

**I won't obey!: Psychologically Controlling Parenting and (Non)-Clinical Adolescents'  
Responses to Rule-setting.**

Brenning, K.<sup>1</sup>

Antrop, I.<sup>1</sup>

Van Petegem, S.<sup>2</sup>

Soenens, B.<sup>1</sup>

De Meulenaere, J.<sup>1</sup>

Rodríguez-Meirinhos, A.<sup>3</sup>

Vansteenkiste, M.<sup>1</sup>

<sup>1</sup>Ghent University

<sup>2</sup>University of Lausanne

<sup>3</sup>University of Seville

Corresponding author:

K. M. Brenning

Ghent University

Department of Developmental, Personality and Social Psychology

Henri Dunantlaan 2

9000 Ghent

Belgium

Katrijn.Brenning@Ugent.be

Grant number: FWO.3EO.2015.0012.01

## PARENTING AND ADOLESCENTS' RESPONSES TO RULE-SETTING

### **Abstract**

**Objectives:** This study examined associations between maternal psychologically controlling parenting and adolescents' responses to rule-setting, as well as the link between both study variables and adolescents' internalizing and externalizing problems.

**Method:** Both clinical and non-clinical adolescents reported upon maternal psychological control, responses to rule-setting (i.e., oppositional defiance, submissive compliance, negotiation, accommodation), and both adolescents and mothers reported upon adolescents' problems.

**Results:** Perceived psychological control related positively to adolescents' oppositional defiance and submissive compliance and negatively to negotiation and accommodation. Further, an integrated path model indicated that psychological control related to externalizing problems via oppositional defiance and to internalizing problems via submissive compliance.

**Conclusions:** Psychological control relates to different types of problem behaviors via diverse responses to maternal rule-setting. The discussion emphasizes the importance for future prevention and intervention programs to focus on both parenting and on adolescents' active contribution to their socialization process.

**Key words:** Parenting, Responses to Rule-Setting, Internalizing and Externalizing Problems, Adolescence

## Introduction

Many parents would likely agree that adolescence is a challenging developmental period to establish and monitor parental rules, with adolescents being less likely to passively accept parental rules compared to younger children and, instead, more likely to actively question or even defy rules (Steinberg & Morris, 2001). Notwithstanding the average increase in disagreement with rules, there is much variation in adolescents' types of responses to rule-setting, with some responses being constructive and others being dysfunctional (Skinner & Zimmer-Gembeck, 2007). While conceptual progress has been made to identify adaptive (negotiation, accommodation) and maladaptive (oppositional defiance, submissive compliance) responses to adult rules, empirical research is lagging behind. This is unfortunate because knowledge about the importance of these responses may inform prevention and intervention efforts aimed to ameliorate constructive parent-adolescent communication. Therefore, the aim of the present study in a heterogeneous sample of referred and non-referred youth is to examine both antecedents (i.e., psychologically controlling parenting) and outcomes (i.e., internalizing and externalizing problems) of adolescents' responses to rules with which they disagree. Specifically, we investigate whether these different responses to rules may help to explain why perceived psychologically controlling (versus autonomy-supportive) parenting relates to both internalizing and externalizing problems.

### **Different Responses to Rule-setting: The link with Parenting**

In various contexts (at home, in school, and even during leisure activities), adolescents are confronted with a multitude of guidelines for desirable behavior. According to Skinner and Zimmer-Gembeck (2007), four different reactions to rule-setting can be distinguished in case of disagreement. A first maladaptive response, *oppositional defiance*, involves a blunt rejection of the rule and a tendency to simply disregard the request and to do the opposite of what is expected. A second maladaptive way of responding to rules is *submissive compliance*, which involves ruminating about the situation and rigidly obeying to the demand, thereby suppressing one's personal preferences. Third, *negotiation* is a

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more adaptive response, in which adolescents openly and constructively express their disagreement by engaging in a dialogue. This is done with the aim of creating a situation where a consensus can be reached between the external request and one's personally endorsed goals. Finally, in case of *accommodation* adolescents adaptively engage in flexible adjustment of their own goals and priorities. This can be done by cognitively restructuring the demand, by accepting the constraining situation or by focusing on more important goals.

Each of these responses to rules has a function in adolescents' sense of autonomy, as they all involve (more or less successful) attempts to stay true to one's personal preferences, values, and interests (Skinner & Edge, 2002). To better understand the developmental origins of these different responses, it is therefore important to consider the role of autonomy-relevant parenting. Parents differ in the extent to which they support or suppress adolescents' sense of autonomy. Psychologically controlling parenting refers to the use of manipulative and pressuring strategies to pressure the child to act, think, or feel in particular ways (Barber, 1996) and is contrasted with a more autonomy-supportive style, in which parents encourage their children to behave upon self-endorsed preferences (Soenens et al., 2007).

