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Family Conversations about Stressful Life Experiences

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FAMILY CONVERSATIONS ABOUT STRESSFUL LIFE EVENTS

by

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ABSTRACT

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The present study was designed to investigate whether family conversations moderated the relation between stressful life experiences in childhood and negative emotion-related outcomes in young adulthood. Undergraduate students ($N = 99$, mean age = 19.6 years, 77% females) were administered a semi-structured interview about their childhood stressful life experiences and use of family conversations in response to those experiences. They also completed questionnaires about their current levels of depression, eating-related difficulties, self-harm behaviors, and aggression. It was found that talking with one's parent moderated the relation between number of stressful life experiences and history of self-harm behaviors. Additionally, the participants' relationship with their parents was found to moderate the relation of conversations and depression and self-harm behaviors at a marginally significant level. Results indicated that evaluating aspects of the event, gender of parent, function of conversation (e.g., communicating mainly facts or feelings), overall family climate, and cultural background of the family seem to be important in terms of predicting conversations and assessing the effects of family conversations. Additionally, the results suggest that for families who have clear rules about the appropriateness of family communication about difficult topics, having these formal conversations may decrease the levels of self-harm or other emotion-related behaviors that the child may utilize in the future.

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Stressful life experiences in childhood and adolescence can have a major impact on later psychosocial functioning (e.g., Grant et al., 2006). Family factors such as social support and positive parent-child relationships have been found to buffer the effects of some of these experiences (e.g., Carothers, Borkowski, & Whitman, 2006). Certain *ways* that parents talk with their children (e.g., explaining or elaborating on emotions) about stressful life experiences have been shown to relate to better child and adolescent adjustment as compared to other ways (e.g., repeating statements or finding a solution; e.g., Marin, Bohanek, & Fivush, 2008). Although theoretical models have conveyed that *having* (compared to not having) conversations about stressful life experiences may have a positive effect on child and adolescent as well as adult functioning (e.g., Eisenberg, Cumberland, & Spinrad, 1998), few empirical studies have been conducted in this regard. Therefore, the possible moderating effects of having versus not having conversations on the relation between stressful life experiences and psychosocial adjustment have not been examined. It thus appears that both investigation of the usefulness of having conversations about stressful life events (i.e., their moderating effects) and the factors that could prompt or hinder these family conversations (e.g., emotion elicited by the experience) are needed.

Conversations between parents and their children are a natural part of family relationships and occur frequently (Nydegger & Mitteness, 1988). One indication of the importance of family conversations for child and adolescent development is their inclusion in several prominent theoretical perspectives including the emotion socialization framework (Eisenberg et al., 1998), the emotion coaching perspective

(Gottman, Katz, & Hooven, 1997), the circumplex model of family functioning (Barnes & Olson, 1985), attachment theory (e.g., Cobb, 2004), family systems theory (e.g., Vangelisti, 2004), and narrative theories (e.g., Bohanek, Marin, Fivush, & Duke, 2006). A common theme across these theoretical perspectives is that family conversations seem to provide parents a context in which to teach their children how to manage negative emotional experiences (Eisenberg et al., 1998). As such, experiences during childhood and adolescence that elicit strong negative emotional reactions may be one of the most important contexts in which family conversations occur. In this sense, it is important to identify factors that may prompt or hinder these conversations.

In order to better understand factors that may influence families' use of conversations, two areas could be examined. First, there may be individual- and/or family-level reasons why these conversations do not occur. These could include not having a close relationship with a family member or feeling embarrassed about the experience (e.g., Dailey & Palomares, 2004). Second, several characteristics of experiences may impact the use of family conversations including type of experience (e.g., divorce, death), the parent-child relationship, and the emotion elicited by the experience (i.e., anger or sadness). For example, past negative interactions within the family have been found to contribute to an apprehension in communicating with others in general (Kelly et al., 2002), suggesting that aspects of a negative parent-child relationship may predict conversation hindrance. Although these studies do not look specifically at what stops *family* conversations, the related findings mentioned here suggest that further exploration of potential factors that contribute to the use of family conversations is needed.

This study was designed to investigate whether family conversations moderated the relation between stressful life experiences in childhood and negative emotion-related outcomes in young adulthood. Additionally, this study explored factors that potentially elicited or inhibited these conversations by examining: (a) the stated reasons for not having conversations, (b) the association of parent-child relationship factors and specific qualities of the experiences with the use of family conversations, and (c) the parent-child relationship factors that moderate the relation between conversations and later outcomes.

The introduction of the current study is divided into three major sections. First, research on the impact of stressful life experiences and the moderating role of family factors on the effects of stressful life experiences is reviewed. Second, research on the use of family conversations about stressful life experiences and their impact on child and adolescent functioning are discussed. Third, factors that may prompt or hinder family conversations are delineated.

Stressful Life Experiences

According to the Center for Disease Control and Prevention (CDC), at least 65% of individuals report experiencing at least one stressful life circumstance during their childhood (e.g., Straus & Gelles, 1990). The importance of these early life experiences for child and adolescent development has been well documented (e.g., Brim & Ryff, 1980; Compas, 1987; Grant et al., 2006). Specifically, stressful life experiences in childhood or adolescence have been related to multiple psychological difficulties in later life including depression, anxiety, eating-related difficulties, delinquency, and interpersonal difficulties (Compas, 1987; Forehand, Thomas, Wierson, Brody, & Fauber, 1990; Gad & Johnson, 1980; Kendler, Gardner, & Prescott, 2002; Mesman & Koot,

2000). Illustratively, research has shown that undergoing multiple stressful life experiences can contribute to higher levels of distress as compared to undergoing one experience (e.g., Delahanty, Raimonde, Spoonster, & Cullado, 2002). Given the large proportion of children and adolescents that endure stressful life experiences, it is important to identify factors that increase or decrease the likelihood that youth who experience stressful life experiences will develop adjustment difficulties.

Moderating Role of Family-Related Factors

A recent major review found that one of the primary domains shown to have a buffering (moderating) effect on the stressful life experiences-adjustment association is the family environment (Grant et al., 2006). Having family support has been shown to buffer (i.e., protect against) the impact of negative experiences on children, adolescents, and adults (e.g., Youngstrom, Weist, & Albus, 2003). Specifically, high levels of general social support (including family) have been shown to buffer the effects of stressful life experiences across childhood (i.e., experiences from age 3-10 years), resulting in lower levels of children's anxiety, internalizing, and externalizing behavior (at 10 years; Carothers et al., 2006). Additionally, for families experiencing inter-parental conflict, strong positive parent-child relationships have been associated with adolescents having felt less threatened or blamed during that conflict (Grych, Raynor, & Fosco, 2004). Finally, family cohesion (i.e., how the family gets along) has been shown to moderate the relation between health-related stressful life circumstances, such as HIV symptoms, and suicidal thoughts in adult women (Demi, Bakeman, Sowell, Moneyham, & Seals, 1998). As shown, family factors buffer or moderate the negative impact of stressful life experiences within all levels of the life span (childhood, adolescence, and adulthood).

Family Conversations and Youth Functioning

Although much research has been done on general family factors, little is known about the importance of conversations about stressful life experiences. According to multiple theoretical perspectives, family conversations appears to be an important mechanism by which families maintain strong connections (Cobb, 2004), receive validation (Vangelisti, 2004), communicate needs (Barnes & Olsen, 1985), and provide support (Pistrang, Barker, & Rutter, 1997). Research has shown that talking, in general, about significantly negative experiences can lead to increased life satisfaction and reduced emotional and physical distress (Lyubomirsky, Sousa, & Dickerhoof, 2006). As such, examining family conversations about potentially emotionally salient stressful life experiences is an important area of inquiry.

Research has shown that several components of family conversations about stressful life experiences have been associated with positive child functioning (e.g., Bird, Reese, & Tripp, 2006; Gentzler, Contreras-Grau, Kerns, & Weimer, 2005; Laible & Song, 2006; Leibowitz, Ramos-Marcuse, & Arsenio, 2002; Marin et al., 2008; Sales & Fivush, 2005; Welch-Ross, Fasig, & Farrar, 1999). For example, using more emotion words in family conversations about stressful life experiences has been related to better self-knowledge (Welch-Ross et al., 1999), goodness-of-fit (less discrepancy between perceived behavior and ideal behavior; Bird et al., 2006), and coping (Gentzler et al., 2005) as well as fewer behavior problems in children (Sales & Fivush, 2005). However, before determining which components are important to have, the theory that family conversations are important should be tested. For example, although it has been shown that explaining emotions has been an important part of conversations about stressful life

experiences (Gentzler et al., 2005), the fact that families have conversations may not be found to be beneficial over and above other factors such as parenting skills, parent-child relationship, and social support. However, only one study has looked at the use of conversation about a stressful life experience and its relation to outcomes. In this study, talking (to family, friends, or a professional) about a motor vehicle accident significantly lowered the likelihood that children would develop posttraumatic stress disorder (PTSD; Stallard, Velleman, & Baldwin, 2001). However this study did not investigate unique benefits of talking with family members compared with talking to others. This suggests that further inquiry into the act of parents communicating about stressful life experiences with their children might be a fruitful direction for study.

Factors That Prompt or Hinder Family Conversations

If specific family conversations were found to be beneficial by buffering the effects of stressful life experiences on negative emotion-related outcomes, it would follow that it would be important to identify factors that prompt or hinder these conversations. It has been suggested that failure to discuss stressful life experiences prevents children from reevaluating and reconceptualizing experiences (Salmon & Bryant, 2002). However, no study has assessed the relation of *not* discussing a stressful life experience with child functioning. Related literature on families not disclosing embarrassing or worrisome topics (e.g., practicing safe sex) has found conflicting results. Some studies have found that topic avoidance (i.e., strategic maneuvering of conversations away from particular foci) in families can provide more autonomy and less conflict among family members (Frijns, Finkenauer, Vermulst, & Engels, 2005), while other studies have found that keeping secrets may negatively affect parent-child

relationships (Berger & Paul, 2008; Dailey & Palomares, 2004) and relate to emotional difficulties in adolescents (Frijns et al., 2005). In order to gain a better understanding of all of the reasons people may not talk about stressful life experiences within families, three factors may be investigated, including personal feelings about the experience, family-related characteristics, and experience-related characteristics.

Personal Feelings about the Experience

Sometimes feelings of shame or worry can prompt the use of topic avoidance or secret keeping (e.g., Dailey & Palomares, 2004). For example, several potentially shameful topics (including extramarital affairs and STD diagnosis) tend to not be discussed within or outside of the family (e.g., Dailey & Palomares, 2004; Jahn, 1995). Additionally, research on worrying shows that fear of personal distress or of the distress of another family member can contribute to a lack of communication about the cancer diagnosis of a parent (Zhang & Siminoff, 2003). Also, parents with HIV have stated that the main obstacles in disclosing their diagnosis to their child include: they believe it may be emotionally too disturbing for the child, they anticipate negative consequences related to stigma, and they consider their child too young (Nostlinger et al., 2004). As shown by these studies, there may be a multitude of personal reasons for people to not talk about stressful life experiences. In order for research to identify particular points of intervention (i.e., how to better facilitate conversations) further investigation of these personal reasons is needed.

Family-Related Characteristics

Having a negative parent-child relationship could significantly affect one's willingness to discuss stressful life experiences. Related literature has shown that

previous family communication patterns (e.g., punishment of emotional expression) have been related to many communication problems, such as apprehension, shyness, unwillingness to communicate, and reticence (i.e., avoiding communication due to a fear of appearing foolish; Kelly et al., 2002). In turn, these general communication problems may contribute to a lack of family conversations. Further exploration into the impact of past communication patterns and other indicators of negative parent-child relationships is needed in order to better predict the frequency and/or effectiveness of family conversations about stressful life experiences.

Experience-Related Characteristics

Research has shown that the type of emotion elicited by an experience contributes to the nature of the conversation about that experience (e.g., Marin et al., 2008). More specifically, negative experiences have elicited more explanations and less elaboration of emotions in family conversations (Melzi & Fernandez, 2004; Wang & Fivush, 2005). As stressful life experiences have been associated with the expression of negative emotions (Grant et al., 2006), identifying the types of emotions discussed may be an important factor. Specifically, it has been found that parents respond differently to their child's expression of anger compared to sadness (O'Neal & Magai, 2005). Also, anger and sadness have been shown to contribute to negative psychological outcomes in different ways (e.g., Sullivan, Helms, Kliewer, & Goodman, 2010). Therefore, evaluating the differences between conversing about a stressful life experience that evokes differing levels of anger and sadness may add to the knowledge of the effectiveness of family conversations about stressful life experiences.

