for considering how family belonging is associated with adolescent outcomes, as family belonging has been found to be a distinct construct from parent-child relationship quality (King, Boyd, & Thorsen, 2015). People have a psychological need to feel as though they belong to a group (Maslow, 1970). Given the ubiquity of families, the family is an important social institution that may fulfill the psychological need to belong. If people do not get this basic psychological need fulfilled (especially in their family of origin), then that has been found to be associated with worse psychological and behavioral outcomes during adolescence, such as depressive symptoms and alcohol abuse (King et al., 2018).

Most studies on family belonging focus on the implications of family belonging for adolescents. What remains unknown, however, is whether family belonging continues to be associated with behavioral and psychological outcomes in young adulthood. Young adulthood is a period in which the vast majority of individuals have left the homes of their families of origin and may even be starting to form their own families. Rather than needing the family of origin to meet the psychological need to belong, young adults may get that need fulfilled from friends and/or romantic partners. Thus, perceptions of family belonging during adolescence may be less consequential for well-being in young adulthood. Alternatively, perceptions of family belonging may continue to be associated with well-being in young adulthood. Some studies have found that even during young adulthood, families still give individuals a sense of meaning (Lambert et al., 2010). Furthermore, Tsai, Telzer, and Fuligni (2013) found that perceptions of family identity (which included an indicator of family belonging) have been found to strengthen during young adulthood. These studies indicate that relationships with family members may still be important to young adults, and may have implications for their well-being even as they have exited the home and transitioned to adulthood.

The present study seeks to examine whether perceptions of family belonging during adolescence are associated with two outcomes that are particularly salient for young adults – depressive symptoms and alcohol consumption (Kessler et al., 2005). Because family belonging has been found to be distinct from parent-child relationship quality (King et al., 2015), the present study also examines whether mother-child and resident father-child relationship quality are associated with depressive symptoms and alcohol consumption.

DATA AND METHODS

Data for this study come from the National Longitudinal Study of Adolescent to Adult Health

(Add Health). This study uses data from Waves I ($n = 20,745$) and IV ($n = 15,701$). Data from Wave I were collected in 1994-1995, when respondents were in grades 7 through 12, and data from Wave IV were collected in 2008-2009, when respondents were between ages 24 and 32. However, 52 respondents were ages 33 or 34 at Wave IV.

To be included in the analyses, respondents had to have valid sample weights and report living with both biological parents or a married stepfather at Wave I ($n = 9,419$).

The survey commands (SVY) in STATA (Stata Corp., 2017) were used to adjust the standard errors of the model estimates for the weighted, clustered, and stratified design of Add Health (Chen & Chantala, 2014).

Variables:

Key Independent Variables

Family belonging was measured at Wave I using a standardized mean scale of four items ($\alpha = .76$): 1) “How much do you feel your family understands you?” 2) “How much do you feel you and your family have fun together?” 3) “To what extent do you feel your family pays attention to you?” and 4) “How much do you feel you want to leave home?” (reverse-coded). Response options ranged from 1 (“very little”) to 5 (“very much”).

Mother-child relationship quality was measured at Wave I using five items ($\alpha = .84$): 1) “How close do you feel to your mother?” (1 = *not at all*, 5 = *very much*) 2) “How much do you think she cares about you?” (1 = *not at all*, 5 = *very much*) 3) “Most of the time, your mothers is warm and loving toward you,” (1 = *strongly disagree*, 5 = *strongly agree*) 4) “You are satisfied with the way you and your mother communicate with each other,” (1 = *strongly disagree*, 5 = *strongly agree*) and 5) “Overall, you are satisfied with your relationship with your mother” (1 = *strongly disagree*, 5 = *strongly agree*). Items were averaged to create a single mother-child relationship quality variable.

Resident father-adolescent relationship quality was measured at Wave I using a similar set of items ($\alpha = .89$) as those used for assessing mother-adolescent relationship quality.