Adolescents who grow up in a controlling (rather than autonomy-supportive) parenting context may fail to develop the critical skills to deal adequately with situations of disagreement. Specifically, due to the lack of experienced safety to express a deviating opinion or to question a parental request, adolescents of controlling parents may not or no longer engage in negotiation when confronted with new disagreed rules. Instead, as their opinion is not welcomed, they may either submissively comply with their parents' request or defy the request in an antagonistic way altogether. Further, as controlling parents make fewer efforts to explain their own parental perspective, children would also have trouble to accommodate to the disagreed rule, that is, they would be less able to empathize with their parents' viewpoint (Skinner & Edge, 2002).

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Research on the link between psychologically controlling (versus autonomy-supportive) parenting and adolescents' responses to rules is scarce and, until now, has focused mainly on oppositional defiance. This research consistently found that a controlling (rather than autonomy-supportive) parental style related to oppositional defiance to rules (e.g., Chen, Soenens, Vansteenkiste, Van Petegem, & Beyers, 2016; Vansteenkiste, Soenens, Van Petegem, & Duriez, 2014). However, oppositional defiance is only one potential response to rule-setting. To the best of our knowledge, only one study investigated the link between autonomy-relevant parenting and each of the four responses to rules simultaneously (Van Petegem et al., 2017). Facing a pressuring maternal request to study more after obtaining poor grades, adolescents growing up in an autonomy-supportive (relative to a controlling) family climate reported less oppositional defiance and submissive compliance and instead more negotiation.

Extending this program of research, the present study focused on the link between psychologically controlling (versus autonomy-supportive) parenting and all four distinguished responses to rule-setting in a heterogeneous sample involving both non-clinical and clinical participants. As the typical response to disagreed rules may be markedly different between these two subsamples, we deemed it informative to examine mean-level differences in the four discerned responses. Further, this study aimed to examine, as far as we know for the first time, whether these different responses would relate differentially to adolescents' internalizing and externalizing problems, and whether adolescents' responses could play an explanatory role in the link between parenting and developmental problems.

### **Parenting, Responses to Rule-setting and Psychological distress**

Because of its intrusive and autonomy-inhibiting nature, psychological control is hypothesized to increase the likelihood of adolescents' maladjustment (Barber, 1996), whereas autonomy support is hypothesized to contribute to psychological adjustment. Robust empirical evidence confirms that psychological control is related to adolescents' psychological and behavioral difficulties (e.g., Soenens & Vansteenkiste, 2010), whereas perceived autonomy support is conducive to psychosocial well-being

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(e.g., Brenning, Soenens, Van Petegem, & Vansteenkiste, 2015). However, one somewhat unresolved issue in research on autonomy-relevant parenting are the questions how and why controlling (relative to autonomy-supportive) parenting gives rise to a broad variety of developmental problems, including both internalizing and externalizing problems. Herein, we argue that adolescents' responses to rule-setting can help to explain why the detrimental developmental outcomes associated with controlling parenting are so diverse and can manifest in different ways (Soenens, Vansteenkiste, & Van Petegem, 2015). Thus, the investigation of different responses to rules may help to shed light on the issue of *multifinality*, which suggests that the same underlying risk factor (i.e., controlling parenting) may give rise to different outcomes through various pathways (Cicchetti & Rogosch, 1996). Specifically, oppositional defiance would be implicated in a pathway leading to externalizing problems, whereas submissive compliance would be implicated in a pathway leading to internalizing distress (Zimmer-Gembeck & Skinner, 2016). Next to the dysfunctional responses to rule-setting, controlling (relative to autonomy-supportive) parenting is also likely to decrease the likelihood that adolescents respond to rules constructively (i.e., negotiation and accommodation), which may further help to explain the detrimental effects of controlling parenting. We anticipate that negotiation is primarily related to less internalizing problems as people high on negotiation express their personal ideas and viewpoints, which may protect against internalizing distress in particular by staying true to their personal preferences. Accommodation on the other hand, which is relatively more relationally-oriented and more focused on the needs of the other, could be expected to be particularly protective against externalizing problems.

Again, previous research on the link between responses to rule-setting and psychosocial adjustment mainly focused on oppositional defiance, with oppositional defiance being associated with both externalizing and internalizing symptoms in adolescents (e.g., Van Petegem, Soenens, Vansteenkiste, & Beyers, 2015). The link between oppositional defiance and internalizing symptoms suggests that oppositional defiance also comes at the expense of one's personal preferences, thereby yielding an emotional cost because actions are determined by the external rules against which they

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react. However, as previous research only focused on adolescents' oppositional defiance, it could also be the case that the association between oppositional defiance and internalizing problems was a spurious one, caused by overlap between oppositional defiance and other responses with stronger and more specific relevance to internalizing problems (i.e., submission and negotiation in particular). Thus, it was deemed important to add to this limited body of research by examining how each of the four responses would relate to developmental problems.