The Present Study

The present study was designed to investigate whether family conversations moderated the relation between stressful life experiences in childhood and negative emotion-related outcomes in young adulthood. Primary analyses used a moderation framework in order to address the hypothesis that the use of family conversations would buffer the later life negative impact of stressful life experiences. These negative impacts included a variety of emotion-related outcomes including depression, eating-related difficulties, history of self-harm, and aggression. Research has described these outcomes as ways of regulating the experience of negative feelings (e.g., Davidson, Putnam, & Larson, 2000; Gratz, 2006a; Stice & Agras, 1998). As stressful life experiences tend to elicit negative emotions, these particular outcomes are important to investigate. Research has shown that mothers and fathers may talk in different ways to their children (e.g., mothers talk more, use more supportive language, and less directive language than fathers; Leaper, Anderson, & Sanders, 1998). Additionally, mothers talking to their children may relate to higher levels of constructive coping in children as compared to fathers (Valiente, Fabes, Eisenberg, & Spinrad, 2004). Also, as previously stated, research has shown that talking about emotions as compared to talking about facts could be related to better adjustment and emotion regulation (e.g., Bird et al., 2006; Gentzler et al., 2005) Therefore, analyses were separated by parent (mother/father) and by the focus of the conversation (discussing the facts or the emotions). Secondary analyses addressed three aims. The first aim was to assess the moderating effect of parent-child relationship on the relation between conversations and young adult outcomes. The second aim was to assess factors that related to participants talking to their parents less often, including

parent-child relationship and the emotion elicited by the experience. The third aim was to describe young adults' perceptions of why conversations did not occur.

Method

Participants

Data for the current study was taken from a larger project investigating the impact of emotion-related factors on young adults' adjustment to stressful life experiences. Participants were 99 undergraduate students, between the ages of 18 and 24 (mean age = 19.6 years, 77% female), from a large, racially diverse urban university. The sample included 57 White students and 42 students from other racial backgrounds. Participants also represented diverse socio-economic backgrounds, with 26% of participants having a parent who received a high school diploma/GED or less, and 17% of participants having a parent who received a bachelor's degree or higher.

Procedure

Students signed up to participate in the study through the psychology department's research participation pool and received course credit. After informed consent was obtained (see Appendix A), participants were administered a semi-structured interview and completed questionnaires during a single two-hour session. Order of administration included participants filling out a demographic form and the Life Events Checklist (LEC) form. Based on their responses to the LEC, they were then asked follow-up questions for each experience endorsed through a semi-structured interview format. Subsequent to the interview, participants completed questionnaires about their current difficulties in adjustment. Verbal instructions were given at the start of each

questionnaire, and participants were encouraged to ask questions if they were unclear about any of the items.

Measures

Participant Characteristics

Participants provided general demographic information (e.g., biological sex and race/ethnicity) and family background (e.g., maternal education level) through the use of a self-report demographic questionnaire (see Appendix B).

Stressful Life Experiences

The measures of stressful life experiences were created using a modified version of the Life Events Checklist (LEC; Gray, Litz, Hsu, & Lombardo, 2004; see Appendix C) and a semi-structured interview developed for this study (see Appendix D). Specifically, the LEC is a widely used instrument that includes a list of 16 events in which participants were asked to indicate whether they had experienced each event (yes = 1, no = 0). Three additional experiences were added (mental health problem of a parent, alcohol or other drug problem of a parent, and intense conflict between parents) because they were hypothesized to contribute to participants' negative feelings. Participants were also asked to write in any additional experiences not mentioned in an "other" category.

Emotion elicited from experience. The emotion elicited (i.e., sadness, anger) from each experience was assessed during the semi-structured interview (see Appendix E). For each event endorsed, participants were asked to rate on a 4-point Likert scale (1 = Not At All, 4 = A Lot) how sad the experience made them as well as how angry/mad the experience made them in the months after it occurred. Therefore, two variables, levels of anger and levels of sadness, were developed for this study. The means of these

responses (levels of anger and levels of sadness) averaged across experiences were used as the measures of emotion elicited from the experiences.

Family Conversations

Use of conversations. Whether the participant talked about experiences with a parent (mother and father figures were assessed separately) was also assessed in the semi-structured interview (see Appendix E). For each stressful life experience endorsed, participants were asked, "In the months following [the experience,] how much did you and your [paternal/maternal caregiver] talk about [the experience]?" as well as, "In the months following [the experience], how much did you and your [paternal/maternal caregiver] talk about the feelings you had about [the experience]?" Participants indicated frequency using a 4-point Likert type scale (1 = Not at all, 4 = A lot). For each of these questions (i.e., talking about the facts of the experience and talking about the feelings surrounding the experience), responses were averaged across the stressful life events clients reported experiencing in order to create two different conversation variables. If the participant did not have a father figure, those responses were considered "missing." This coding created four continuous conversation variables: Dad Facts, Mom Facts, Dad Feelings, and Mom Feelings.

Reasons for not talking. Participants were asked how much they agreed with the statement "My [parental figure] and I talked about how the experience/situation affected me (made me feel) as much as I would have liked." Those who stated that they either "disagree" or "strongly disagree" were asked follow up questions about their perceptions of the reasons for not talking about it (see Appendix E). Eight reasons were given (e.g., "it would have been awkward [uncomfortable]") with participants stating their degree of

agreement with that statement using a 4-point Likert-type scale (1 = Strongly Disagree, 4 = Strongly Agree). The frequency of each response across experiences was used to describe participants' perceptions of the reasons for not talking about stressful life experiences.

Parent-Child Relationship

The Responses to Children's Emotions Scales (O'Neal & Magai, 2005) was used as a measure of participants' perceptions of their parent's positive response tendencies (see Appendix F). The instrument included 15 items related to sadness and 15 items related to anger. Participants rated on a 5-point Likert scale (1 = Never, 5 = Very Often) how often they perceived their primary caregiver responded to their expression of emotions in a particular way throughout childhood. Subscales of this measure included reward, punish, neglect, override, and magnify. Typically, the reward (i.e., providing comfort and empathy) and override (i.e., distracting) subscales have been reported as positively affecting youths' behavior while punish (i.e., discouraging or disapproving) and neglect (i.e., ignoring or being unavailable) have been found to be negatively impactful on youth outcomes (e.g., O'Neal & Magai, 2005). The magnify subscale is not consistently viewed as positive or negative, so it was not used in the present study. Therefore, in order to gain a fuller picture of perceptions of parent response tendencies, the main analyses used a ratio of positive to negative responses using the means of override and reward divided by the means of punish and neglect. Higher levels meant a higher ratio of good to bad, while lower levels meant a lower ratio of good to bad. Good internal consistency was found for the positive responses subscale in the current study (α = .87) while moderate reliability was found for the negative responses subscale (α = .71).

Outcomes in Young Adulthood

Depression. The Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996) was used to assess young adult depression (see Appendix G). The BDI-II is a 21-item self-report measure of depression. Items were rated on a scale from 0-3, reflecting how participants felt over the past week. Total BDI scores were used to reflect the level of depression symptomatology. The BDI-II is a well-established measure for assessing depressive symptomatology.

Aggression. The revised version of the Aggression Questionnaire (AQ) was used in the present study to assess young adult aggressive/hostile behaviors (Buss & Perry, 1992; see Appendix H). This version included 29 items (e.g., "I get into fights a little more than the average person") in which participants rated on a 5-point Likert scale how true each statement was for them (1 = Not True of Me, 5 = Extremely True of Me). Sums of this measure were used to indicate levels of aggressive behavior. Internal consistency for this measure was .77 using data from the current study.

Eating-related difficulties. The Bulimia Test-Revised (BULIT-R; Thelan & Farmer, 1991) was used to assess young adult eating-related difficulties (see Appendix I). The BULIT-R is a self-report questionnaire comprised of 36 items reflecting DSM-III-R criteria for bulimia, as well as 8 unscored items that assessed specific weight-control behaviors. All items were presented in a 5-point Likert scale, with different response choices for each question. Measure guidelines directed the reverse coding of some questions, and the mean of this measure was used to assess eating-related difficulties. Internal consistency for this measure was .92 using data from the current study.

History of self-harm. The Deliberate Self-Harm Inventory (Gratz, 2001) was used to assess young adult self-harm (see Appendix J). The DSHI is a 17-item self-report measure of self-harm behaviors. The current study used a modified version that asked participants to indicate "yes" or "no" to each of 17 types of behaviors, including one open ended question. Participants who answer "yes" to any item were then asked to further report "how often" on a scale of 1 to 4 where "1" was yearly, "2" was monthly, "3" was weekly, and "4" was daily. The number of behaviors endorsed was totaled to create a history of self-harm variable.

Results

Preliminary Analyses

It was found that on average individuals who participated in this study went through several stressful life experiences (M = 5.22 events). The average amount participants talked to their parents about specific stressful life experiences along with the number of people who endorsed each event are presented in Table 1. As shown, most people (77%) stated that they experienced the sudden death of someone with whom they were close, and over half of participants experienced a transportation accident (62%) and/or knew someone who had a life-threatening illness (56%). The least endorsed events were exposure to a toxic substance (1%), being in captivity (1%), and having a combat or war zone experience (3%). The means of participants' conversation scores ranged from a 1.00 (corresponding with "not at all") for the participant who went through a captivity situation to a 3.17 (corresponding with "some") for those participants who talked to their mothers about having a life-threatening illness or injury. The majority of the average scores of participants showed them typically talking with their parents either "a little" or

Table 1. *Means and (Standard Deviations) of Conversation Variables by Event Type*

Life Event	*N*	Mom Talk	Mom Feel	Dad Talk	Dad Feel
Natural Disaster	22	2.05 (.72)	1.59 (.73)	1.70 (.73)	1.35 (.75)
Fire/Explosion	13	2.54 (1.05)	1.92 (.86)	2.33 (1.07	1.75 (.87)
Transportation Accident	62	2.19 (.96)	1.87 (.86)	2.03 (1.10)	1.71 (.95)
Serious Accident	17	2.29 (.77)	2.35 (1.00)	2.19 (.75)	2.00 (.82)
Exposure to Toxic Substance	1	1.00	1.00		
Physical Assault	17	2.00 (1.10)	2.06 (1.06)	2.00 (1.15)	1.81 (1.05)
Sexual Assault	11	1.73 (1.01)	1.82 (1.08)	1.50 (.71)	1.60 (.84)
Other Unwanted Sexual	13	1.54 (.78)	1.46 (.66)	1.25 (.62)	1.08 (.29)
Combat/War Zone	3	2.67 (1.15)	1.00 (0)	2.33 (1.53)	1.67 (1.15)
Captivity	1	1.00	1.00		
Life-Threatening Self	7	3.17 (.98)	3.17 (1.33)	2.60 (1.14)	2.60 (1.14)
Life-Threatening Other	56	2.52 (.99)	2.15 (1.04)	2.15 (1.12)	1.77 (.99)
Non-Life Threatening Self	35	2.56 (1.02)	2.50 (1.08)	2.24 (1.12)	2.06 (1.00)
Non-Life Threatening Other	43	2.20 (.94)	1.60 (.81)	1.74 (.86)	1.39 (.64)
Sudden Death	76	2.88 (.99)	2.58 (.98)	2.25 (1.09)	2.05 (1.00)
Harm You Caused	10	1.89 (1.05)	1.89 (.93)	1.56 (1.01)	1.33 (.50)
Mental Health Parent	10	2.44 (1.01)	2.44 (1.13)	2.30 (.95)	1.80 (1.03)
Alcohol/Drug Parent	22	2.41 (1.26)	2.36 (.95)	2.00 (1.10)	1.95 (1.07)
Intense Parental Conflict	27	2.78 (1.01)	2.41 (1.12)	1.78 (.93)	1.70 (.91)
Other	27	2.79 (1.10)	2.58 (1.21)	2.48 (1.08)	2.12 (.97)

Note. *Means based on those who reported experiencing the event. Mom = maternal caregiver. Dad = paternal caregiver. Event = talked about the facts of experience. Feel = talked about the feelings surrounding the experience. 1 = Not at all. 2 = A little. 3 = Some. 4 = A lot.*

"some." Also, in general, participants reported that they typically talked more about the facts of an event as compared to talking about the feelings surrounding an event.

In order to evaluate the frequency of conversations for each event, the conversation variables were dichotomized into being "reluctant to talk" (0 = "not at all" or "a little") or being "open to talking" (1 = "some" or "a lot"). Then, if the participant had a "1" on *any* of the dichotomized conversation types (Mom/Dad Facts/Feelings) for each event, they were given a "1," indicating they were open to talking. If they reported experiencing the event, but had a "0" on all of the dichotomized conversation types (Mom/Dad Facts/Feelings) for each event, they were given a "0," indicating they were reluctant to talk overall. If the individual did not indicate experiencing a particular event, they were given a "missing" score on the "talk at all" variable. The percentages of participants who were open to talking to either parent about facts or feelings are presented in Figure 1. In general, 18 participants (17%) were reluctant to talk to anyone about any of their stressful life experiences. Out of the 88 people who discussed their stressful life experiences, the average participant was open to talking about approximately half of their events (to at least one parent and about facts, feelings, or both). As shown in Figure 1, those who experienced a toxic exposure or being in captivity were reluctant to talk about it. Of those who did talk, participants discussed a sexual assault and harm they caused to another person the least amount followed by a natural disaster and other sexual experience. Conversely, more than 50% of participants were open to talking about having a life threatening or non-life threatening illness, knowing someone with a life-threatening illness, having parents who fight, experiencing a sudden death of someone, having a parent with a mental health issue, having a drug- or

alcohol-abusing parent, going through a fire or explosion, and experiencing a event that could not be categorized. All other events were discussed with parents "some" or "a lot" between 30% and 45% of the time.

