High Competitiveness

Female adolescent with high parents' competitiveness attitude will predict high depressive symptoms while male competitiveness (Hibbard & Mathews, 1976). Thus, to date we understand very little about the predictive role of parents' competitiveness in predicting adolescents' depressive symptoms in 7th grade, ethinicity, income, and gender. Children with Type A behavior (Kobasa, 1982) has also lessened the association between avoidant coping and depression among adolescents (Gonzalez, 1998). Also, high levels of competitiveness, impatience, hurry, hostility, and control – a pattern of behaviors described as Type A behavior – have been linked with heart disease (Friedman, & Parlow, 1972).

Endorsement of competitiveness appears to be gendered by encouraging competition protected female athletes from anxiety and protected male athletes from anxiety and depression (Caster & Weidmann, 1977). To the other hand, females may be at risk when they feel more competitive because it is more strongly linked to parent-reported discord as compared to males (Hibbard & Buhrmester, 2015). Competing to win also predicted more depressive symptoms for females than males. Also, Type A behavior is less associated with increased performance among females but appear to protect males from the same risk (Kethliba-Jennnings & Joiner, 1989), while we anticipated that competitiveness would be beneficial for both their boys.

At the same time, little is known about how parents' beliefs about competitiveness predict adolescents' adjustment. Studies that surveyed parents often include parents' report of adolescents' behavior but not their own attitude towards competitiveness (Buhrmester & Johnson, 1990). Such predictions are reported less for males than females. Also, Type A behavior is less associated with increased performance among females but appears to protect males from the same risk (Kethliba-Jennnings & Joiner, 1989). Thus, we carefully understand very little about the predictive role of competitiveness attitudes among parents of different family structure.

Method

Participants were 392 families of European American (51%) and Mexican American (49%) ancestry at Wave 1, and 82% were intact families. Data was collected from 6th grade and between 7th and 10th grade, 45% of the families were from biological two-parent families and 45% of them were families with step fathers (40% biological father and 50% step father). Forty-step families were evenly split by gender (48% male, 52% female at Wave 1, 47% male, 53% female at Wave 2).

Participants were recruited from schools in Phoenix, Arizona and Riverside, California. Both parents and one adolescent of the family were interviewed. Interviews took place when adolescents were in 7th grade in 2003 and in 10th grade.

Results

Hypotheses 2 and 3 were partially supported in that the significant associations were found in how family structure interacted with parents' competitiveness to predict adolescent's depressive symptoms. Hypothesis 2b stated that parents' low competitiveness attitudes in 7th grade predicted lower adolescent depressive symptoms in 10th grade even after 7th grade adolescent depressive symptoms and 10th grade family income were controlled, b = 0.21, (EST) = 0.35, p = .001. Table 3 showed that the slope of parents' competitiveness attitude in 7th grade protected them from depressive symptoms in 10th grade for those in intact families. The slope predicted more depressive symptoms for those from the step families, t = .36, p = .076 for the slope difference, (EST) = .21, p = .064. Also, no significant links were found in the same interaction for male adolescents. Future study is needed to untangle the effect of parents' competitiveness attitudes interacting with family structure on adolescent depressive symptoms when parents' competitiveness attitude was low. Step family female adolescents with parents who have high competitiveness attitude reported the highest 10th grade depressive symptoms (see Figure 3).

Discussion

The current findings provided new insight into how parents' competitiveness attitudes are associated with adolescents' adjustment because gender and family structure moderated the relations. Specifically, in intact families, parents' competitiveness attitudes predicted lower adolescent depressive symptoms for females but not for males. The directions of significant links were reversed among step families which lead us to consider that parents' attitude was linked to their adolescents' adjustment but instead may manifest later when adolescents are in the more challenging years of high school. Gender made a difference in the parents' competitiveness attitudes explain subsequent adjustment. Among all groups in the study, the two groups who had the highest depressive symptoms were the female adolescents in step families whose parents have high competitiveness attitudes and the female adolescents in intact families whose parents have low competitiveness attitudes. It is unclear why female adolescents in step families whose parents have low competitiveness attitudes have less depressive symptoms than adolescents from intact families. However, it is possible to speculate that parent's competitiveness attitudes interacting with family structure have a larger impact on females than males because no significant differences were found among males. Future study is needed to examine the effect of parents' competitiveness attitudes on adolescent's adjustment depending on gender.

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Toi Sin Arvidsson
San Francisco State University
Bao Ho
University of Missouri
Jeffrey Cookston
San Francisco State University
Delia Saenz
Arizona State University

Tables and Figures

Figure 1: 7th grade parents' competitiveness predicting 7th grade adolescents' depressive symptoms controlling for family structure, ethnicity, income and 7th grade depression.

Table 1: Statistic for the slope difference on how family structure and gender interacted with 7th grade parents' competitiveness predicting 7th grade adolescents' depressive symptoms.

Table 2: Predicting 10th grade adolescents' depressive symptoms with three-way interactions of 7th grade parents' competitiveness, family structure, and gender.