### **The Present Study**

The main aim of the present research is to investigate the associations between psychologically controlling (versus autonomy-supportive) parenting, adolescents' responses to rule-setting (i.e., oppositional defiance, submissive compliance, negotiation, and accommodation), and internalizing and externalizing symptoms. An important strength of the current study is the sampling of a heterogeneous group of both referred and non-referred adolescents and their mothers, which (a) allowed for greater variability in internalizing and externalizing symptoms, quality of parenting, and responses to rules; (b) provided the possibility to examine mean-level differences between referred and non-referred adolescents and (c) allowed examining the generalizability of our hypothesized model and, more specifically, addressed the question whether parenting and adolescents' responses to rule-setting are related to both sub-threshold (non-clinical) symptoms as well as clinically elevated problems.

### **Method**

#### **Participants**

This study included both a referred and non-referred subgroup of participants. The referred group consisted of 65 patients (49 female and 16 male adolescents). The patients' age ranged from 12 to 18 years ( $M = 15.73$ ,  $SD = 1.53$ ). Regarding level of education, 41.54% of the referred youngsters were following an academic track (i.e., were preparing for college or university studies), whereas the remaining participants were preparing for technical proficiencies. In terms of family structure, 41.54% of the participants came from intact families, whereas the remaining participants were from divorced

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families or families where one of the parents was deceased. Although some of the non-intact families included a step-parent whereas others were single-parent families, either way, adolescents' biological mothers were asked to complete the questionnaires. Mothers ( $N = 49$ ) had a mean age of 44.55 years, with a range between 30 and 61 years. Regarding educational level, 41.51% of the mothers completed secondary school, 45.28% had a bachelor's degree diploma, and 13.21% attained a master's degree diploma.

The community sample consisted of 86 participants (56 female and 30 male adolescents). Students' ranged in age from 12 to 18 years ( $M = 15.90$ ,  $SD = 1.57$ ). Regarding level of education, 47.67% of the non-referred participants were following the academic track, whereas the remaining participants were preparing for technical proficiencies. In terms of family structure, 56.98% of the participants came from intact families. The mothers ( $N = 47$ ) had a mean age of 44.06 years, with a range between 34 and 59 years. Regarding educational level, 46.77% of the mothers completed secondary school, 45.16% had a bachelor's degree diploma, and 8.06% attained a master's degree diploma.

The referred and non-referred sample did not show significant differences on the matching criteria (Pearson  $\chi^2 = 1.84$ ,  $p > .05$ ; Pearson  $\chi^2 = 7.26$ ,  $p > .05$ , Pearson  $\chi^2 = 2.97$ ,  $p > .05$ , and Pearson  $\chi^2 = 2.60$ ,  $p > .05$  for respectively gender, age, education level, and family structure). The referred and non-referred samples differed in terms of prevalence of psychological problems, with referred children scoring higher on both internalizing and externalizing symptoms than non-referred children [ $F(1, 150) = 12.71$ ,  $p < .001$  and  $F(1, 150) = 7.91$ ,  $p < .01$  for internalizing and externalizing symptoms, respectively].

### Measures

**Perceived maternal psychological control.** To assess psychologically controlling (versus autonomy-supportive) parenting, we administered the 8-item Psychological Control Scale – Youth Self Report (PCS-YSR; Barber, 1996) and the 7-item Autonomy-Support scale of the Perceptions Of



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Parents Scale (POPS; Grolnick, Ryan, & Deci, 1991). For psychological control, an example item reads: "My mother is always trying to change how I feel or think about things". For autonomy support, an example item reads: "My mother, whenever possible, allows me to choose what to do". As in previous studies (e.g., Soenens & Vansteenkiste, 2005), a single composite score for autonomy support versus psychological control ( $r = -.65$ ,  $p < .001$  between autonomy support and psychological control) was computed by reverse-scoring the autonomy support items and by averaging the scores of the psychological control and (reverse-scored) autonomy support items. Cronbach alpha of this scale was .89.

**Anticipated responses to rule-setting.** The stem of this questionnaire reads: "When I don't agree with certain rules, I would...". This stem was followed by 22 items tapping into 4 different responses, and adolescents indicated on each item the extent to which they would respond like that in the described situation (Van Petegem et al., 2017). Oppositional defiance was assessed through a 4-item scale (Vansteenkiste et al., 2014; e.g., "I would simply disregard the rules"), submission was measured using a 7-item scale (Skinner & Zimmer-Gembeck, 2007; e.g., "I would comply submissively"), negotiation was assessed through an adapted 5-item version of the Negotiation subscale of the Child Coping Questionnaire (CCQ; Chen et al., 2016; Finnegan, Hodges, & Perry, 1998; e.g., "I would try to reach an agreement that is good for both parties"). Finally, accommodation was assessed with a 6-item scale (Van Petegem et al., 2017), which consisted of items adapted from the Secondary Control subscales of the Responses to Stress Questionnaire (Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000) and the Acceptance subscale of the Cognitive Emotion Regulation Questionnaire (Garnefski & Kraaij, 2007; e.g., "I would try to understand that these rules are actually well-meant intentions"). All scales were found to be reliable (Cronbach alphas = .87, .83, .92 and .89 for oppositional defiance, submission, negotiation and accommodation respectively).