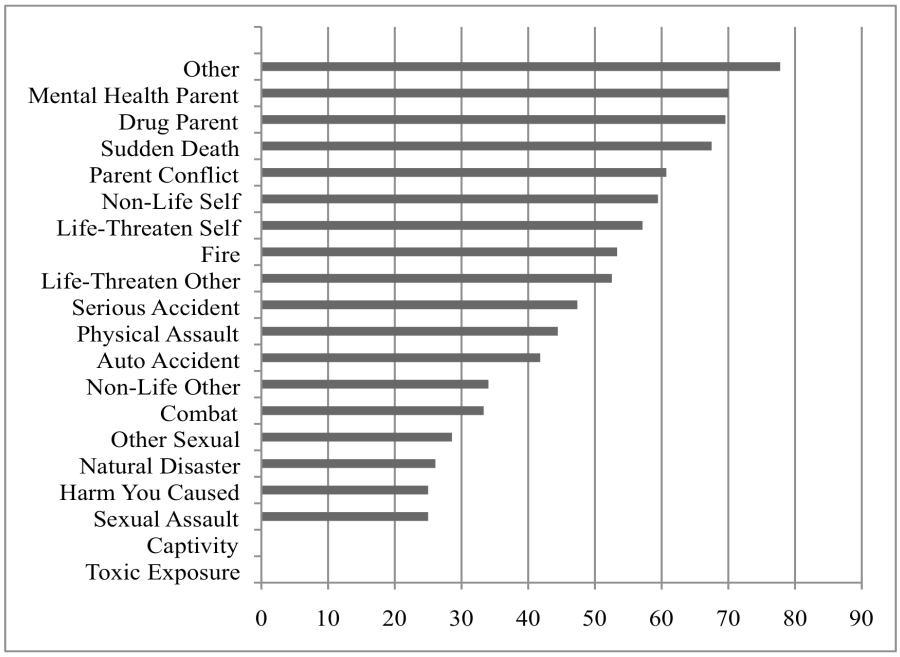

Figure 1. *Percentages of Each Event Discussed*

Bivariate correlations are presented in Table 2 along with means and standard deviations. The conversation variables all positively correlated with each other (*r*s ranging from .51 to .88, *p*s < .05). Biological sex did not have any statistically significant associations with other variables. Race had statistically significant negative relations with the frequency of events, talking to one's father figure, and eating-related difficulties. Therefore, participants of a minority race had fewer stressful life experiences, talked to

Table 2. *Descriptive Statistics and Zero-Order Correlations among Study Measures in Main Analyses*

Measures	1	2	3	4	5	6	7	8	9	10	11	12
1. Sex[bc]												
2. Race[ab]	.18											
3. Parent-Child	.07	.03										
4. Life Events	-.02	-.21*	-.34*									
Conversations												
5. Mom Facts	.11	-.18	.25*	-.19								
6. Dad Facts	-.16	-.31*	.19	-.02	.54*							
7. Mom Feelings	.14	-.16	.26*	-.04	.80*	.51*						
8. Dad Feelings	-.13	-.25*	.23*	.01	.53*	.88*	.64*					
Outcomes												
9. Depression[d]	.13	.09	-.28*	.26*	.04	-.06	.13	.01				
10. Aggression[d]	-.04	.12	-.11	.04	.11	.10	.14	.08	.27*			
11. Eating Prob[d]	.01	-.31*	-.18*	.19	.12	.14	.07	.12	.49*	.19		
12. Self-Harm[d]	.01	-.12	-.34*	.31*	-.14	-.11	-.08	-.11	.34*	.00	.27*	
Mean	76.77[e]	42.42[f]	1.73	4.77	2.43	1.93	2.10	1.67	12.09	39.30	1.77	1.31
SD			0.65	2.48	0.76	0.74	0.77	0.72	9.04	9.21	0.62	3.60

Note. N*s ranged from 98 to 99. Parent-Child = ratio of positive to negative perceived parent response tendencies.* SD = *standard deviation.* [a]*1 = White and 2 = Minority.* [b]*Point biserial correlations.* [c]*1 = Male and 2 = Female.* [d]*Higher numbers indicate more problems.* [e]*percentage female.* [f]*percentage minority* *p < *.05.*

their father figure less frequently, and had fewer eating-related difficulties. Additionally, those who perceived that their parents had higher levels of positive response tendencies had significantly fewer stressful life experiences, talked to their mother figure more frequently, and talked to their father figure about feelings more frequently. Depression was significantly positively correlated with all other outcome variables. Participants who experienced a higher number of stressful life experiences had higher levels of depression and self-harm, while those with higher levels of perceived positive parent response tendencies had lower levels of depression, eating-related difficulties, and self-harm behaviors. Participants with higher levels of eating-related difficulties typically had higher levels of self-harm behaviors.

Primary Analyses

To explore the relations between the interaction of number of stressful life experiences and family conversations with young adult outcomes (Aim 1), hierarchical multiple regression analyses were conducted. The outcomes, or dependent variables, included depression, aggression, eating-related difficulties, and history of self-harm. The independent variable was the stressful life experiences measure (i.e., number of events indicated by the participant), and the variables tested for moderation were the family conversation variables (Mom/Dad Facts/Feelings). Sex and race were entered into regression analyses as covariates. Interaction terms were computed in order to test whether family conversations moderated the relation between the number of stressful life experiences and young adult outcomes. As a way of reducing possible multicollinearity among the variables, interaction terms were computed using centered scores of all component variables. Separate regressions were examined with these interaction terms

using the four conversation variables and four outcome variables. The regression analyses were run using three steps: the first step included the covariates, the second step included the independent and moderator variables, and the third step included the interaction between the moderator and independent variable (see Table 3).

Regression analyses showed there were three significant interaction effects and one interaction approaching significance. These indicated a significant interaction between frequency of events and conversations (Mom Facts, Dad Facts, Dad Feelings) with history of self-harm as an outcome ($p < .05$; Mom Facts $\beta = -.20$; Dad Facts $\beta = -.21$; Dad Feelings $\beta = -.22$) and an approaching significant interaction between frequency of events and talking to ones mother about the facts of an event with eating-related difficulties as an outcome ($p < .10$, $\beta = -.17$; see Table 3). Although participants with more frequent stressful life experiences had higher levels of depression and eating-related difficulties, neither talking to one's parent nor the interaction between life events and conversations were significantly related to depression. Additionally, there was an approaching significant positive relation between talking to one's mother figure about the feelings surrounding an event and aggression (i.e., talking more frequently related to higher levels of aggression). No other variables were significantly related to aggression.

Procedures to probe the interactions between frequency of events and family conversations were based on Aiken and West's recommendations (1991). Two new regressions were performed for each significant relation using high and low probes of family conversations in order to complete a test of simple slopes. As shown in Figure 2, for all but Mom Feelings, there was a statistically significant positive relation between frequency of events and history of self-harm only when frequency of conversations was

Table 3. *Hierarchical Regression Analyses Predicting Levels of Emotion-Related Difficulties*

	Self-Harm	Depression	Aggression	Eating
Step 1				
Sex	.04	.12	-.07	.07
Race	-.13	.07	.13	-.32**
Step 2.				
Mom Facts (Mod)	-.11	.12	.17	.12
Stressful Life Experiences (IV)	.28**	.31**	.11	.25*
Step 3				
Interaction (Mod*IV)	-.20*	-.05	-.17	-.17†
Step 2.				
Mom Feelings (Mod)	-.09	.16	.19†	.02
Stressful Life Experiences (IV)	.29**	.30**	.08	.22*
Step 3				
Interaction (Mod*IV)	-.16	.06	-.12	-.13
Step 2.				
Dad Facts (Mod)	-.13	.01	.16	.08
Stressful Life Experiences (IV)	.29**	.29**	.08	.23*
Step 3				
Interaction (Mod*IV)	-.21*	.07	-.09	-.07
Step 2.				
Dad Feelings (Mod)	-.14	.06	.12	.06
Stressful Life Experiences (IV)	.30**	.29**	.07	.23*
Step 3				
Interaction (Mod*IV)	-.22*	.02	.02	-.08

Note. N *ranges from 98 to 99. Values in the table are standardized regression coefficients. Step 1 is the same for all analyses; therefore it is only reported once.* [a] *1 = White and 2 = Minority.* [b] *1 = Male and 2 = Female. Eating = Eating-related difficulties.* †p < *.10.* *p < *.05.* **p < *.01.* ***p < *.001.*

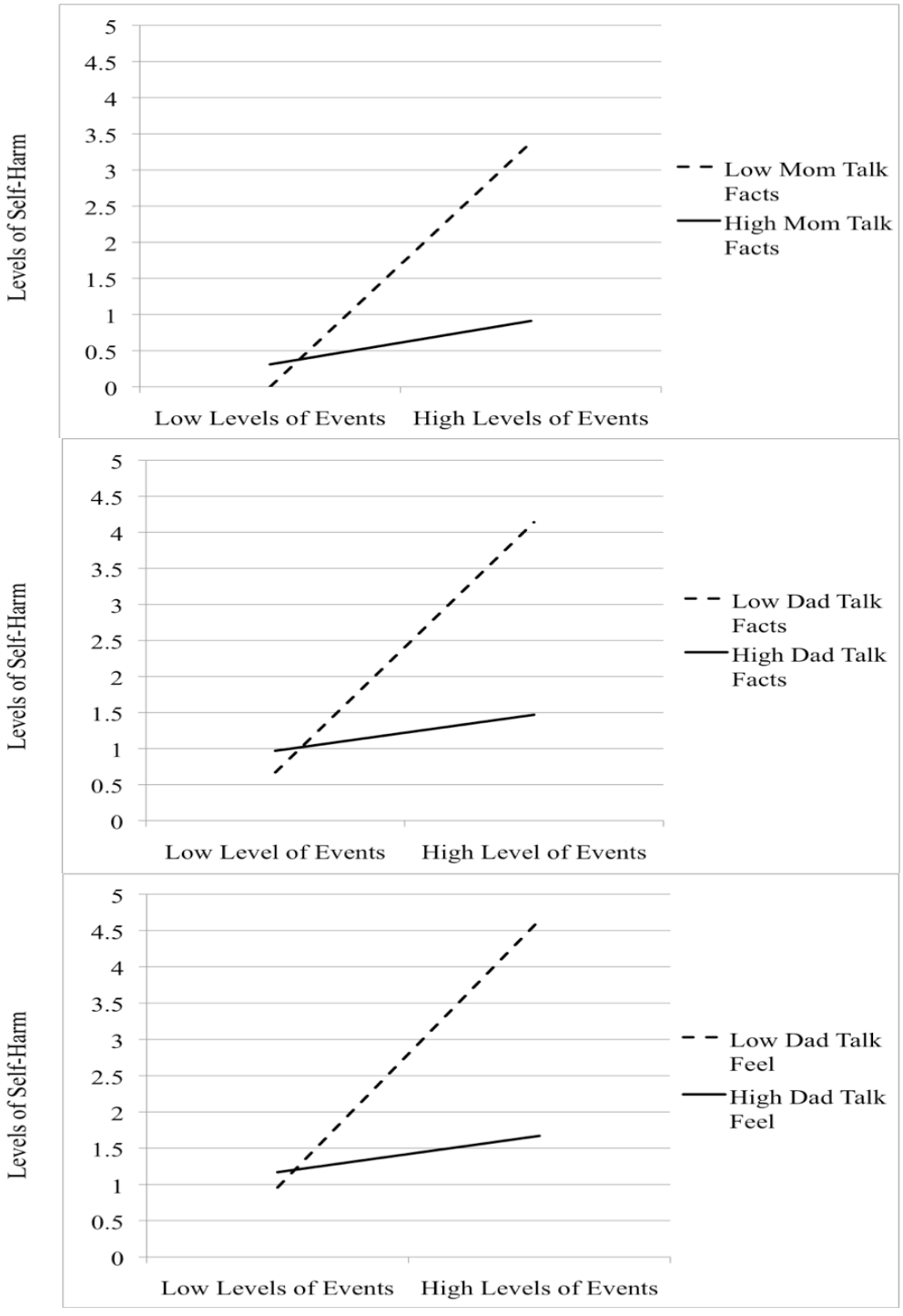

Figure 2. *Conversations as a Moderator between Frequency of Events and Self-Harm Behaviors.*
Note. *Interaction effects* $p < .05$.

low. When the participant had low levels of conversations about the stressful life experiences, having more frequent events was associated with higher levels of self-harm behaviors. However, at high levels of conversations, frequency of life events did not significantly relate with levels of self-harm. As shown in Figure 3, there was also an approaching significant positive relation between frequency of events and eating-related difficulties only when frequency of conversations was low. When the participant had low levels of conversations about stressful life experiences, having more frequent events was associated with higher levels of eating-related difficulties. However, at high levels of conversations, frequency of life events did not significantly relate with levels of eating-related difficulties.