Key Dependent Variables

Alcohol consumption was measured at Wave IV using the mean of three items ($\alpha = .88$): 1) “During the past 12 months, on how many days did you drink alcohol?” 2) “During the past 12 months, on how many days did you drink 5 or more drinks (for men) or 4 or more drinks (for women) in a row?” and 3) “During the past 12 months, on how many days have you been drunk or very high on alcohol?” Response options ranged from 0 (“none”) to 6 (“every day or almost every day”).

Depressive symptoms were measured at Wave IV using 10 items from a modified version of the Center for Epidemiological Studies Depression Scale (CESD; Radloff, 1977). During the past seven days, respondents indicated the extent to which they felt various emotions such as sadness, tiredness, or that people disliked them. Response options ranged from 0 (“never or rarely”) to 3 (“most or all of the time”). Items were averaged to create a depressive symptoms scale, which had good internal consistency ($\alpha = .83$).

Control Variables

Gender of the respondent was a dummy variable (0 = male, 1 = female). *Race* of the respondent was included as a set of dummy variables: White (omitted group), Black, Hispanic, and other race. *Age* of the respondent at Wave I was a discrete variable measured in years. *Family structure* at Wave 1 was a dummy variable (0 = biological parents, 1 = stepfamily). *Logged income* was measured as a continuous variable and was obtained from the parent interview at Wave I; the logged transformation of income was performed to reduce skewness. *Mother’s education* was measured at Wave I as a set of dummy variables: less than high school (omitted group), high school diploma or GED, some college, and college degree. *Respondent’s education* was measured at Wave IV as a set of dummy variables: less than high school, high school diploma, some vocational or technical school, completed vocational or technical school, some college, and college degree or more (omitted group). *Religious attendance* during the past 12 months was measured at Wave IV as a set of dummy variables: never (omitted group), a few times in the past 12 months, once a month, two or three times per month, once a week, and more than once a week.

RESULTS

Descriptive statistics for the study variables are found in Table 1.

Model 1 results are included in Table 2, and contains results for the bivariate models, with alcohol consumption as the dependent variable. Family belonging was negatively associated with alcohol consumption during young adulthood ($b = -.12, p < .05$), whereas mother-child and resident father-child relationship quality were not significantly associated with alcohol consumption at Wave IV.

Model 2 results for the multivariate analyses are shown in Table 3, and include all control variables. With control variables in the model, family belonging continued to be significantly negatively associated with alcohol consumption ($b = -.21, p < .001$). As with the bivariate model, mother-child and resident father-child relationship quality were not significantly associated with alcohol consumption in the multivariate model.

Table 4 includes bivariate results from Model 3, with depressive symptoms as the dependent variable. In this model, family belonging ($b = -.11, p < .001$), mother-child relationship quality (b

= -.11, $p < .001$), and resident father-child relationship quality ($b = -.10$, $p < .001$) were all negatively associated with depressive symptoms during young adulthood.

Model 4 multivariate results are shown in Table 5. With all control variables in the model, family belonging ($b = -.08$, $p < .001$) and resident father-child relationship quality ($b = -.04$, $p < .01$) continued to be negatively associated with depressive symptoms. Mother-child relationship quality, however, was no longer statistically significant when all controls were included in the model.

DISCUSSION

Results indicate that perceptions of family belonging were significantly associated with both alcohol consumption and depressive symptoms. This is an especially noteworthy finding because given the age of the sample at Wave IV, the majority of individuals are presumably no longer residing with their families of origin. This finding supports prior studies that found that families continue to be important, even during young adulthood (Lambert et al., 2010; Tsai et al., 2013).

The present study also provided further evidence that family belonging is empirically distinct from mother-child and father-child relationship quality, in that family belonging was negatively associated with alcohol consumption in young adulthood, but neither mother-child nor resident father-child relationship quality were associated with alcohol consumption. The results for depressive symptoms were a little less straightforward. Family belonging and resident father-child relationship quality were significantly associated with depressive symptoms at Wave IV, whereas mother-child relationship quality was not. Results suggest that perceptions of family belonging have a long-term association with psychological and behavioral outcomes, and are perhaps more important for well-being than parent-child relationship quality.