To reduce the number of indicators in the measurement model (thereby keeping in check the ratio of estimated parameters by the number of participants), we selected four items per scale. As a first

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step, with an exploratory purpose, a principal axis factor analysis of the 22-item scale was conducted. Four factors emerged with an eigenvalue larger than one (i.e., 6.61, 4.30, 2.90, 1.27) and the scree-plot indicated a clear elbow after the first four factors, explaining 68.53% of the variance. As anticipated theoretically, a four-factor solution could be extracted. The factor loadings obtained after oblique rotation (PROMAX) are provided in Table 1. From this 4-factor solution, we selected the four items within each factor with the strongest loadings (indicated in bold in Table 1). Cronbach alphas were .87, .84, .92 and .91 for the four-item scales of oppositional defiance, submission, negotiation and accommodation, respectively.<sup>1</sup>

**Adolescents' internalizing and externalizing symptoms.** The Youth Self Report and the Child Behavior Checklist (YSR and CBCL; Achenbach & Rescorla, 2001) were administered as measures of adolescents' emotional and behavioural problems as reported by adolescents and mothers, respectively. The YSR and CBCL include respectively 31 and 32 internalizing items and 31 and 35 externalizing items. For both questionnaires, a global internalizing ( $r = .81, p < .001$  between mother and child report) and externalizing symptomatology score ( $r = .61, p < .001$  between mother and child report) was obtained. Cronbach alphas in the present study were .95 and .97 for the YSR and CBCL internalizing problem scale and .87 and .94 for the YSR and CBCL externalizing problem scale, respectively.

### Procedure

The referred group of adolescents was contacted via the psychiatric ward at the Ghent University hospital and the Psychiatric Center Karus. Of all contacted participants, 92% agreed to take part. The non-referred group of participants consisted of students contacted via a secondary school in Flanders-Belgium, in which 89% agreed to take part. To match the referred and non-referred sample according to adolescents' gender, age, study level, and family structure, a group of 86 non-referred children and adolescents was selected from a bigger sample ( $N = 156$ ), that is, by randomly deleting

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<sup>1</sup> Note that the results of the present study, as presented in the Results section, stayed the same when using the 4-item solution as when using the complete set of items.

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participants that were overrepresented in the control group (i.e, male participants, younger participants and participants that came from intact families). Youth between 12 and 18 years of age were asked to complete the questionnaires concerning perceived maternal parenting, responses to rule-setting, and psychological difficulties. Psychologically controlling (versus autonomy-supportive) parenting was assessed in the context of the mother-child relationship as this is one of the most central and important relationships during this age period (Tsai, Telzer, & Fuligni, 2013). Adolescents' internalizing and externalizing problems were measured using a multi-informant approach (i.e., adolescent and mother report). The survey, which took place in the clinical or school setting (and for all mothers at home), took approximately one hour. After explanation of the objectives and procedure of the study, informed consent was obtained from all youngsters and their parents. Adolescents' questionnaires were administered by trained clinical psychology students or trained psychologists. The Ethical Committees of Ghent University (Belgium) and the Ghent University Hospital approved the protocol of this study.

### **Treatment of Missing Values**

To maximize sample size in the referred and non-referred sample, cases with missing values were included in the analyses by estimating missing data. Participants with and without complete data were compared using Little's (1988) Missing Completely At Random (MCAR) test. A  $\chi^2/df$  ratio value of 2 or less suggests that missing values can be estimated reliably. Comparison of means and covariances of all variables, revealed a  $\chi^2/df$  ratio of 1.52, suggesting that the data were missing completely at random. Therefore, missing data was dealt with using Full Information Maximum Likelihood (FIML) in MPlus. Thus, all structural analyses were performed on a sample of 151 participants.

## **Results**

### **Descriptive Statistics and Preliminary Analyses**

Table 2 presents correlations between all study variables. Maternal psychological control (versus autonomy support) was positively related to adolescents' oppositional defiance and negatively related to adolescents' negotiation and accommodation. No significant correlation was found between

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psychologically controlling parenting and submissive compliance. Maternal psychological control was also related to both internalizing and externalizing symptoms. Further, both oppositional defiance and submission were related positively to adolescents' internalizing symptoms. With regard to externalizing problems, oppositional defiance showed a significant positive association, whereas a significant negative association was found for accommodation.

Next, differences in the study variables in terms of adolescents' age, gender, family structure, type of education, and clinical status (referred versus non-referred sample) were examined through a multivariate analysis of variance. A significant effect of age, gender, school, and clinical status was found on the study variables (Wilks' Lambda respectively  $F(7, 61) = 2.63, p < .05$ ;  $F(7, 61) = 2.19, p < .05$ ;  $F(7, 61) = 3.21, p < .01$ ;  $F(7, 61) = 9.02, p < .001$ ). Specifically, older adolescents reported more negotiation compared to younger adolescents ( $r = .21, p < .05$ ), boys displayed more oppositional defiance [ $F(1, 67) = 4.24, p < .05$ ] and less internalizing symptoms [ $F(1, 67) = 5.43, p < .05$ ] than girls, adolescents preparing for technical proficiencies showed more externalizing problems [ $F(1, 67) = 5.47, p < .05$ ] than adolescents preparing for academic studies, and the referred group reported more submissive compliance [ $F(1, 67) = 22.34, p < .001$ ], internalizing and externalizing symptoms [ $F(1, 67) = 100.59, p < .001$  and  $F(1, 67) = 19.15, p < .001$ , respectively] compared to the non-referred group. The effect of family structure was non-significant, as were the two-way interactions between the background variables. Given the significant associations of the background variables (gender, age, school, and clinical status), we controlled for the effects of these variables in all main analyses.