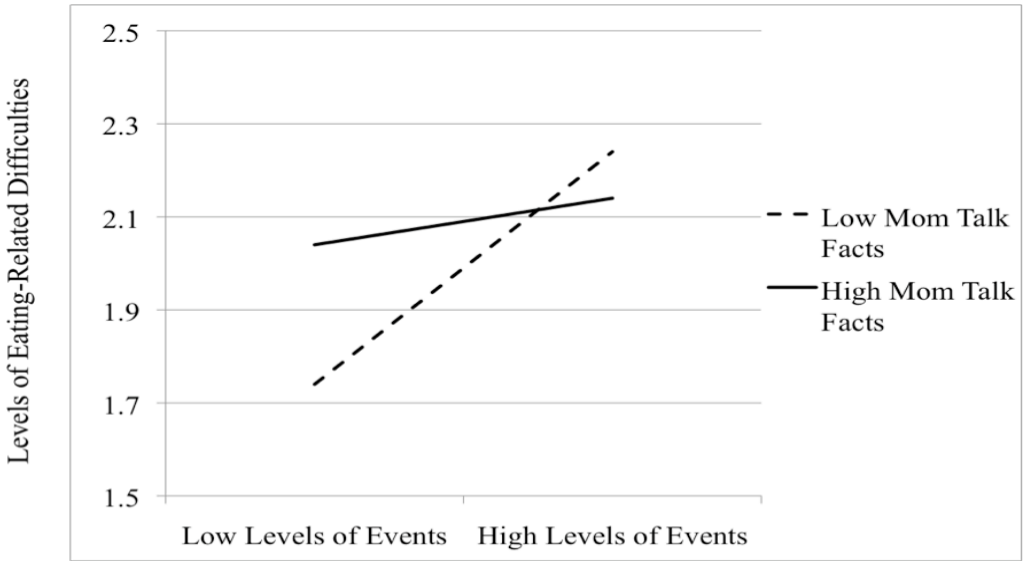

Figure 3. *Conversations as a Moderator between Frequency of Events and Eating-Related Difficulties*
Note. *Interaction effects* $p < .10$.

As stated previously, past research has shown that family factors can buffer the negative effects of stressful life experiences. Therefore, the parent-child relationship variable was included in the same analyses as an additional covariate in order to measure the role of conversations over and above the role of the parent-child relationship. Similar patterns emerged using this covariate (see Table 4). As shown, the interactions using self-harm as an outcome had a similar trend with previous analyses that did not have parent-child relationship as a covariate. However, due to the inclusion of parent-child relationship, these interactions only approached statistical significance ($p < .10$; Mom Facts $\beta = -.17$; Dad Facts $\beta = -.18$; Dad Feelings $\beta = -.17$). Additionally, the interaction of stressful life experiences and family conversations with eating-related difficulties as an outcome had a similar trend with previous analyses; however, due to the inclusion of parent-child relationship, this interaction was no longer approaching statistical significance ($p > .10$, $\beta = -.15$). Procedures to probe and plot the interactions were used for the approaching significant findings, and a similar interaction effect was evident using parent-child relationship as a covariate.

Secondary Analyses

The first aim of the secondary analyses was to assess the moderating effect of parent-child relationship on the association between conversations and young adult outcomes. This was tested using hierarchical multiple regression analyses. The outcomes, or dependent variables, included depression, aggression, eating-related difficulties, and history of self-harm. The independent variables were the family conversation variables (Mom/Dad Facts/Feelings), and the variable tested for moderation was parent-child relationship. Sex and race were entered into all regression analyses as covariates.

Table 4. *Hierarchical Regression Analyses Predicting Levels of Emotion-Related Difficulties Including Parent-Child Relationship as a Covariate*

	Self-Harm	Depression	Aggression	Eating
Step 1				
Sex	.06	.14	-.06	.08
Race	-.11	.07	.14	-.32**
Parent-Child Relationship	-.34***	-.29**	-.11	-.17†
Step 2.				
Mom Facts (Mod)	-.06	.17	.20†	.15
Stressful Life Experiences (IV)	.20†	.24*	.07	.21*
Step 3				
Interaction (Mod*IV)	-.17†	-.01	-.15	-.15
Step 2.				
Mom Feelings (Mod)	-.03	.23*	.22*	.05
Stressful Life Experiences (IV)	.21*	.21*	.03	.18†
Step 3				
Interaction (Mod*IV)	-.11	.14	-.09	-.10
Step 2.				
Dad Facts (Mod)	-.08	.05	.19†	.10
Stressful Life Experiences (IV)	.20*	.21*	.04	.19†
Step 3				
Interaction (Mod*IV)	-.18†	.10	-.07	-.06
Step 2.				
Dad Feelings (Mod)	-.07	.12	.15	.09
Stressful Life Experiences (IV)	.21*	.20†	.03	.18†
Step 3				
Interaction (Mod*IV)	-.17†	.07	.01	-.06

Note. N *ranges from 98 to 99. Unless otherwise noted, values in the table are standardized regression coefficients. Step 1 is the same for all analyses; therefore it is only reported once.* [a] *1 = White and 2 = Minority.* [b] *1 = Male and 2 = Female. Parent-Child Relationship = Ratio of positive to negative parent response tendencies. Eating = Eating-related difficulties.* $^{\dagger}p < .10$. *p < .05. **p < .01. ***p < .001.

Interaction terms were computed in order to test whether these perceptions of parent response tendencies moderated the relation between the family conversations and young adult outcomes. As a way of reducing possible multicollinearity among the variables, interaction terms were computed using centered scores of all component variables. Separate regressions were examined with these interaction terms using the four conversation variables and four outcome variables. The regression analyses were run using three steps: the first step included the covariates, the second step included the independent and moderator variables, and the third step included the interaction of the moderator and independent variable (see Table 5).

Regression analyses showed there were two interaction effects approaching significance. They indicated an interaction between Mom Facts and parent-child relationship with history of self-harm as an outcome ($p < .10$, $\beta = .17$) and an interaction between Mom Feelings and parent-child relationship with depression as an outcome ($p < .10$, $\beta = -.17$; see Table 5). The only covariate related to outcomes was race; those who were of a minority race had lower levels of eating-related difficulties. There were significant relations between parent-child relationship and self-harm ($p < .01$; Mom Facts $\beta = -.32$; Mom Feelings $\beta = -.34$; Dad Facts $\beta = -.33$; Dad Feelings $\beta = -.33$), depression ($p < .01$, Mom Facts $\beta = -.32$; Mom Feelings $\beta = -.35$; Dad Facts $\beta = -.30$; Dad Feelings $\beta = -.32$), and eating-related difficulties (Mom Facts $p < .05$, $\beta = -.20$; all else $p < .10$; Mom Feelings $\beta = -.18$; Dad Facts $\beta = -.19$; Dad Feelings $\beta = -.19$). These were all in the same direction; higher ratios of positive to negative response tendencies were related to lower levels of self-harm, depression, and eating-related difficulties. Finally, while no conversation variables were directly related to self-harm behaviors, higher levels of

Table 5. *Hierarchical Regression Analyses Predicting Levels of Emotion-Related Difficulties*

	Self-Harm	Depression	Aggression	Eating
Step 1				
Sex	.04	.12	-.07	.07
Race	-.13	.07	.13	-.32**
Step 2.				
Parent-Child Relationship (Mod)	-.32**	-.32**	-.15	-.20*
Mom Facts (IV)	.09	.13	.19†	.11
Step 3				
Interaction (Mod*IV)	.17†	-.10	-.02	.04
Step 2.				
Parent-Child Relationship (Mod)	-.34**	-.35***	-.16	-.18†
Mom Feelings (IV)	-.03	.23*	.22*	.05
Step 3				
Interaction (Mod*IV)	.13	-.17†	-.02	.06
Step 2.				
Parent-Child Relationship (Mod)	-.33**	-.30**	-.15	-.19†
Dad Facts (IV)	-.08	.05	.19†	.10
Step 3				
Interaction (Mod*IV)	-.15	.01	.17	-.00
Step 2.				
Parent-Child Relationship (Mod)	-.33**	-.32**	-.14	-.19†
Dad Feelings (IV)	-.06	.13	.15	.10
Step 3				
Interaction (Mod*IV)	.14	.11	.11	-.05

Note. N *ranges from 98 to 99. Values in the table are standardized regression coefficients.* [a] *1 = White and 2 = Minority.* [b] *1 = Male and 2 = Female. Parent-Child Relationship = Ratio of positive to negative parent response tendencies.* †p < *.10.* *p < *.05.* **p < *.01.* ***p < *.001.*

talking to ones mother figure about feelings were related to higher levels of depression and aggression ($p < .05$; depression $\beta = .23$; aggression $\beta = .22$), and higher levels of talking about the facts with either parent was related to higher levels of aggression ($p < .10$, βs = .19).

Two new regressions were performed for both approaching significant relations using high and low probes of perceived parent response tendencies in order to complete a test of simple slopes. For young adults who perceived lower levels of parent-child relationship, depression levels varied according to the frequency of talking to one's mother figure about the feelings surrounding an event. For young adults who perceived higher levels of parent-child relationship, depression did not vary according to Mom Feelings. As shown in Figure 4, when participants indicated that they perceived a lower ratio of positive to negative parent response tendencies, talking more frequently with their mother about the feelings surrounding an event was associated with higher levels of depression. However, at high levels of parent-child relationship, frequency of conversations did not significantly relate with depression.

Additionally, for young adults who had a less positive parent-child relationship, self-harm levels varied according to the frequency of talking to one's mother figure about the facts of an event. For young adults who perceived a more positive relationship with their parents, self-harm did not vary according to Mom Facts. As shown in Figure 5, when participants indicated that they perceived a lower ratio of positive to negative response patterns from their parents, talking more frequently with their mother figure about the facts of an event was associated with lower levels of self-harm behaviors.

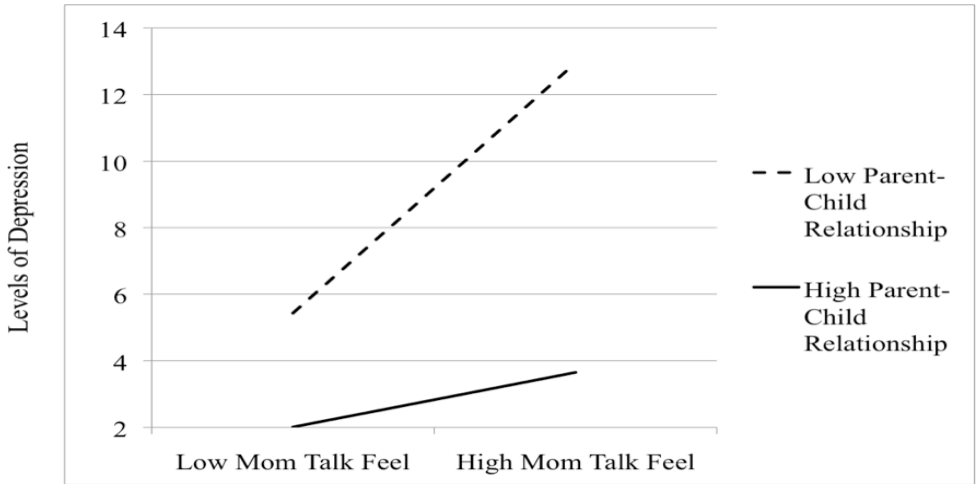

Figure 4. *Parent-Child Relationship as a Moderator between Conversations and Depression*
Note. *Interaction effects* p < *.10.*

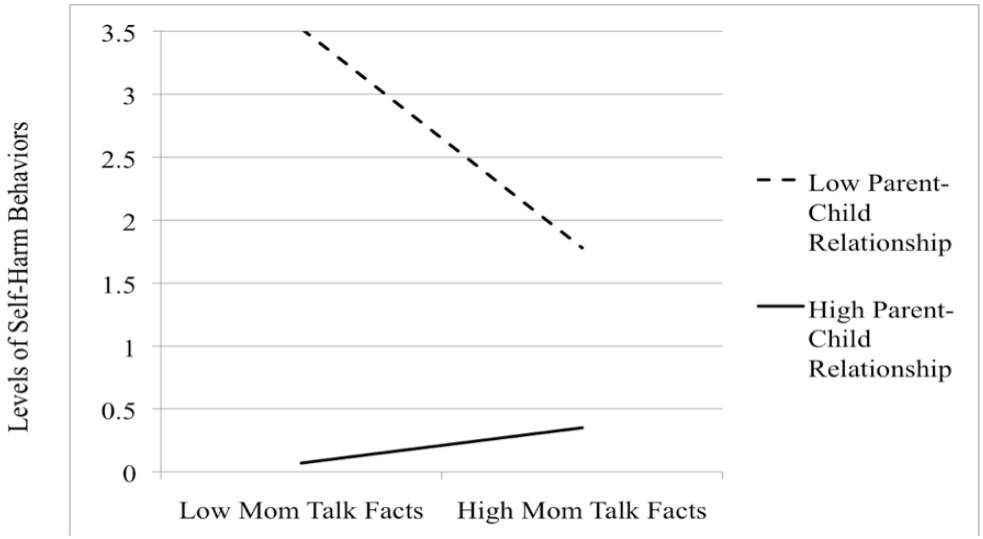

Figure 5. *Parent-Child Relationship as a Moderator between Conversations and Self-Harm Behaviors*
Note. *Interaction effects* p < *.10.*

However, at high levels of parent-child relationship, frequency of conversations did not significantly relate with self-harm.

The second aim of the secondary analyses was to assess factors that related to participants talking to their parents less often, including the parent-child relationship and the emotion elicited by the experience. Hierarchical multiple regression analyses were conducted in order to explore the relations between parent-child relationship and emotion elicited by the event with family conversations. The dependent variables were the continuous family conversation variables (Mom/Dad Facts/Feelings). Parent-child relationship (participants' perceptions of the ratio of positive to negative parent response tendencies) and emotion elicited by the event were the independent variables while sex and race were entered into all regression analyses as covariates. The regression analyses were run using three steps: the first step entered the covariates, second step entered the emotion elicited by event variables, and third step entered the parent-child relationship variable (see Table 6).

