



## A longitudinal study of the associations among adolescent conflict resolution styles, depressive symptoms, and romantic relationship longevity<sup>☆</sup>

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### A B S T R A C T

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This study investigated whether adolescents' conflict resolution styles mediated between depressive symptoms and relationship longevity. Data were used from a sample of 80 couples aged 13–19 years old ( $M_{age} = 15.48$ ,  $SD = 1.16$ ). At Time 1 adolescents reported their depressive symptoms and conflict resolution styles. Additionally, time until break-up was assessed. Data were analyzed using actor–partner interdependence models. Results showed no support for conflict resolution styles as mediators. Girls' depressive symptoms were directly related to shorter relationships. Additionally, actor effects were found indicating that boys and girls with more depressive symptoms used negative resolution styles and were less likely to employ positive problems solving strategies. Finally, one partner effect was found: girls' depressive symptoms related to more positive problem solving in boys.

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Adolescence is a critical period in social development, marked by significant changes in individuals' close relationships. Friendships become increasingly important and romantic relationships emerge. Over the course of adolescence, romantic partners become more central figures in adolescents' lives and adolescents gradually turn more often to their romantic partners for social support and intimacy (Furman, Simon, Shaffer, & Bouchev, 2002). By the age of 16, most adolescents have been involved in at least one romantic relationship (Carver, Joyner, & Udry, 2003). It is also during this specific developmental period that adolescents develop more depressive symptoms (Wickrama, Wickrama, & Lott, 2009). Several studies have consistently linked the dramatic increase in depressive symptoms to the emergence of romantic relationships (e.g., Joyner & Udry, 2000) and especially to the experience of a relationship break-up (Ayduk, Downey, & Kim, 2001; Monroe, Rohde, Seeley, & Lewinsohn, 1999).

Although the association between depressive symptoms and break-up is most likely bi-directional (Fincham, Beach, Harold, & Osborne, 1997), little research has addressed how adolescents with depressive symptoms may function in romantic relationships (see, for an exception, Davila, Steinberg, Kachadourian, Cobb, & Fincham, 2004). This is an important caveat, as one may theoretically expect that it might be very challenging for adolescents with depressive symptoms to maintain satisfactory romantic relationships. For example, previous studies have shown that the ability to resolve conflict in a constructive way was crucial for the maintenance of romantic relationships (Shulman, Tuval-Mashiach, Levran, & Anbar,

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2006), and it might be particularly difficult for adolescents with depressive symptoms to effectively manage such negative events. Therefore, in the present study we aimed to understand how adolescents with depressive symptoms handle conflicts with their partner and whether this would be related to the longevity of their relationship over time.

Adolescent romantic relationships are transitional in nature and experiencing break-ups is inevitable for most adolescents. Especially during early adolescence, romantic relationships tend to be short in duration (Collins, Welsh, & Furman, 2009; Shulman et al., 2006). Even though break-ups are common in this period, it is likely that adolescents with depressive symptoms have a higher likelihood of experiencing relationship break-ups and as a result are involved in shorter relationships over time as compared to adolescents who do not have emotional problems (Maughan & Taylor, 2001; Zimmer-Gembeck, Siebenbruner, & Collins, 2001). Among married couples with a depressed spouse it has been widely shown that both partners were less satisfied with their marriage and that they have a higher incidence of divorce (Fincham et al., 1997; Johnson & Jacob, 2000; Overbeek, Vollebergh, Engels, & Meeus, 2003). Likewise, adolescents with depressive symptoms are known to perceive themselves as less socially competent within close friendships and romantic relationships (Marton, Connolly, Kutcher, & Korenblum, 1993). This negative self-perception appears to be in line with the perceptions of their romantic partners, who view their partners with depressive symptoms as having poorer social skills and their romantic relationships as less satisfying (Daley & Hammen, 2002).