### **Primary Analyses: Structural Equation Modeling**

To examine our research hypotheses we used Structural Equation Modelling (SEM) using MPlus 7.4 (Muthén & Muthén, 2012). For each construct, two to four indicators or parcels were used. To model perceived maternal psychological control four parcels were created, each consisting of a set of randomly selected items. For anticipated responses to rule-setting, four items of each subscale were used as indicators. To model adolescent internalizing symptoms, adolescent-report and mother-report

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were used as indicators; the same procedure was used for adolescent externalizing symptoms. We evaluated model fit based on a combined consideration of the Chi-square statistic ( $\chi^2$ ), the Comparative Fit Index (CFI), the Root Mean Square Error of Approximation (RMSEA) and the Standardized Root-Mean-square Residual (SRMR). The  $\chi^2$  should be as small as possible. A CFI value of .90 or higher indicates a reasonable fit, whereas an RMSEA value of .06 or lower and a SRMR value of .08 or lower indicate acceptable fit (Kline, 2010). Prior to testing a structural model through SEM, a confirmatory factor analysis (CFA) was used to test the quality of the measurement model.

**Measurement Model.** The baseline model included seven latent variables (i.e., perceived psychological control, adolescents' oppositional defiance, submission, negotiation, accommodation, and adolescents' internalizing and externalizing symptoms) and 24 indicators (i.e., two to four indicators or parcels for each latent construct). This model fitted the data adequately,  $\chi^2(231) = 362.91$ ,  $p < .001$ , CFI = .93, RMSEA = .06, SRMR = .06. Moreover, all factor loadings were highly significant ( $p < .001$ ), ranging from .63 to .91 (mean = .82). In sum, evidence was obtained for a reliable measurement model, which was used in all subsequent tests of the structural models.

**Structural Equation Modeling.** To test the hypothesized structural model (see Figure 1), we examined the associations between perceived psychological control, adolescents' responses to rule-setting and both internalizing and externalizing symptoms. Correlations were allowed between each of the responses as well as between internalizing and externalizing symptoms. The model fitted the data well,  $\chi^2(316) = 472.04$ ,  $p < .001$ , CFI = .93, RMSEA = .06, SRMR = .06. Perceived psychological control was related to each of the four responses, displaying a positive association with oppositional defiance and submissive compliance and a negative association with negotiation and accommodation. In turn, oppositional defiance was positively related to externalizing symptoms, whereas submissive compliance was positively related to internalizing symptoms. Regarding the more adaptive responses, a marginally significant negative association was found between accommodation and externalizing

symptoms. Finally, psychological control was significantly related to internalizing symptoms, whereas the association between psychological control and externalizing symptoms was non-significant.<sup>2</sup>

In a next step, we tested whether the indirect paths from psychological control to externalizing symptoms via oppositional defiance and accommodation, and from psychological control to internalizing symptoms via submission, were significant. The results showed a significant indirect path from psychological control to externalizing symptoms via oppositional defiance ( $\beta = .20, p < .05; 95\%-CI [.03 - .37]$ ). A marginally significant indirect path was found from psychological control to internalizing symptoms through submission ( $\beta = .04, p = .10, 95\%-CI [-.01 - .08]$ ). Finally, the indirect path from psychological control to externalizing symptoms via accommodation ( $\beta = .10, p = .13, 95\%-CI [-.03 - .22]$ ) was non-significant.

### **Secondary analyses: Moderation by adolescents' clinical status**

To examine whether adolescents' clinical status (referred versus non-referred) alters the associations in the final structural model, a multigroup analysis was conducted. Because of the relatively small sample size, we used path analyses with latent factor scores that were derived and saved from the measurement model (Muthén & Muthén, 2012). The advantage of this approach is that the ratio of the sample size to the number of estimated parameters is higher than in a more complex multi-group SEM-model (which would include the indicators of each of the latent variables as well). Another advantage of this approach is that the measurement errors were still controlled for in the model, as we made use of latent scores. When comparing a constrained model (in which the modeled pathways were set to be invariant across groups) with an unconstrained model (in which these parameters were freely estimated across groups), no significant differences were found between the model for clinically referred and non-clinically referred adolescents,  $\Delta SBS-\chi^2(14) = 22.76, p > .05$ . As

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<sup>2</sup> In addition, we also tested the possibility that externalizing and internalizing problems mediate the link between psychological control and responses to rule setting. When comparing the fit of this alternative model with the fit of our hypothesized model, relying on Akaike's Information Criterion (AIC), the fit of this alternative model was somewhat less good (AIC = 697.85) in comparison to the fit of the original model with coping as a mediator of the link between psychological control and both internalizing and externalizing problems (AIC = 684.29).