As shown for all but Mom Feelings, race was significantly negatively related to family conversations. Those participants with a white racial background were more likely to talk with their parent about both the facts and the feelings surrounding a stressful life experience. Additionally, participant sex had a marginally significant positive relation with Mom Feelings; females were more likely to talk to their mother about the feelings surrounding an event. Parent-child relationship had statistically significant relations with all family conversations variables; those who perceived having a more positive parent-child relationship were more likely to talk with their parents. Finally, participants who

had an event that elicited a high level of sadness were more likely to talk to their mother about their feelings.

Table 6. *Predictors of Talking with a Parent about a Stressful Life Experience*

	Mother Caregiver		Father Caregiver	
Measures	Facts	Feelings	Facts	Feelings
Step 1.				
Sex	.15	.18†	-.10	-.08
Race	-.21*	-.20†	-.29**	-.24*
Step 2.				
Level of Sadness	.11	.24*	.09	.12
Level of Anger	.02	.03	.05	.07
Step 3.				
Parent-Child Relationship	.27**	.26**	.24*	.28**

Note. N = *95. Values in the table are standardized regression coefficients.* [a]*1 = White and 2 = Minority.* [b]*1 = Male and 2 = Female. Parent-Child Relationship = Ratio of positive to negative family interactions.* †p < *.10.* *p < *.05.* **p < *.01.*

The third aim was to describe young adults' perceptions of why conversations did not occur. As noted previously, only participants who responded to the screener question (My [Mother] and I talked about how the event/situation affected me (made me feel) as much as I would have liked) as "disagree" or "strongly disagree" were asked about their perceived reasons. Participants' perceptions of the reasons they did not talk to their parent(s) are presented in Table 7. Of the 99 participants in this study, 50 (51.5%) reported not talking to their mother figure as much as they would have liked (i.e.,

reported “disagree” or “strongly disagree” on the screener question) while 61 (61.6%) reported not talking to their father figure as much as they would have liked. From the percentages presented in Table 7, it seems that participants indicated they did not talk as much as they would have liked with their father figure somewhat more frequently than with their mother figure. The most frequent reason indicated for both parents was “I didn’t know how to start the conversation.” The largest percentage difference between mother and father was “I wanted to protect him/her from additional problems,” with participants indicating it 23% more with mothers than fathers. Second largest was “(s)he and I don’t talk about things that are really bothering me,” with participants indicating it 22% more with fathers than mothers.

Table 7. *Percentage of Participants Indicating Reason for Not Discussing Stressful Life Experiences*

Reason for not talking	Mom (N = 50)	Dad (N = 61)
I didn’t know how to start the conversation	70	79
It would have caused her/him too much pain	64	51
I didn’t think (s)he could handle my feelings	52	51
(S)He and I don’t talk about things that are really bothering me	50	72
It was embarrassing to talk about	46	43
We would just end up arguing (fighting)	48	39
I wanted to protect him/her from additional problems	66	43
It would have been awkward (uncomfortable)	54	65

Note. *Percent of participants endorsing the reason (at least “a little”) for at least one event. Based on all life experiences participants indicated they had not discussed as much as they would have liked. Mom = mother caregiver. Dad = father caregiver.*

Discussion

It has been theorized in the literature that family conversations have positive effects on children and young adults. The main purpose of this study was to evaluate both the predictors and the effects of family conversations about stressful life experiences. This section will discuss overall findings and provide recommendations for future research and practice, highlighting limitations of the present study.

There were four key findings in this study: (a) most young adults stated that they talked to one of their parents about at least one stressful life experience; however, on average, they only talked about approximately half of the events they experienced, (b) when participants did not frequently speak to their parents about their stressful life experiences, going through more frequent stressful life experiences was associated with higher levels of self-harm behaviors, (c) having a positive parent-child relationship was significantly related to both talking more frequently with one's parents about stressful life events and also experiencing lower levels of emotion-related difficulties; the parent-child relationship may also act as a moderator between the use of conversations and young adult outcomes, and (d) race and type of emotion elicited by the event were related to the frequency in which young adults talk with their parents about stressful life experiences.

Stressful Life Experiences and Family Conversations

This study added to the literature by providing information about how often young adults perceived they talked about stressful life experiences. In general, it was found that the individuals who participated in this study went through several stressful life experiences on average ($M = 5.22$ events). Out of the 88 people who were open to discussing these experiences, the average participant talked about approximately half of

their events. However, 17% of participants were not open to talking about any of their stressful life experiences, and over half of all participants reported not talking to their parents as much as they would have liked. The findings suggest that these individuals desired to talk to their parents about their stressful life experiences although they did not necessarily follow through with their desire.

In addressing this discrepancy, this study also contributed to the literature by asking participants what they believed their reasons were for not talking with their parents about these life experiences. The most frequent response was "I didn't know how to start the conversation." This frequency may be due to the importance of parent-child relationships. If there is not a solid framework for communicating within the family, it may be difficult to broach potentially difficult topics. In addition, many reasons indicated by participants demonstrated unclear rules about communication within the family (i.e., not being clear if talking is appropriate or whether it will be reinforced or punished). As such, the most endorsed reasons demonstrated a lack of clarity about what should be discussed within the family (e.g., "I didn't know how to start the conversation") while the lowest endorsed reason indicated beliefs about what would happen if potentially difficult topics are discussed (i.e., "we would just end up arguing").

Related studies may illuminate some other reasons for the discrepancy between the number of participants who indicated wanting to talk to their parents more frequently and the number of participants who actually did regularly talk to their parents about stressful life experiences. Attachment theory posits that children who grow up in a supportive and caring family environment are likely to develop an expectation that other people are helpful (Newman, 2000). As such, these children are likely to utilize more

help-seeking behaviors as they develop (Newman, 2000). It is possible that if a strong foundation is not there for the children to develop this expectation about others, they may not seek out parental assistance during times of need in young adulthood.

Additionally, research has shown that parents typically talk about important issues, such as drugs or sex, after they know it is relevant (e.g., after they find out their child is sexually active; e.g., Beckett et al., in press). Therefore, if parents are unaware that certain stressful life events are occurring in their child's life, they may not broach relevant topics. This may be further magnified during adolescence or young adulthood, a time in which children are seeking more autonomy from their parents (Frijns et al., 2005). The findings of this study regarding reasons for not talking to parents illustrate an important area for future research. However, due to their subjective nature and reliance on participants' memories, conclusions are preliminary and need replication. Better measurement is needed in order to evaluate what is preventing conversations from occurring within the family.

The Moderating Role of Conversations

Although family conversations did not have a direct effect on young adult outcomes, the interaction of family conversations and number of stressful life experiences did significantly relate to differing levels of self-harm behaviors. Results showed that when participants did not frequently speak to their parents about their stressful life experiences, going through more frequent stressful life experiences was associated with higher levels of self-harm behaviors. Therefore, not talking amplified the relation between the frequency of stressful life experiences and self-harm. However, both young adults who talked more frequently and those who talked less frequently to their parents

had similar levels of self-harm behaviors when they did not reportedly go through many stressful life experiences. As stated previously, evaluating family conversations as a moderator has not been studied in the literature; however this finding may suggest that talking with one's parent might work best in more extreme circumstances (such as when a child is repeatedly going through these experiences).

In these analyses, talking to either parent had the same effect except that talking to mothers about the feelings surrounding an event did not reach statistical significance. Analyses were run combining all four types of conversations (Mom/Dad Fact/Feeling), and the moderating relation of conversations was still significant and in the same direction; participants talking to either parent about facts or feelings acted as a buffer between number of stressful life experiences and self-harm behaviors. This is inconsistent with previous research that has shown that each parent may have a differing role on children's coping behaviors (e.g., Valiente et al., 2004). However, some research studies have found no difference between mothers and fathers when communication about life events (e.g., Adams, Kuebli, Boyle, & Fivush, 1995). If the content of conversations are similar across gender of parent, they may have similar effects on children's coping skills.

In addition to the self-harm findings, when the participant had low levels of conversations about the stressful life experiences, having more frequent events was associated with higher levels of eating-related difficulties. Different from the self-harm analyses, this approaching significant trend was only found when looking at talking to one's mother figure about the facts of an event. An additional difference is that, although levels of self-harm were typically lowest for those who talked to their parents in general, this was not the case for eating-related difficulties. These differences suggested that

separating the type of conversation (e.g., discussing facts or feelings) might be important depending on what outcomes (e.g., self-harm or eating-related difficulties) are being analyzed.

The findings related to both self-harm and eating-related difficulties are consistent with the literature on emotion socialization. Research has found that emotion related factors influence both eating-related difficulties (Stice & Agras, 1998) and self-harm behaviors (Gratz, 2006b). According to the emotion socialization framework, one of the most important functions of family conversation is for parents to provide a context in which their children can learn how to manage their emotional experiences (Eisenberg et al., 1998). Through conversations about stressful life experiences, several aspects associated with children's emotion management and adjustment can occur (Morris, Silk, Steinberg, Myers, & Robinson, 2007). These aspects include observation (e.g., modeling, social referencing, emotion contagion), parenting practices (e.g., emotion coaching, reactions to emotions), and family emotional climate (e.g., attachment, expressivity; Morris et al., 2007). Therefore, these conversations may be particularly useful in terms of emotion-related adjustment, decreasing self-harm and potentially eating-related difficulties (although this was not found to be consistent across types of conversations).

When the ratio of positive to negative perceived parent response tendencies was included as a covariate in these analyses, the trends were similar, but the relations were only marginally statistically significant. This indicates that caution should be taken in interpreting the conversation findings given that parent response tendencies are strongly associated with the study outcomes. It is important to evaluate the unique benefits of

family conversations as compared to other family factors. Therefore, future research on family conversations should also consider the role of general family practices.

These findings may be better explained by research on parental responses to children's distress. Studies have found that parents reacting appropriately (e.g., encouraging emotional expression) to their child's distress better predict children having better emotion regulation, prosocial behavior, and empathy skills as compared to parents responding to their child's positive emotions (e.g., happiness; Davidov & Grusec, 2006). The findings from the present study are consistent with Davidov and Grusec's interpretation that if parents typically respond to their child's emotions in a more facilitative manner (e.g., supportive), through these conversations, parents may be modeling appropriate ways of coping with distressing emotions. Therefore, children may be adapting these strategies later in life and not utilizing other less adaptive ways of coping, such as self-harm.

Potential Moderating Role of Parent-Child Relationship

The second moderator evaluated was the parent-child relationship. First, having more positive parent response tendencies was found to directly relate to both lower levels of young adult negative outcomes (i.e., depression, eating problems, and self-harm behaviors) and also higher frequency of family conversations. This suggests that underlying family patterns may have a crucial impact on the functioning of young adults, no matter the specific events or conversations that occur. Second, when evaluating parent-child relationship as a moderator, results showed a marginally significant finding that if participants perceived that they had a lower ratio of positive to negative parent response tendencies, then talking more frequently about the feelings surrounding an event

with one's mother was associated with higher levels of depression. This finding indicates that family conversations may not be beneficial, and in fact may be harmful, if the parent-child relationship is perceived to be negative.

This pattern might be explained in terms of co-rumination. Co-rumination has been defined as excessively discussing personal problems and focusing on negative feelings within a dyadic relationship without actively problem solving (e.g., Rose, 2002). In the literature, co-rumination has been associated with depression in a reciprocal fashion. People having symptoms of depression tend to co-ruminate with others, and people who co-ruminate tend to develop symptoms of depression (e.g., Rose, Carlson, & Waller, 2007). As such, when parents are using fewer positive responses to their children's distress, these conversations may be functioning as co-rumination thus increasing young adults' symptoms of depression (Waller & Rose, 2010). In addition, by not modeling appropriate responses to distress with their children, children may grow up utilizing rumination strategies in response to distress, prompting internalizing feelings such as depression (e.g., Davidov & Grusec, 2006). Future studies analyzing family conversations should assess for a history of co-rumination in order to further explain the usefulness of aspects of these conversations. This might include asking parents which responses they tend to use when confronted by distressing events (e.g., venting to a friend) or observing the family discussing negative emotions, assessing whether active problem solving is taking place during the conversation.

In contrast to the depression finding, when participants indicated that they perceived a lower ratio of positive to negative response patterns from their parents, talking more frequently with their mother figure about the facts of an event was

associated with lower levels of self-harm behaviors. This marginally significant finding might be due to the negative correlations of self-harm behaviors and family conversations. Research has shown that self-harm may be a mechanism by which individuals regulate their emotions (Gratz, 2006a). To elaborate, people who self-harm tend to not talk to others about their emotional experiences and instead tend to handle their feelings using self-injurious behaviors. In this sense, young adults who are talking to their parents more frequently may be a subset of individuals who self-harm less frequently and incorporate other strategies of regulating emotions (e.g., talking about it). In order to parcel out the reciprocal relation of self-harm and talking about emotions, a longitudinal design may be used.

The similarity of findings analyzing self-harm and eating-related difficulties as outcomes found with family conversation as a moderator (primary analyses) were not found using parent-child relationship as a moderator (secondary analyses; i.e., there was no statistically significant eating-related difficulties relation). This may suggest a difference between these two emotion-related outcomes in terms of communicating about emotional experiences as suggested above. For example, research has found that the parent response style of magnifying emotions has been significantly associated with eating-related difficulties while other factors, such as punishment and neglect have been associated with self-harm behaviors (e.g., Buckholdt, Parra, & Jobe-Shields, 2009; Buckholdt, Parra, & Jobe-Shields, 2010). Therefore, the way this study conceptualized parent-child relationship (i.e., not using magnifying emotions in its empirical definition) may be related to these differing findings.