The question remains why adolescents with depressive symptoms might be more likely to experience relationship break-ups. Interpersonal theories on the development of depressive symptoms suggest that adolescents with depressive symptoms engage in negative behaviors during their interactions with partners that might, over time, elicit irritations within their relationships (Hammen, 2009; Joiner & Coyne, 1999). These negative feelings might eventually lead to rejection by the partner and thus contribute to the worsening of adolescents' depressive symptoms. Although these interpersonal theories have mainly been investigated among adults or in college samples (for a meta-analysis, see Starr & Davila, 2008) previous studies among adolescents with depressive symptoms and their friends have also shown that dyadic behaviors such as excessive reassurance seeking and negative feedback-seeking contribute to increases in adolescents' depressive symptoms and negative peer experiences (Borelli & Prinstein, 2006; Joiner, Alfano, & Metalsky, 1992; Prinstein, Borelli, Cheah, Simon, & Aikins, 2005). Thus, according to interpersonal theories, depressogenic behaviors lead to a lack of support in close relationships that can be a decisive factor in their dissolution.

In turn, the lack of support within romantic relationships of adolescents with depressive symptoms might lead to a context in which it becomes difficult for adolescents to resolve conflicts in constructive ways. As opposed to adolescents without emotional problems who are better capable of using negotiating tactics that lead to acceptable solutions for both partners (see for a meta-analysis, Laursen, Finkelstein, & Betts, 2001), adolescents with depressive symptoms might encounter more difficulties. Specifically, adolescents with depressive symptoms might fear conflicts more because they experience difficulties with their emotional expression (Davila, 2008). As a result, they might endorse less adequate problem solving strategies, such as refraining from conflicts to avoid negative consequences or, alternatively, easily giving in and complying with their partner. In addition, adolescents with depressive symptoms use emotion regulation strategies that include an excessive focus on the negative content of romantic relationships (Cole-Detke & Kobak, 1996), which might mean that when conflicts do arise they find themselves engaging excessively in these conflicts.

Moreover, negative conflict resolution strategies have been found to significantly shorten the longevity of late adolescent romantic relationships. Adolescents who were able to engage in constructive resolution styles were most likely to be together after 24 months (Shulman et al., 2006). In contrast, adolescents who showed conflictive resolution patterns by engaging in the conflict with criticism had the shortest relationships – which generally lasted 3 months. Couples who tended to deny or minimize conflicts with their partners were involved in longer relationships compared with couples who engaged in conflictive resolution patterns, but at the same time were involved in shorter relationships when compared with couples who have constructive resolution styles.

Negative conflict resolution styles are often investigated as individual skill deficits. However, these conflict resolution styles may instead be dyadic deficits that are dependent on the level of depressive symptoms of *both* partners. In fact, interpersonal theories on depressive symptoms are in essence theories on interdependent behaviors among partners. However, most studies on adolescents' romantic relationships and depressive symptoms have not tapped this interdependent nature of conflict behavior (but see Furman & Simon, 2006; Mclsaac, Connolly, McKenny, Pepler, & Craig, 2008). Statistically, it is crucial to correct for the potential dependency in both partners' depressive symptoms to detect unique and interdependent relationships between depressive symptoms and conflict resolution styles. The actor–partner interdependence model (APIM; Cook & Kenny, 2005; Kashy & Kenny, 2000) allows one to simultaneously estimate these unique and interdependent relationships. Specifically, in this case conflict resolution styles are not only dependent of the individual's own level of depressive symptoms (i.e., an actor effect) but also on the level of the partners' depressive symptoms (i.e., a partner effect; see Fig. 1).

### *The present study*

The present study investigated whether adolescents' conflict resolution styles partially mediated the relationship between depressive symptoms and the time to break-up. Specifically, it was hypothesized that more depressive symptoms would be related to negative conflict resolution styles. In turn, these negative conflict resolution styles were expected to relate to shorter longevity of the romantic relationship. In contrast, we expected that lower levels of depressive symptoms were related to positive problem solving strategies and, in turn, to longer durations of the romantic relationship. In addition, we investigated actor and partner effects of depressive symptoms on conflict resolution styles. Significant actor effects were

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