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such, no evidence was found that associations in the final structural model differed between the referred and non-referred group.

### Discussion

This study investigated the correlates of adolescents' responses to rule-setting in a heterogeneous sample comprising both referred and non-referred adolescents. Although adolescents often disagree with adult rules, how they respond to these disagreements varies greatly with some responses being rather dysfunctional (i.e., oppositional defiance and submission) and with other responses being more constructive (i.e., negotiation and accommodation; Skinner, Edge, Altman, & Sherwood, 2003). The present study examined whether adolescents' reactions to disagreed parental rules may help to explain why and how experiences of maternal psychologically controlling (relative to autonomy-supportive) parenting related to diverse problem behaviors.

As expected and congruent with Van Petegem et al. (2017), adolescents who perceived their mothers as psychologically controlling (versus autonomy-supportive) reported more maladaptive and less adaptive responses when confronted with rules they do not agree with. Indeed, as parents high in psychological control tolerate little, if any, deviation from their viewpoint, thereby using various pressuring strategies to obtain compliance (e.g., guilt-induction; love withdrawal instead of providing a meaningful rationale), adolescents may not feel safe to engage in a dialogue regarding rules (i.e., negotiation) and may be less willing to empathize with their parents' viewpoint (i.e., accommodation). Instead, adolescents experiencing maternal psychological control more often bluntly reject the parental rule (i.e., oppositional defiance) or rigidly obey the demand (i.e., submission).

In turn, and as hypothesized, more maladaptive responses to rule-setting (i.e., oppositional defiance and submission) were related to more psychological problems in a differentiated way. That is, whereas a blunt rejection of rules was specifically related to adolescents' externalizing problems, rigidly obeying the demands was specifically related to adolescents' internalizing problems. Further, although results showed a marginally significant association between accommodation and externalizing

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problems, the protective value of the adaptive responses to rule-setting (i.e., negotiation and accommodation) was limited. Possibly, the modest role of accommodation could be due to the high level of overlap between accommodation and oppositional defiance ( $r = -.59, p < .001$ ) and the fact that oppositional defiance accounted for a large portion of the explained variance.

Further, with regard to the non-significant contribution of negotiation in the prediction of both types of problem behavior, two potential hypotheses could be forwarded. First, the absence of associations may be due to the way adults respond to adolescents' negotiation. Whereas some adults may interpret negotiation as an adaptive response to rule-setting (which may lead to an agreement and as a consequence to adolescents' higher well-being), other adults may interpret negotiation as an overly assertive and even 'rude' response (which would lead to negative reactions from the environment and heightened adolescent psychological distress). Second, a more methodological explanation involves the fact that the present study only included indicators of psychopathology as outcomes. The resilient role of negotiation and accommodation may become more visible in future research including psychological strengths (e.g., communication skills; authenticity) instead of just an absence of externalizing and internalizing symptoms.

Importantly, these diverse responses helped to explain the associations between psychologically controlling parenting and problem behaviors. In doing so, this study addressed the question why this autonomy-suppressing type of parenting relates to such a wide range of problems (i.e., both externalizing and internalizing symptoms). Consistent with our hypotheses, oppositional defiance helped to account for the link between psychologically controlling parenting and externalizing symptoms, whereas submissive compliance underlies the association between psychologically controlling parenting and internalizing symptoms. As such, the current study contributes to a better understanding of the phenomenon of multifinality (i.e., one cause can lead to many outcomes, see Cicchetti & Rogosch, 1996) in the domain of parenting. This phenomenon involves the question why some adolescents are more likely to respond to controlling parenting with internalizing problems while



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other adolescents are more prone to display externalizing problems (Soenens et al., 2015). An important avenue for further research regarding this principle of multifinality is to investigate whether the pathways we have modelled may relate to different personality characteristics. More specifically, a person-oriented approach could be used to investigate whether some adolescents are more prone to one of both pathways and which factors (including personality, but also temperament and attachment history) may play a role in this regard.

Interestingly, clinical status did not affect adolescents' vulnerability for one of both pathways, as clinical status failed to moderate any of the paths in our proposed model. Said differently, the obtained structural associations in the model were not different for referred and non-referred adolescents. Such findings are in line with the Spectrum Hypothesis (see Van Leeuwen, Mervielde, De Clercq, & De Fruyt, 2007), which states that a psychological disorder (e.g., internalizing difficulties) is not a discrete taxon but rather represents the extreme endpoint of a continuously-distributed dimension. In terms of mean-level differences, adolescents in the referred, relative to those in the non-referred, group reported more submissive compliance in response to rule-setting. Somewhat surprisingly, we found no other mean-level differences in the responses to rule-setting. One potential explanation concerns the selectivity of the clinical sample which, although being referred to care for diverse reasons, predominantly differs from the non-clinical group in terms of internalizing problems. Given that only submissive compliance is predictive of this outcome, the unique mean-level difference in submissive compliance can be better understood. Alternatively, adolescents who are signed up at a psychiatric ward may already have experienced that resisting their parents does not yield much benefit. Possibly, adolescents may have gone through a process of initial negotiation, after which they became more overtly resistant (i.e., oppositional defiance) because they did not feel heard. Yet in the longer run, such strategies may have proven unsuccessful as well, and eventually they may simply submit to their parents' wishes, with the latter response also partly explaining their increased psychological problems.