It is important to note that levels of aggression were not related to family conversations, parent-child relationships, or stressful life experiences. Previous research studies have found stronger associations between stressful life experiences and internalizing (e.g., depression) versus externalizing disorders (e.g., aggression; Grant, Compas, Thurm, McMahon, & Gipson, 2004). Therefore, since the focus of the study was on participants who had gone through stressful life experiences, findings from this study seem to be consistent with other research. Additionally, previous research studies have found some evidence that the type (positive versus negative) and frequency of emotion words used in a conversation relates to aggression levels (Laible & Song, 2006; Sales & Fivush, 2005). Therefore, aggression may be most associated with types of conversations and not merely the act of communicating with one's parents.

Finally, the interaction between conversations and stressful life experiences was not found to significantly relate to levels of depression in young adults. This may be due to the importance of positive parent response tendencies in terms of depression. In this study, more positive response tendencies were found to both directly relate to lower levels of depression, and also act as a moderator in the relation between conversations and depression. Therefore, the association of conversations with depression may depend on the type (positive versus negative) of family atmosphere.

Predictors of Conversations

When evaluating potential predictors of family conversations, this study found that only levels of sadness (and not anger) predicted talking to one's mother about feelings. The sadder the experience, the more likely it was that participants would talk to their mother figure. This suggests that it may be important to continue to assess factors of

the event (such as emotion elicited) that may relate to having fewer conversations about stressful life experiences. It may be that it is more socially acceptable to talk about sadness compared to anger and to talk about one's feelings with one's mother as compared to one's father. As previously stated, research on parent gender is mixed. While some studies find that mothers and fathers use different language with their children (e.g., Leaper et al., 1998), other studies find no difference between mothers and fathers when communication about life events (e.g., Adams et al., 1995). Due to these inconsistent findings, future research should continue to investigate the gender of parents and emotion elicited in evaluating possible predictors of family conversations about stressful life experiences.

Race was also found to be a predictor of conversations. Those participants with a white racial background were more likely to talk with their parent about both the facts and the feelings surrounding a stressful life experience. This is an unexpected finding because research has shown that those of a minority background tend to less frequently seek outside guidance in terms of psychological welfare and instead attempt to work things out within the family (Barksdale & Molock, 2009). Potentially, family members other than parents may be sought for conversations about stressful life experiences in these families (Fuller-Thomson & Minkler, 2000). Also, talking about stressful life experiences may not be a coping device that is typically used by individuals of minority cultures. The potential effect of culture on the frequency of these conversations should continue to be evaluated. Additionally, future research should include other family members (e.g., aunts, grandparents) when evaluating the effectiveness of conversations.

Finally, those who perceived having more positive parent response tendencies were more likely to talk to their parents when a stressful life experience arose. This is consistent with literature showing that previous negative family response patterns have been related to developing communication problems (Kelly et al., 2002). If children, in the past, sought help from parents in adjusting to stressful circumstances and received negative reactions, they may be less likely to continue to ask for help in the future (e.g., Newman, 2000).

Limitations and Future Directions

Despite the strengths and findings of this study, there are several limitations. One limitation is due to the sample. First, this study used a convenience sample of undergraduate students; therefore, findings from this study may not generalize to other populations. Also, all findings were based on retrospective evaluations. A recent review of adult retrospective reports on childhood experiences has shown that retrospective reports typically have higher levels of false negatives (i.e., not remembering something happened when it did) and lower levels of false positives (i.e., thinking something happened when it did not; Hardt & Rutter, 2004). Therefore, the error might be that the participants did not report some events that had happened to them. However, the potential errors around the specifics of an event may have been lessened due to combining responses across all events. Second, statistical power was most likely lessened due to the small sample size and the large number of analyses. Therefore, some relations might have reached statistical significance had a larger sample size been utilized. For example, for some variables (e.g., race predicting conversations) an effect size of -.20 was not statistically significant while for others (e.g., parent-child relationship predicting eating-

related difficulties) it was. A larger sample size would likely make the statistical significance of effect sizes more consistent across variables.

Although this study investigated a number of important factors in family communication, future research is needed to more fully conceptualize the processes these families are going through in response to stressful circumstances. It is suggested that future studies use a longitudinal design. In this way, the potentially reciprocal functions of emotion-related factors and communicating with parents could be evaluated. Assessing history of co-rumination and/or communication difficulties may also be important in identifying the components that may make conversations useful. As found in the results of this study, evaluating aspects of the event, gender of parent, function of conversation (e.g., communicating mainly facts or feelings), overall family climate, and cultural background of the family seem to be important in terms of predicting conversations and assessing the effects of family conversations.

Future avenues for this research might also be in the area of intervention. As this study demonstrates, having a positive relationship with one's parents may impact both the effects of stressful life experiences on young adult outcomes and the effects of family conversations on those outcomes. It appears that before having parents talk with their children about stressful life experiences, these families may need to have a positive foundation and atmosphere that lets the children know that it is all right to talk about certain things. Developing that foundation may bring awareness to potentially clouded and confusing communication rules within families. Once this can be established, having these formal conversations, as shown in this study, may decrease the levels of self-harm or other emotion-related behaviors that the child may utilize in the future.

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Appendix A

Informed Consent Agreement

Purpose of the Research

You are being asked to participate in a research project designed to better understand stressful life circumstances. Specifically, we are trying to find out more about how and why early experiences influence adult functioning. We hope that results from this study will help us identify factors that may diminish the negative impact of stressful life experiences occurring early in life.

What Participants Will Do

We are inviting undergraduate students attending the University of Memphis to participate in the project. If you agree to participate, you will be asked to complete an interview with one of our research assistants and several questionnaires. Questions about early stressful life circumstances, emotion-related experiences (for example, strategies you use to deal with negative emotions), and adjustment problems (for example, symptoms of depression) will be asked. Participation will take approximately 2 hours. You will receive 2 hours of research credit for your participation.

Participation is Voluntary

Your participation in the research is completely voluntary. As a result, you may withdrawal from the study at any point without any negative consequences. You also may skip or not answer any question(s) you do not want to answer.

Confidentiality

Your privacy is important to us. As such, all information that you provide will be kept confidential to the extent provided by law. Information from the interview and questionnaires will be assigned a code number, so that your name is not associated with your responses. The information will be kept in a locked filing cabinet and in secure computer files. The information obtained in this study may be published in scientific journals or presented at scientific meetings, but your name and identity will not be included with this information.

By law, there are a few limits to confidentiality. These limits were developed in part to insure the safety of research participants. The researchers are required by law to take some action if there is suspicion that you may harm yourself or somebody else or there is suspicion that a child may be in danger. If any of these situations should occur, we would attempt to contact you prior to taking any action.

Potential Risks

We expect there to be only minimal risks associated with participation in this study. You may feel tired as a result of the 2-hour session. You also may experience some distress

after reporting about early stressful life circumstances. We will provide a list of resources to all research participants. As required by the university review board, please note that The University of Memphis does not have any funds budgeted for compensation for injury, damages, or other expenses.

Potential Benefits

As noted earlier, we hope that results from this study will help us identify factors that may diminish the negative impact of stressful life experiences occurring early in life.

Questions or Concerns

If you have questions or concerns about the research project, please contact the principal investigator (Gilbert Parra, Ph.D.: 901-678-4682). If you have questions or concerns regarding your rights as a research participant, please contact the Chair of the Committee for the Protection of Human Research Participants (901-678-2533).

I, _____ (name of participant),

agree to participate in this research project. My signature below certifies that I have read and understand the information presented. My signature also certifies that I have had an opportunity to discuss this study with the research assistant and that I have had my questions about the study answered.

_____ _____

Signature of Participant Date

ID#: _____

Appendix B

Demographic Information

Please answer the questions below.

1. Biological Sex
   A. Male
   B. Female

2. Current Age _____

3. Race/Ethnicity (mark only one)
   A. Asian or Pacific Islander
   B. Black/African American
   C. Caucasian
   D. Hispanic
   E. Native American
   F. Biracial or Multiracial - Please specify: _____
   G. Other - Please specify: _____

4. Growing up, who was your primary **FEMALE** caregiver (mark only one)?
   A. Biological mother
   B. Stepmother
   C. Adoptive mother
   D. Grandmother
   E. I didn't have a female caregiver
   F. Other: _____

5. Growing up, who was your primary **MALE** caregiver (mark only one)?
   A. Biological father
   B. Stepfather
   C. Adopted father
   D. Grandfather
   E. I didn't have a male caregiver
   F. Other: _____

6. Mother (maternal caregiver) education level
   A. Did not graduate high school
   B. Received high school diploma/GED
   C. Attended some college or vocational training (did not complete)
   D. Obtained degree or certificate from apprenticeship or vocational school
   E. Obtained two year college degree
   F. Obtained four year college degree
   G. Obtained masters or doctorate degree
   H. Don't know

7. Father (paternal caregiver) education level
   A. Did not graduate high school
   B. Received high school diploma/GED
   C. Attended some college or vocational training (did not complete)
   D. Obtained degree or certificate from apprenticeship or vocational school
   E. Completed two year college
   F. Completed four year college
   G. Obtained masters or doctorate degree
   H. Don't know

8. Which of the following best describes the relationship between your biological parents?
   A. Married to each other
   B. Divorced from each other (your age when they divorced _____)
   C. Currently seeking a divorce
   D. Separated, but living together (your age when they separated _____)
   E. Separated, living apart (your age when they separated _____)
   F. Never married, but still together
   G. Never married, not still together
   H. Other: _____

9. Growing up, I lived with my _____ for most of my life.
   A. Biological parents
   B. Biological mother
   C. Biological father
   D. Biological mother and stepfather
   E. Biological father and stepmother
   F. Adoptive mother and father
   G. Adoptive mother
   H. Adoptive father
   I. Grandparents or grandparent
   J. Other: _____

If your parents are divorced or separated, please answer the following question (If your parents are still together, you may skip this question).

10. How often did you see the parent you did not live with?

   A. Once a week or more
   B. A few times a month
   C. A few times a year
   D. Less than once a year
   E. Never

Appendix C

Life Events Checklist

Listed below are a number of difficult or stressful things that sometimes happen to people. For each item, circle **0 (no)** if the event has not occurred or **1 (yes)** if the event has occurred in your lifetime.

		No	Yes
1.	Natural disaster (for example, flood, hurricane, tornado, earthquake)	0	1
2.	Fire or explosion	0	1
3.	Transportation accident (for example, car accident, boat accident, train wreck, plane crash)	0	1
4.	Serious accident at work, home, or during a recreational activity	0	1
5.	Exposure to toxic substance (for example, dangerous chemicals, radiation)	0	1
6.	Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)	0	1
7.	Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	0	1
8.	Other unwanted or uncomfortable sexual experience	0	1
9.	Combat or exposure to a war-zone (in the military or as a civilian)	0	1
10.	Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)	0	1
11.	Life-threatening illness or injury	0	1
12.	Life-threatening illness or injury of someone close to you	0	1
13.	Non life-threatening illness or injury (mental or physical)	0	1
14.	Non life-threatening illness or injury of someone close to you	0	1
15.	Sudden, unexpected death of someone close to you	0	1
16.	Serious injury or harm you caused to someone else	0	1
17.	Mental health problem of a parent	0	1
18.	Alcohol or other drug problem of a parent	0	1
19.	Intense conflict between parents	0	1
20.	Any other stressful experience or experience (please specify): _____	0	1

Appendix D

Follow-Up Questions Related to Stressful Life Experiences

The questions below are to be administered by the research assistant. (Participants will only be asked questions about items that they endorsed on the Life Events Checklist)

1. Natural disaster (for example, flood, hurricane, tornado, earthquake)
   a. What was the natural disaster?

   b. How long did it last?

   c. When did the after-effects end, if ever?

2. Fire or explosion
   a. Was it a fire or an explosion?

   b. What was the cause?

   c. When did the after-effects end, if ever?

3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)
   a. What was the cause of the accident?

   b. When did the after-effects end, if ever?

4. Serious accident at work, home, or during a recreational activity
   a. What were the circumstances?

   b. What was the cause?

5. Exposure to toxic substance (for example, dangerous chemicals, radiation)
   a. What were the circumstances? (voluntary vs. involuntary)

   b. How long was the exposure?

   c. Who was the cause? (self-afflicted, etc)

6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)
   a. What was the relationship of you to the assailant, if any?

7. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)
   a. What was the relationship of you to the assailant, if any?

8. Other unwanted or uncomfortable sexual experience
   a. What were the circumstances?

   b. Was this a recurring experience; If so, how many times did it occur?

   c. What was the relationship of the aggressor to you?

   d. On whom was the blame placed?

9. Combat or exposure to a war-zone (in the military or as a civilian)
   a. What were the circumstances?

   b. How long did your exposure last?

10. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)
    a. What were the circumstances?

    b. How long did it last?

11. Life-threatening illness or injury
    a. How long did the illness last?

    b. Is this experience related to any other experiences listed earlier? If so, which one(s)?

12. Life-threatening illness or injury of someone close to you
    a. What was the relationship of this person to you? (e.g. family, friend)

    b. Was this person a caregiver to you?

    c. What was the cause of injury?