Table 1. *Descriptive Statistics for Study Variables*

	Mean/Percentage	Standard Error
Alcohol consumption	1.59	.04
Depressive symptoms	.55	.01
Family belonging	.04	.02
Mother-child relationship quality	4.45	.01
Resident father-child relationship quality	4.11	.02
Female	49.36	.01
Race		
White	72.05	.03
Black	8.68	.01
Hispanic	11.89	.02
Other race	7.38	.01
Age at Wave I	15.35	.12
Family Structure		
Biological Parents	83.03	.01
Stepfamily	16.97	.01
Logged income	3.76	.03
Mother's education		
Less than high school	14.82	.01
High school diploma or GED	33.76	.01
Some college	27.44	.01
College degree	23.98	.02
Respondent's education		
Less than high school	6.92	.01
High school diploma	15.65	.01
Some vocational or technical school	3.01	.00
Completed vocational or technical school	5.75	.00
Some college	32.81	.01
College degree or more	35.87	.02
Religious attendance		
Never	30.34	.01
A few times in the past 12 months	32.47	.01
Once a month	8.37	.00
Two or three times per month	11.98	.01
Once a week	10.54	.01
More than once a week	6.30	.00

Note. Results based on weighted, unimputed data.

Table 2. *Bivariate Results of Ordinary Least Squares (OLS) Regression Analyses Predicting Alcohol Consumption.*

	<i>b</i>	<i>SE</i>
Family belonging	-.12*	.04
Mother-child relationship quality	.01	.04
Resident father-child relationship quality	.01	.03
Female	-.64***	.04
Race (ref = White)		
Black	-.71***	.07
Hispanic	-.43***	.09
Other race	-.27*	.10
Age at Wave I	-.06***	.02
Stepfamily	-.03	.06
Logged income	.31***	.04
Mother's education (ref = less than high school)		
High school diploma or GED	.38***	.06
Some college	.52***	.08
College degree	.74***	.08
Respondent's education (ref = college degree or more)		
Less than high school	-.51***	.11
High school diploma	-.27***	.07
Some vocational or technical school	-.20	.13
Completed vocational or technical school	-.26*	.10
Some college	-.17**	.06
Religious attendance (ref = never)		
A few times in the past 12 months	-.06	.05
Once a month	-.16*	.07
Two or three times per month	-.56***	.06
Once a week	-.95***	.07
More than once a week	-1.36***	.07

Note. Results based on weighted, imputed data.

$N = 9,419$, *** $p < .001$ ** $p < .01$ * $p < .05$

Table 3. *Multivariate Results of Ordinary Least Squares (OLS) Regression Analyses Predicting Alcohol Consumption.*

	<i>b</i>	<i>SE</i>
Family belonging	-.21***	.06
Mother-child relationship quality	.07	.04
Resident father-child relationship quality	.05	.04
Female	-.60***	.04
Race (ref = White)		
Black	-.44***	.07
Hispanic	-.13*	.07
Other race	-.22*	.08
Age at Wave I	-.07***	.01
Stepfamily	.04	.05
Logged income	.14***	.03
Mother's education (ref = less than high school)		
High school diploma or GED	.17*	.07
Some college	.22**	.07
College degree	.35***	.08
Respondent's education (ref = college degree or more)		
Less than high school	-.43***	.10
High school diploma	-.24***	.06
Some vocational or technical school	-.09	.10
Completed vocational or technical school	-.18*	.08
Some college	-.13**	.05
Religious attendance (ref = never)		
A few times in the past 12 months	-.04	.05
Once a month	-.16*	.07
Two or three times per month	-.43***	.06
Once a week	-.80***	.06
More than once a week	- 1.20***	.08

Note. Results based on weighted, imputed data.