### **Limitations and Directions for Future Research**

Although the present study yielded several interesting findings, it also has several limitations. First, given the cross-sectional design, no inferences about causality or direction of effects could be made. Based on theory and previous research (e.g., Zimmer-Gembeck & Skinner, 2016), connections between parenting, responses to rule-setting and psychopathology are likely to be bidirectional in nature, an issue that can be pursued via longitudinal work. For example, previous longitudinal research documented reciprocal associations between parents' communication style and adolescents' oppositional defiance (e.g., Vansteenkiste et al., 2014). Second, as the current study only considered the perceived maternal parenting style, future research should also include perceived paternal parenting and consider the gender composition of the family dyad as a potential moderator (see also Van Petegem et al., 2017). Third, to completely avoid the problem of shared method variance, future research should include a multi-informant and/or multi-method approach for all constructs in the model. Thereby, observational measures could be used to assess adolescents' responses to rule-setting in a natural conversation. Finally, future research could move beyond controlling parenting and focus on other parenting variables, such as responsiveness. Possibly, maternal psychological control could be especially associated with submission when parents are perceived moderate or high on responsiveness, whereas it could be especially linked to oppositional defiance when parents score low on responsiveness (see Assor & Tal, 2012).

In conclusion, parenting practices seem to relate to the ways in which adolescents cope with rules, and different coping strategies at least partially explained why psychologically controlling parenting relates to different developmental problems among adolescents. In terms of clinical implications, our findings point to the importance of both parenting and adolescents' own contribution to the socialization process as predictors of problems. As such, intervention and prevention efforts should target both parents and adolescents. Regarding parenting, intervention programs would do well to target not only parental structure and affiliation but also parental autonomy-support (see for instance the How-

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to Parenting Program; Joussemet et al., 2018). With regard to adolescents as active agents, if future research further supports the importance of adolescents' responses to rule-setting, prevention and intervention programs for adolescents may also focus on the way adolescents deal with rules they disagree with. Such an approach could teach adolescents to avoid the pitfalls of dysfunctional responses and could also strengthen their resilience when confronted with threats to their autonomy.

### **Compliance with Ethical Standards**

#### **Conflicts of Interest**

The authors report no conflicts of interest.

#### **Ethical Approval**

All procedures performed involving human participants in this study were in accordance with the ethical standards of the \*\*\*\*\* (blinded for review) University Institutional Review Board and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

#### **Informed Consent**

Informed consents were obtained from all participants included in the study.

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Table 1

*Items Anticipated Coping Questionnaire*

Component

Introduction stem: If I don't agree with certain rules, ...	1	2	3	4
1. I would do exactly the opposite of what is expected.	<b>.79</b>	.10	.10	-.02
2. I would simply disregard the request.	<b>.80</b>	.00	-.12	-.04
3. I would rebel against the request.	<b>.89</b>	.02	-.07	-.01
4. I would not be concerned about the request: I would do as I please.	<b>.97</b>	.02	-.06	.10
5. I would worry about this.	.01	<b>.78</b>	.20	-.21
6. I wouldn't dare anything else but obeying the rules.	-.25	.45	-.17	.36
7. I would find it difficult thinking about something else.	.14	<b>.85</b>	.06	-.00
8. I would do anxiously what is requested.	-.10	<b>.77</b>	-.11	.05
9. I would be thinking about it continuously.	.11	<b>.91</b>	.08	-.05
10. I would comply submissively.	-.08	.50	-.25	.32
11. Strongly against my will, I would do what is expected.	-.01	.53	-.11	-.13
12. I would explain why I would agree or disagree.	-.11	.18	<b>.87</b>	-.08
13. I would talk about it or try to negotiate.	-.00	.05	<b>.91</b>	-.06
14. I would try to come to an agreement that is good for both parties.	-.05	.01	<b>.84</b>	.17
15. I would try to explain how I think about it.	-.01	-.05	<b>.85</b>	.17
16. I would voice my opinion about this issue.	.06	-.17	.76	-.03
17. I would think by myself it is not such a big deal to follow these rules.	-.05	-.08	-.08	<b>.88</b>
18. I would think that there are more important things in life, and just do it.	-.04	-.01	.02	<b>.80</b>
19. I would try to understand that these rules are actually well-meant.	.09	-.11	.07	<b>.96</b>
20. I wouldn't attach too much importance to it and just do what is asked.	-.02	-.15	-.11	<b>.92</b>
21. I would try to understand what these rules actually want to say.	.05	-.01	.25	.76
22. I would examine by myself whether these rules aren't right after all.	.07	.27	.20	.51