13. Non life-threatening illness or injury
    a. What was the relationship of this person to you? (e.g. family, friend)

    b. Was this person a caregiver to you?

    c. What was the cause of injury?

14. Non life-threatening illness or injury of someone close to you
    a. How long did it last?

    b. What was the suffering?

    c. Is this experience related to any other experiences listed earlier? If so, which one(s)?

15. Sudden, unexpected death of someone close to you
    a. What was the relationship of this person to you? (e.g. family, friend)

    b. Was this person a caregiver to you?

    c. What was the cause of death?

    d. Is this experience related to any other experiences listed earlier? If so, which one(s)?

16. Serious injury or harm you caused to someone else
    a. What was the relationship of this person to you? (e.g. family, friend)

    b. Was this person a caregiver to you?

    c. Is this experience related to any other experiences listed earlier? If so, which one(s)?

17. Mental health problem of a parent
    a. Which parent had the mental health problem?

    b. What health problem did he/she have?

    c. Was this parent a primary caregiver to you?

18. Alcohol or other drug problem of a parent
    a. Which parent had the alcohol problem?

    b. Was this parent a primary caregiver to you?

19. Intense conflict between parents
    a. How often did the verbal arguments occur?

b. How often did it progress to physical violence, if at all?

c. Who was the usual initiator of these conflicts?

20. Any other stressful experience or experience:

_____

Appendix E

Follow-Up Questions Related to Stressful Life Experiences

Stressful Experience/Situation: _____

How old were you when the experience occurred?
_____

Maternal caregiver's relationship to participant (from demographic information)
_____

Paternal caregiver's relationship to participant (from demographic information)
_____

Please rate:

1. How SAD the experience/situation made you in the months after it occurred.

1	2	3	4
Not at All	A Little	Some	A Lot

2. How ANGRY/MAD the experience/situation made you in the months after it occurred.

1	2	3	4
Not at All	A Little	Some	A Lot

3. How SAD YOUR MOTHER (maternal caregiver) THOUGHT the experience/situation made YOU in the months after it occurred.

1	2	3	4
Not at All	A Little	Some	A Lot

4. How ANGRY/MAD YOUR MOTHER (maternal caregiver) THOUGHT the experience/situation made YOU in the months after it occurred.

1	2	3	4
Not at All	A Little	Some	A Lot

5. How SAD YOUR FATHER (paternal caregiver) THOUGHT the experience/situation made YOU in the months after it occurred.

1	2	3	4
Not at All	A Little	Some	A Lot

6. How ANGRY/MAD YOUR FATHER (paternal caregiver) THOUGHT the experience/situation made YOU in the months after it occurred.

1	2	3	4
Not at All	A Little	Some	A Lot

7. How SAD the experience has made you RECENTLY (in the past few months) when you think about it.

1	2	3	4
Not at All	A Little	Some	A Lot

8. How ANGRY/MAD the experience has made you RECENTLY (in the past few months) when you think about it.

1	2	3	4
Not at All	A Little	Some	A Lot

Please rate the extent to which you disagree or agree with the following statements.

1. The experience/situation CONTINUES to have a negative influence on me.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

2. I spend a lot of time thinking about the experience/situation NOW.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

3. I can't seem to forget about the experience/situation.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

4. It has been difficult to put the experience/situation behind me (leave it in the past).

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

5. I was forced to make lifestyle changes as a result of the experience/situation (for example, moving, changing schools).

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

6. The experience/situation has made me alter my life choices.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Please Rate:

1. In the months following the experience/situation, how often did you and your MOTHER (maternal caregiver) talk about the experience/situation?

1	2	3	4
Not at All	A Little	Some	A Lot

2. In the months following the experience/situation, how often did you and your FATHER (paternal caregiver) talk about the experience/situation?

1	2	3	4
Not at All	A Little	Some	A Lot

3. In the months following the experience/situation, how often did you and your MOTHER (maternal caregiver) talk about how it AFFECTED YOU (made you feel)?

1	2	3	4
Not at All	A Little	Some	A Lot

4. In the months following the experience/situation, how often did you and your FATHER (paternal caregiver) talk about how it AFFECTED YOU (made you feel)?

1	2	3	4
Not at All	A Little	Some	A Lot

Screener Question

1. My MOTHER (mother figure) and I talked about how the experience/situation affected me (made me feel) as much as I would have liked.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

If *Strongly Disagree* or *Disagree, ask the following 8 questions.*

My MOTHER (maternal caregiver) and I DID NOT talk about how the experience/situation affected me (made me feel) as much as I would have liked (needed) because

1. I didn't know how to start the conversation.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

2. it would have caused her too much pain.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

3. I didn't think she could handle my feelings.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

4. she and I don't talk about things that are really bothering me.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

5. it was embarrassing to talk about.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

6. we would just end up arguing (fighting).

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

7. I wanted to protect her from additional problems.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

8. it would have been awkward (uncomfortable).

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Screener Question

1. My FATHER (father figure) and I talked about how the experience/situation affected me (made me feel) as much as I would have liked.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

If *Strongly Disagree* or *Disagree, ask the following 8 questions.*

My FATHER (paternal caregiver) and I DID NOT talk about how the experience/situation affected me (made me feel) as much as I would have liked (needed) because

1. I didn't know how to start the conversation.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

2. it would have caused him too much pain.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

3. I didn't think he could handle my feelings.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

4. he and I don't talk about things that are really bothering me.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

5. it was embarrassing to talk about.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

6. we would just end up arguing (fighting).

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

7. I wanted to protect him from additional problems.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

8. it would have been awkward (uncomfortable).

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Please rate:

1. How SAD the experience/situation made your MOTHER (maternal caregiver) in the months after it occurred.

1	2	3	4
Not at All	A Little	Some	A Lot

2. How ANGRY/MAD the experience/situation made your MOTHER (maternal caregiver) in the months after it occurred.

1	2	3	4
Not at All	A Little	Some	A Lot

3. How SAD the experience/situation made your FATHER (paternal caregiver) in the months after it occurred.

1	2	3	4
Not at All	A Little	Some	A Lot

4. How ANGRY/MAD the experience/situation made your FATHER (paternal caregiver) in the months after it occurred.

1	2	3	4
Not at All	A Little	Some	A Lot

Appendix F

Parental Responses

A parent can respond to a child's emotions in many different ways. For each item, please indicate how often your parent/primary caregiver responded to your emotions in the way described when you were growing up.

What was your primary caregiver's relationship to you
(for example, biological mother or grandfather)?

_____

Growing up, when you felt **SAD** or **DOWN**, how often did your parent/caregiver respond in these ways?

	Never	Not Very Often	Sometimes	Often	Very Often
1. When I am sad, my parent/caregiver asks me about it.	1	2	3	4	5
2. When I am sad, my parent/caregiver tells me not to worry.	1	2	3	4	5
3. When I am sad, my parent/caregiver helps me deal with the issue that made me sad.	1	2	3	4	5
4. When I am sad, my parent/caregiver gets sad, too.	1	2	3	4	5
5. When I am sad, my parent/caregiver tells me that I am acting younger than my age.	1	2	3	4	5
6. When I am sad, my parent/caregiver understands why I am sad.	1	2	3	4	5
7. When I am sad, my parent/caregiver tells me to cheer up.	1	2	3	4	5
8. When I am sad, my parent/caregiver is usually not around.	1	2	3	4	5
9. When I am sad, my parent/caregiver lets me know that they do NOT like me being sad.	1	2	3	4	5
10. When I am sad, my parent/caregiver buys me something I like.	1	2	3	4	5
11. When I am sad, my parent/caregiver jokes with me about it.	1	2	3	4	5
12. When I am sad, my parent/caregiver comforts me.	1	2	3	4	5
13. When I am sad, my parent/caregiver usually doesn't notice.	1	2	3	4	5
14. When I am sad, my parent/caregiver gets all upset.	1	2	3	4	5
15. When I am sad, my parent/caregiver ignores me.	1	2	3	4	5
16. When I am sad, my parent/caregiver gives me a disgusted look.	1	2	3	4	5

When you feel **ANGRY** or **FRUSTRATED**, how often did your mom respond in these ways?

	Never	Not Very Often	Sometimes	Often	Very Often
1. When I am angry, my parent/caregiver finds out what makes me angry.	1	2	3	4	5
2. When I am angry, my parent/caregiver tells me to change my attitude.	1	2	3	4	5
3. When I am angry, my parent/caregiver helps me deal with the problem.	1	2	3	4	5
4. When I am angry, my parent/caregiver gets angry with me.	1	2	3	4	5
5. When I am angry, my parent/caregiver tells me that I am bad.	1	2	3	4	5
6. When I am angry, my parent/caregiver understands why I feel angry.	1	2	3	4	5
7. When I am angry, my parent/caregiver tells me to keep quiet.	1	2	3	4	5
8. When I am angry, my parent/caregiver is usually not around.	1	2	3	4	5
9. When I am angry, my parent/caregiver punished me.	1	2	3	4	5
10. When I am angry, my parent/caregiver jokes with me about it.	1	2	3	4	5
11. When I am angry, my parent/caregiver talks it out with me.	1	2	3	4	5
12. When I am angry, my parent/caregiver doesn't usually notice.	1	2	3	4	5
13. When I am angry, my parent/caregiver yells back at me.	1	2	3	4	5
14. When I am angry, my parent/caregiver ignores me.	1	2	3	4	5
15. When I am angry, my parent/caregiver says I should be ashamed.	1	2	3	4	5

Appendix G

Beck Depression Inventory-II (BDI-II, Beck, Steer, & Brown, 1996)

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today.** Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest numbered statements for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness
- 0 I do not feel sad
- 1 I feel sad much of the time
- 2 I am sad all the time
- 3 I am so sad or unhappy that I can't stand it

2. Pessimism
- 0 I am not discouraged about my future
- 1 I feel more discouraged about my future than I used to be
- 2 I do not expect things to work out for me
- 3 I feel my future is hopeless and will only get worse

3. Past Failure
- 0 I do not feel like a failure
- 1 I have failed more than I should have
- 2 As I look back, I see a lot of failures
- 3 I feel I am a total failure as a person

4. Loss of Pleasure
- 0 I get as much pleasure as I ever did from the things I enjoy
- 1 I don't enjoy things as much as I used to
- 2 I get very little pleasure from the things I used to enjoy
- 3 I can't get any pleasure from the things I used to enjoy

5. Guilty Feelings
- 0 I don't feel particularly guilty
- 1 I feel guilty over many things I have done or should have done
- 2 I feel quite guilty most of the time
- 3 I feel guilty all of the time

6. Punishment Feelings
- 0 I don't feel I am being punished
- 1 I feel I may be punished
- 2 I expect to be punished
- 3 I feel I am being punished

7. **Self-Dislike**
   - 0 I feel the same about myself as ever
   - 1 I have lost confidence in myself
   - 2 I am disappointed in myself
   - 3 I dislike myself
8. **Self-Criticalness**
   - 0 I don't criticize or blame myself more than usual
   - 1 I am more critical of myself than I used to be
   - 2 I criticize myself for all of my faults
   - 3 I blame myself for everything bad that happens
9. **Suicidal Thoughts or Wishes**
   - 0 I don't have any thoughts of killing myself
   - 1 I have thoughts of killing myself, but I would not carry them out
   - 2 I would like to kill myself
   - 3 I would kill myself if I had the chance
10. **Crying**
   - 0 I don't cry anymore than I used to
   - 1 I cry more than I used to
   - 2 I cry over every little thing
   - 3 I feel like crying, but I can't
11. **Agitation**
   - 0 I am no more restless or wound up than usual
   - 1 I feel more restless or wound up than usual
   - 2 I am so restless or agitated that it's hard to stay still
   - 3 I am so restless or agitated that I have to keep moving or doing something
12. **Loss of Interest**
   - 0 I have not lost interest in other people or activities
   - 1 I am less interested in other people or things than before
   - 2 I have lost most of my interest in other people or things
   - 3 It's hard to get interested in anything
13. **Indecisiveness**
   - 0 I make decisions about as well as ever
   - 1 I find it more difficult to make decisions than usual
   - 2 I have much greater difficulty in making decisions than I used to
   - 3 I have trouble making any decisions
14. **Worthlessness**
   - 0 I do not feel I am worthless
   - 1 I don't consider myself as worthwhile and useful as I used to
   - 2 I feel more worthless as compared to other people
   - 3 I feel utterly worthless
15. **Loss of Energy**
   - 0 I have as much energy as ever
   - 1 I have less energy than I used to have
   - 2 I don't have enough energy to do very much
   - 3 I don't have enough energy to do anything

16. Changes in sleeping Pattern

0 I have not experienced any change in my sleeping pattern
1a I sleep somewhat more than usual
1b I sleep somewhat less than usual
2a I sleep a lot more than usual
2b I sleep a lot less than usual
3a I sleep most of the day
3b I wake up 1-2 hours early and can't get back to sleep

17. Irritability

0 I am no more irritable than usual
1 I am more irritable than usual
2 I am much more irritable than usual
3 I am irritable all the time

18. Changes in Appetite

0 I have not experienced any change in my appetite
1a My appetite is somewhat less than usual
1b My appetite is somewhat greater than usual
2a My appetite is much less than before
2b My appetite is much greater than usual
3a I have no appetite at all
3b I crave food all the time

19. Concentration Difficulty

0 I can concentrate as well as ever
1 I can't concentrate as well as usual
2 It's hard to keep my mind on anything for very long
3 I find I can't concentrate on anything

20. Tiredness or Fatigue

0 I am no more tired or fatigued than usual
1 I get more tired or fatigued more easily than usual
2 I am too tired or fatigued to do a lot of the things I used to do
3 I am too tired or fatigued to do most of the things I used to do

21. Loss of Interest in Sex

0 I have not noticed any recent change in my interest in sex
1 I am less interested in sex than I used to be
2 I am much less interested in sex now
3 I have lost interest in sex completely

Appendix H

Aggression Questionnaire (AQ; Buss & Perry, 1992)

Please rate each of the following items in terms of how true they are of you. Use the following scale for answering these items.