$N = 9,419$, *** $p < .001$ ** $p < .01$ * $p < .05$

Table 4. *Bivariate Results of Ordinary Least Squares (OLS) Regression Analyses Predicting Depressive Symptoms.*

	<i>b</i>	<i>SE</i>
Family belonging	-.11***	.01
Mother-child relationship quality	-.11***	.01
Resident father-child relationship quality	-.10***	.01
Female	.08***	.01
Race (ref = White)		
Black	.09***	.02
Hispanic	.06*	.02
Other race	.06*	.01
Age at Wave I	.00	.00
Stepfamily	.05*	.02
Logged income	-.05***	.01
Mother's education (ref = less than high school)		
High school diploma or GED	-.09**	.03
Some college	-.12***	.03
College degree	-.17***	.03
Respondent's education (ref = College degree or more)		
Less than high school	.27***	.04
High school diploma	.17***	.02
Some vocational or technical school	.26***	.05
Completed vocational or technical school	.16***	.04
Some college	.07***	.01
Religious attendance (ref = never)		
A few times in the past 12 months	-.04*	.02
Once a month	-.09***	.02
Two or three times per month	-.13***	.02
Once a week	-.11***	.02
More than once a week	-.06	.03

Note. Results based on weighted, imputed data.

$N = 9,419$, *** $p < .001$ ** $p < .01$ * $p < .05$

Table 5. *Multivariate Results of Ordinary Least Squares (OLS) Regression Analyses Predicting Depressive Symptoms.*

	<i>b</i>	<i>SE</i>
Family belonging	-.08***	.01
Mother-child relationship quality	-.02	.01
Resident father-child relationship quality	-.04**	.01
Female	.09***	.01
Race (ref = White)		
Black	.09***	.02
Hispanic	.01	.02
Other race	.05*	.02
Age	-.01*	.00
Stepfamily	-.01	.02
Logged income	-.00	.01
Mother's education (ref = less than high school)		
High school diploma or GED	-.05*	.02
Some college	-.06*	.03
College degree	-.07*	.03
Respondent's education (ref = college degree or more)		
Less than high school	.20***	.04
High school diploma	.14***	.02
Some vocational or technical school	.23***	.04
Completed vocational or technical school	.12**	.04
Some college	.04**	.01
Religious attendance (ref = never)		
A few times in the past 12 months	-.02	.02
Once a month	-.06*	.02
Two or three times per month	-.11***	.02
Once a week	-.08**	.02
More than once a week	-.04	.03

Note. Results based on weighted, imputed data.

$N = 9,419$, *** $p < .001$ ** $p < .01$ * $p < .05$

REFERENCES

- Chen, P., & Chantala, K. (2014). *Guidelines for analyzing Add Health data*. Chapel Hill: Carolina Population Center, The University of North Carolina at Chapel Hill. Retrieved from http://www.cpc.unc.edu/projects/addhealth/documentation/guides/wt_guidelines_20161213.pdf
- Hair, E.C., Moore, K.A., Garrett, S.B., Ling, T., & Cleveland, K. (2008). The continued importance of quality parent-adolescent relationships during late adolescence. *Journal of Research on Adolescence, 18*, 187-200.
- Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey replication. *Archives of General Psychiatry, 62*, 593-602.
- King, V., Boyd, L.M., & Pragg, B. (2018). Parent-adolescent closeness, family belonging, and adolescent well-being across family structures. *Journal of Family Issues, 39*, 2007-2036.
- King, V., Boyd, L.M., & Thorsen, M.L. (2015). Adolescents' perceptions of family belonging in stepfamilies. *Journal of Marriage and Family, 77*, 761-774.
- Lambert, N.M., Stillman, T.F., Baumeister, R.F., Fincham, F.D., Hicks, J.A., & Graham, S.M. (2010). Family as a salient source of meaning in young adulthood. *The Journal of Positive Psychology, 5*, 367-376.
- Manning, W.D., & Lamb, K.A. (2003). Adolescent well-being in cohabiting, married, and single-parent families. *Journal of Marriage and Family, 65*, 876-893.
- Maslow, A.H. (1970). *Motivation and personality*. New York, NY: Harper & Row.
- Radloff, L.S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.
- StataCorp. (2017). *Stata Statistical Software: Release 15*. College Station, TX: StataCorp LLC.

Tsai, K.M., Telzer, E.H., & Fuligni, A.J. (2013). Continuity and discontinuity in perceptions of family relationships from adolescence to young adulthood. *Child Development, 84*, 471-484.