*Note.* Component 1 = Oppositional defiance, component 2 = Submission, component 3 = Negotiation, component 4 = Accommodation

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Table 2

*Correlations among Study Variables together with Means and Standard Deviations*

	1	2	3	4	5	6	7
1. Psychological control	/						
2. Oppositional defiance	.37***	/					
3. Submissive compliance	.12	-.03	/				
4. Negotiation	-.19*	-.08	-.01	/			
5. Accomodation	-.35***	-.59***	.09	.22**	/		
6. Internalizing problems	.29**	.22*	.48***	-.12	-.18†	/	
7. Externalizing problems	.53***	.60***	.12	-.14	-.53***	.54***	/
<i>M</i>	2.28	2.40	2.39	3.32	3.17	24.13	11.78
<i>SD</i>	0.70	0.97	0.91	1.05	0.95	16.43	8.30

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .



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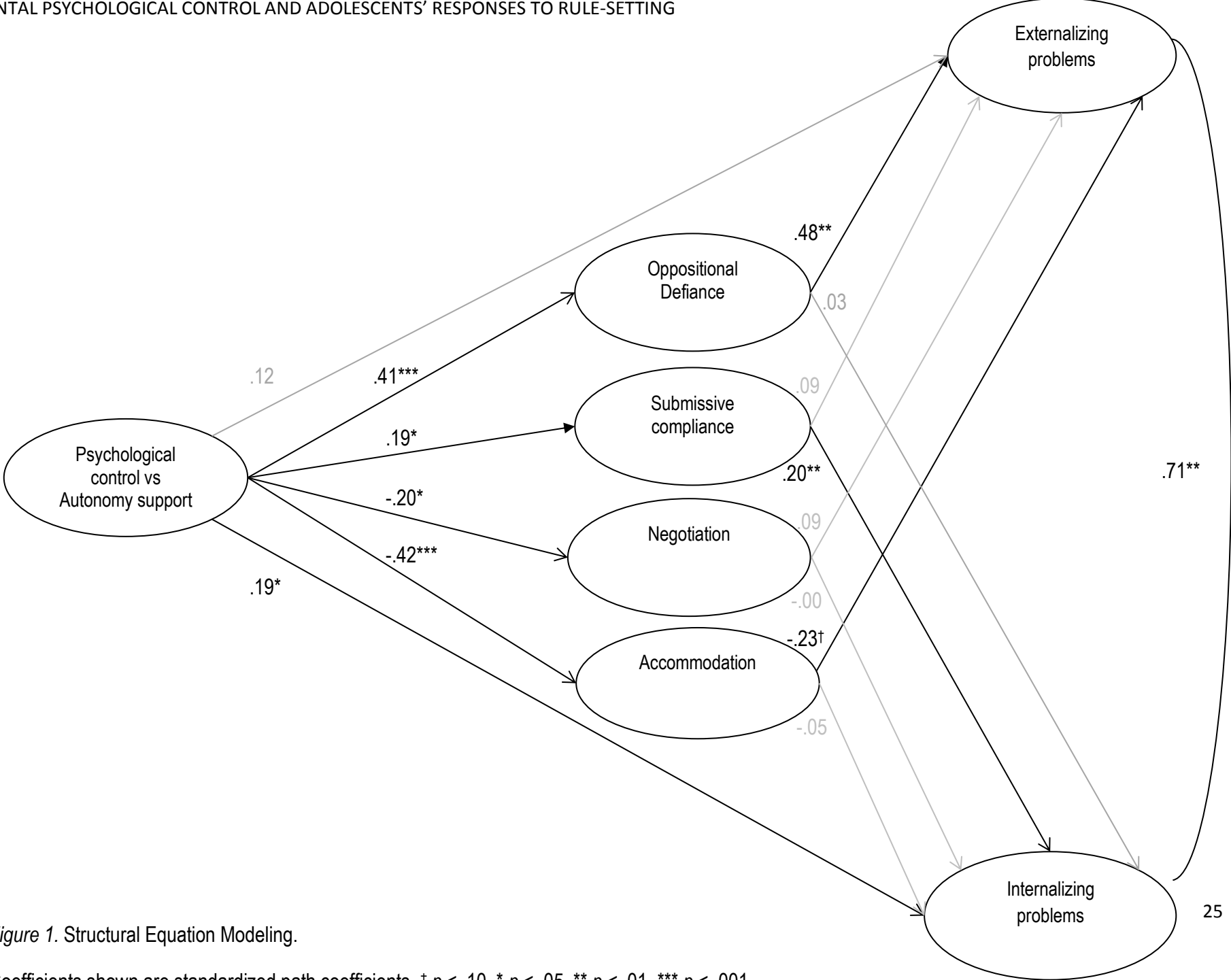


Figure 1. Structural Equation Modeling.

Coefficients shown are standardized path coefficients,  $^\dagger p < .10$ .  $^* p < .05$ .  $^{**} p < .01$ .  $^{***} p < .001$ .