1	2	3	4	5
Not True of me				**Extremely True of Me**

1. _____ I get into fights a little more than the average person.
2. _____ I tell my friends openly when I disagree with them.
3. _____ I am sometimes eaten up with jealousy.
4. _____ When frustrated, I let my irritation show.
5. _____ I am an even-tempered person.
6. _____ I am suspicious of overly friendly strangers.
7. _____ Once in a while I can't control the urge to strike another person.
8. _____ I often find myself disagreeing with people.
9. _____ Sometimes I fly off the handle for no good reason.
10. _____ When people are especially nice, I wonder what they want.
11. _____ My friends say that I'm somewhat argumentative.
12. _____ If I have to resort to violence to protect my rights, I will.
13. _____ If somebody hits me, I hit back.
14. _____ I wonder why sometimes I feel so bitter about things.
15. _____ I flare up quickly but get over it quickly.
16. _____ I can think of no good reason for ever hitting a person.
17. _____ I sometimes feel like a powder keg ready to explode.
18. _____ I sometimes feel that people are laughing at me behind my back.
19. _____ Some of my friends think I'm a hothead.
20. _____ There are people who pushed me so far that we came to blows.
21. _____ When people annoy me, I may tell them what I think of them.
22. _____ I have trouble controlling my temper.
23. _____ At times I feel I have gotten a raw deal out of life.
24. _____ Given enough provocation, I may hit another person.
25. _____ I have become so mad that I have broken things.
26. _____ Other people always seem to get the breaks.
27. _____ I have threatened people I know.
28. _____ I can't help getting into arguments when people disagree with me.
29. _____ I know that "friends" talk about me behind my back.

Appendix I

The Bulimia Test-Revised (BULIT-R; Thelan & Farmer, 1991)

Please circle your response to each of the following questions. Please respond to each question as honestly as possible.

1. Do you ever eat uncontrollably to the point of stuffing yourself (i.e. going on eating binges)?
    a. Once a month or less (or never)
    b. 2-3 times a month
    c. Once or twice a week
    d. 3-6 times a week
    e. Once a day or more
2. I am satisfied with my eating patterns.
    a. Agree
    b. Neutral
    c. Disagree a little
    d. Disagree
    e. Disagree strongly
3. Have you ever kept eating until you thought you'd explode?
    a. Practically every time I eat
    b. Very frequently
    c. Often
    d. Sometimes
    e. Seldom or never
4. Would you presently call yourself a "binge eater"?
    a. Yes, absolutely
    b. Yes
    c. Yes, probably
    d. Yes, possibly
    e. No, probably not
5. I prefer to eat:
    a. At home alone
    b. At home with others
    c. In a public restaurant
    d. At a friend's house
    e. Doesn't matter
6. Do you feel you have control over the amount of food you consume?
    a. Most or all of the time
    b. A lot of the time
    c. Occasionally
    d. Rarely
    e. Never
7. I use laxatives or suppositories to help control my weight.
    a. Once a day or more
    b. 3-6 times a week

c. Once or twice a week
d. 2-3 times a month
e. Once a month or less (or never)

8. I eat until I feel too tired to continue.
    a. At least once a day
    b. 3-6 times a week
    c. Once or twice a week
    d. 2-3 times a month
    e. Once a month or less (or never)
9. How often do you prefer eating ice cream, milk shakes, or puddings during a binge?
    a. Always
    b. Frequently
    c. Sometimes
    d. Seldom or never
    e. I don't binge
10. How much are you concerned about your eating binges?
    a. I don't binge
    b. Bothers me
    c. Once or twice a week
    d. 2-3 times a month
    e. Once a month or less (or never)
11. Most people would be amazed if they knew how much food I can consume in one sitting.
    a. Without a doubt
    b. Very probably
    c. Probably
    d. Possible
    e. No
12. Do you ever eat to the point of feeling sick?
    a. Very frequently
    b. Frequently
    c. Fairly Often
    d. Occasionally
    e. Rarely or never
13. I am afraid to eat anything for fear that I won't be able to stop.
    a. Always
    b. Almost always
    c. Frequently
    d. Sometimes
    e. Seldom or never
14. I don't like myself after I eat too much.
    a. Always
    b. Frequently
    c. Sometimes
    d. Seldom or never
    e. I don't eat too much

15. How often do you intentionally vomit after eating?
    a. 2 or more times a week
    b. Once a week
    c. 2-3 times a month
    d. Once a month
    e. Less than once a month (or never)
16. Which of the following describes your feeling after binge eating?
    a. I don't binge eat
    b. I feel O.K.
    c. I feel mildly upset with myself
    d. I feel quite upset with myself
    e. I hate myself
17. I eat a lot of food when I'm not even hungry.
    a. Very frequently
    b. Frequently
    c. Occasionally
    d. Sometimes
    e. Seldom or never
18. My eating patterns are different from eating patterns of most people.
    a. Always
    b. Almost always
    c. Frequently
    d. Sometimes
    e. Seldom or never
19. I have tried to lose weight by fasting or going on "crash" diets.
    a. Not in the past year
    b. Once in the past year
    c. 2-3 times in the past year
    d. 4-5 times in the past year
    e. More than 5 times in the past year
20. I feel sad or blue after eating more than I'd planned to eat.
    a. Always
    b. Almost always
    c. Frequently
    d. Sometimes
    e. Seldom, never, or not applicable
21. When engaged in an eating binge, I tend to eat foods that are high in carbohydrates (sweets and starches).
    a. Always
    b. Almost always
    c. Frequently
    d. Sometimes
    e. Seldom, or I don't binge
22. Compared to most people, my ability to control my eating behavior seems to be:
    a. Greater than others' ability
    b. About the same

c. Less
d. Much less
e. I have absolutely no control

23. One of your best friends suddenly suggests that you both eat at a new restaurant buffet that night. Although you'd planned on eating sometimes light at home, you go ahead and eat out, eating quite a lot and feeling uncomfortably full. How would you feel about yourself on the ride home?
    a. Fine, glad I'd tried that new restaurant
    b. A little regretful that I'd eaten so much
    c. Somewhat disappointed in myself
    d. Upset with myself
    e. Totally disgusted with myself
24. I would presently label myself a "compulsive eater" (one who engages in episodes of uncontrollable eating).
    a. Absolutely
    b. Yes
    c. Yes, probably
    d. Yes, possibly
    e. No, probably not
25. What is the most weight you've ever lost in 1 month?
    a. Over 20 pounds
    b. 12-20 pounds
    c. 8-11 pounds
    d. 4-7 pounds
    e. Less than 4 pounds
26. If I eat too much at night I feel depressed the next morning.
    a. Always
    b. Frequently
    c. Sometimes
    d. Seldom or never
    e. I don't eat too much at night
27. Do you believe that it is easier for you to vomit than it is for most people?
    a. Yes, it's no problem at all for me
    b. Yes, it's easier
    c. Yes, it's a little easier
    d. About the same
    e. No, it's less easy
28. I feel that food controls my life.
    a. Always
    b. Almost always
    c. Frequently
    d. Sometimes
    e. Seldom or never
29. I feel depressed immediately after I eat too much.
    a. Always
    b. Frequently

c. Sometimes
d. Seldom or never
e. I don't eat too much

30. How often do you vomit after eating in order to lose weight?
    a. Less than once a month (or never)
    b. Once a month
    c. 2-3 times a month
    d. Once a week
    e. 2 or more times a week
31. When consuming a large quantity of food, at what rate of speed do you usually eat?
    a. More rapidly than most people have ever eaten in their lives
    b. A lot more rapidly than most people
    c. A little more rapidly than most people
    d. About the same rate as most people
    e. More slowly than most people (or not applicable)
32. What is the most weight you've ever gained in 1 month?
    a. Over 20 pounds
    b. 12-20 pounds
    c. 8-11 pounds
    d. 4-7 pounds
    e. Less than 4 pounds
33. Females only. My last menstrual period was
    a. Within the past month
    b. Within the past 2 months
    c. Within the past 4 months
    d. Within the past 6 months
    e. Not within the past 6 months
34. I use diuretics (water pills) to help control my weight.
    a. Once a day or more
    b. 3-6 times a week
    c. Once or twice a week
    d. 2-3 times a month
    e. Once a month or less (or never)
35. How do you think your appetite compares with that of most people you know?
    a. Many times larger than most
    b. Much larger
    c. A little larger
    d. About the same
    e. Smaller than most
36. *Females only*. My menstrual cycles occur once a month:
    a. Always
    b. Usually
    c. Sometimes
    d. Seldom
    e. Never

Appendix J

Deliberate Self-Harm Inventory (Gratz, 2001)

This questionnaire asks about a number of different things that people sometimes do. Please be sure to read each question carefully and respond honestly. Often, people who do these kinds of things to themselves keep it a secret, for a variety of reasons. However, honest responses to these questions will provide us with greater understanding and knowledge about these behaviors. Please answer yes to a question only if you did the behavior intentionally, or on purpose. Do not respond yes if you did something accidentally (for example, you tripped and banged your head by accident).

Please answer in this format:

Have you ever intentionally (i.e., on purpose):

Hurt yourself intentionally?

0 (1)

No Yes

If yes, how often? 1 2 (3) 4

(circle only one) Yearly Monthly Weekly Daily

During what ages? 13-15

Have you ever intentionally (i.e., on purpose):

1. Cut your wrist, arms, or other area(s) of your body (without intending to kill yourself)?

0 1

No Yes

If yes, how often? 1 2 3 4

Yearly Monthly Weekly Daily

During what ages?_____

2. Burned yourself with a cigarette?

0 1

No Yes

If yes, how often? 1 2 3 4

Yearly Monthly Weekly Daily

During what ages?_____

3. Burned yourself with a lighter or a match?

0	1
No	Yes

If yes, how often?

1	2	3	4
Yearly	Monthly	Weekly	Daily

During what ages?_____

Have you ever intentionally (i.e., on purpose):

4. Carved words into your skin?

0	1
No	Yes

If yes, how often?

1	2	3	4
Yearly	Monthly	Weekly	Daily

During what ages?_____

5. Carved pictures, designs, or other marks into your skin?

0	1
No	Yes

If yes, how often?

1	2	3	4
Yearly	Monthly	Weekly	Daily

During what ages?_____

6. Severely scratched yourself, to the extent that scarring or bleeding occurred?

0	1
No	Yes

If yes, how often?

1	2	3	4
Yearly	Monthly	Weekly	Daily

During what ages?_____

7. Bitten yourself, to the extent that you broke the skin?

0	1
No	Yes

If yes, how often?

1	2	3	4
Yearly	Monthly	Weekly	Daily

During what ages?_____

8. Rubbed sandpaper on your body?

0 No | 1 Yes

If yes, how often? 1 Yearly | 2 Monthly | 3 Weekly | 4 Daily

During what ages?_____

Have you ever intentionally (i.e., on purpose):

9. Dripped acid onto your skin?

0 No | 1 Yes

If yes, how often? 1 Yearly | 2 Monthly | 3 Weekly | 4 Daily

During what ages?_____

10. Used bleach, comet, or oven cleaner to scrub your skin?

0 No | 1 Yes

If yes, how often? 1 Yearly | 2 Monthly | 3 Weekly | 4 Daily

During what ages?_____

11. Stuck sharp objects such as needles, pins, staples, etc. into your skin, (**not including** tattoos, ear piercing, needles used for drug use, or body piercing)?

0 No | 1 Yes

If yes, how often? 1 Yearly | 2 Monthly | 3 Weekly | 4 Daily

During what ages?_____

12. Rubbed glass into your skin?

0 No | 1 Yes

If yes, how often? 1 Yearly 2 Monthly 3 Weekly 4 Daily

During what ages?_____

13. Broken your own bones?

0 No 1 Yes

If yes, how often? 1 Yearly 2 Monthly 3 Weekly 4 Daily

During what ages?_____

Have you ever intentionally (i.e., on purpose):

14. Banged your head against something, to the extent that you caused a bruise to appear?

0 No 1 Yes

If yes, how often? 1 Yearly 2 Monthly 3 Weekly 4 Daily

During what ages?_____

15. Punched yourself, to the extent that you caused a bruise to appear?

0 No 1 Yes

If yes, how often? 1 Yearly 2 Monthly 3 Weekly 4 Daily

During what ages?_____

16. Prevented wounds from healing?

0 No 1 Yes

If yes, how often? 1 Yearly 2 Monthly 3 Weekly 4 Daily

During what ages?_____

17. Done anything else to hurt yourself that was not asked about in this questionnaire?

0	1
No	Yes

If yes, how often?	1	2	3	4
	Yearly	Monthly	Weekly	Daily

What did you do?_____

During what ages?_____