Demand/withdraw communication between parents and adolescents: Connections with self-esteem and substance use

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ABSTRACT

Although there is a clear link between parent–adolescent conflict and undesirable outcomes such as poor self-esteem and drug use among adolescents, less is known about why some conflict between parents and adolescents is associated with negative health outcomes, whereas other conflict between parents and adolescents is not. This study examined this issue by focusing on the demand/withdraw pattern of conflict, which involves one person nagging or criticizing while the other person avoids the topic. A sample of 57 parent–adolescent dyads completed a study that included both self-reports of demand/withdraw and outside ratings of the extent to which the dyad engaged in demand/withdraw during audiotaped conversations. The topics of the conversations included issues important to the parent, issues important to the adolescent, and alcohol and drug use among teenagers. As expected, frequent demand/withdraw was associated with low self-esteem and high alcohol and drug use for both adolescents and parents. These findings are consistent with the notion that demand/withdraw between parents and adolescents tends to be associated with particularly destructive conflicts that have both indirect health implications (e.g., because low self-esteem is associated with

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health risk behaviors) and direct health implications (e.g., health risk behaviors like alcohol and drug use). The results also suggest that to prevent the more common pattern of parent-demand/adolescent-withdraw, it might be important for parents to be responsive (i.e., not withdraw) when adolescents want to discuss an issue, even if the issue is not particularly salient to the parents.

KEY WORDS: demand/withdraw • drug abuse prevention • parent–adolescent conflict • self-esteem

A vast literature on parent–adolescent conflict has established that relatively high parent–adolescent conflict is associated with relatively poor adolescent well-being (Cole & McPherson, 1993; Crouter, Bumpus, Maguire, & McHale, 1999; Robin & Foster, 1989) and with adolescents' engaging in behaviors that can risk their health, such as using drugs (S. C. Duncan, Duncan, Biglan, & Ary, 1998; Hops, Davis, & Lewin, 1999; Hops, Tildesley, Lichtenstein, Ary, & Sherman, 1990; Turner, Larimer, & Sarason, 2000). Hops et al. (1990) even suggested that family conflict is causally related to adolescents' use of drugs. In addition to having direct ties to health risk outcomes like drug use, parent–adolescent conflict is associated with adolescents' experiences of depression and low self-esteem (Cole & McPherson, 1993; Crouter et al., 1999; Shek, 1998). This suggests possible indirect links to health outcomes because low self-esteem and depression are important as risk factors for health risk behaviors (e.g., Vega, Zimmerman, Warheit, Apospori, & Gil, 1993).

Although a clear connection has been established between parent–adolescent conflict and poor adolescent adjustment (e.g., low esteem and high drug usage), there is a need for further understanding about how conflict and adjustment are related. The correlations between parent–adolescent conflict and poor adolescent adjustment imply that such conflict is generally dysfunctional, but there is also evidence that conflict between parents and adolescents can be innocuous or even constructive (Graber & Brooks-Gunn, 1999; Holmbeck, 1996; Steinberg, 1990). Disagreements with parents may, for example, facilitate adolescents' cognitive development by encouraging individuation (Cooper, Grotevant, & Condon, 1983; Holmbeck & Hill, 1991; Smetana, 1989).

Given the apparent contradiction between scholars who have attributed important developmental benefits to parent–adolescent conflict and the overwhelming evidence that parent–adolescent conflict often is associated with poor adolescent adjustment, 'the conditions under which conflict is adaptive versus when it is dysfunctional needs to be studied' (Holmbeck, 1996, p. 173). One difficulty with understanding when conflict might be particularly destructive versus when it might be benign or helpful is that the majority of extant research on parent–adolescent conflict and adjustment has focused on the amount of parent–adolescent conflict. For

example, S. C. Duncan et al.'s (1998) conflict items, which were adapted from the commonly used Conflict Behavior Questionnaire (Prinz, Foster, Kent, & O'Leary, 1979) and the Family Environment Questionnaire (Moos, 1984), included items like, 'We almost never seem to argue' and 'We fight a lot in our family' (p. 60). Obviously, research using such scales has been important and seminal, but one way to begin to address the issue of when conflict is adaptive is to augment such studies with ones that pay more attention to how conflict is enacted.

There has been some noteworthy progress in examining specific conflict behaviors that are associated with adolescents' adjustment, including health risk behaviors. For example, research from a social learning perspective has linked exchanges of negative affect and ineffective parental discipline during problem-solving discussions to adolescents' antisocial behaviors (e.g., Capaldi, Forgatch, & Crosby, 1994; Dishion, Patterson, & Kavanagh, 1992; Patterson, Reid, & Dishion, 1992). Despite such important advances, scholars are only beginning to understand why and how some parents and adolescents deal with conflict in constructive ways, whereas others' conflicts are related to deleterious experiences and behaviors (Flannery, Montemayor, Eberly, & Torquati, 1993; Holmbeck, 1996). The current investigation addresses this issue by focusing on demand/withdraw, a conflict pattern in which one person nags, blames, or criticizes while the other attempts to avoid the issue. Although previous research has not investigated demand/withdraw in parent–adolescent relationships, the adolescent literature strongly suggests that demand/withdraw is a salient phenomenon for some parent–adolescent dyads. Given the evidence from marital research demonstrating that demand/withdraw frequently is associated with poor marital adjustment, the current study investigates whether demand/withdraw between parents and adolescents is associated with adolescents' and parents' adjustment, as indexed by self-esteem and frequent alcohol and drug use.

Demand/withdraw and adolescent adjustment

One reasonable avenue to continue probing the connection between parent–adolescent conflict and poor adolescent adjustment is to view parent–adolescent conflict behaviors from a more systemic perspective. Although systems perspectives typically are applied to families by considering the interrelationships among family members (Kantor & Lehr, 1975; Steinglass, 1978), it is also useful to consider the systemic properties of communication behaviors within a particular family dyad (Watzlawick, Beavin, & Jackson, 1967). For example, even when focusing on communication within a parent–adolescent subsystem of a family, it can be important to consider the interdependence among communication behaviors within that subsystem. Indeed, there is evidence that the connection between parent–adolescent conflict and family members' adjustment may be contingent on other behaviors in the family system: Barrera and Stice (1998) found that the association between parent–adolescent conflict and

adolescents' externalizing problems was moderated by the adolescents' reports of their parent's expressions of social support.

Although such studies provide evidence that a systemic perspective can be useful for understanding when parent–adolescent conflict is (and is not) particularly harmful to family members, relatively few studies have explicitly examined parent–adolescent conflict using constructs that are grounded in a systems perspective. This contrasts with research on another family dyad, the married couple. Numerous studies have examined the interconnections between spouses' communication behaviors. One of the most prominent examples of focusing on interdependent behaviors in marriage is the demand/withdraw pattern of communication (e.g., Christensen, 1988; Watzlawick et al., 1967; Wile, 1981). This pattern of communication is considered a systemic property of the dyad because demanding and withdrawing behaviors are contingent on each other so that one spouse's demanding tends to elicit withdrawal from the other spouse, and withdrawals tend to elicit demands (Christensen & Heavey, 1993; Klinetob & Smith, 1996).

Demand/withdraw has become an important construct in the marital conflict literature because it is associated with concurrent relational dissatisfaction and often predicts declines in relational satisfaction over time (e.g., Caughlin, 2002; Heavey, Christensen, & Malamuth, 1995; Heavey, Layne, & Christensen, 1993). In fact, the inverse connection between demand/withdraw and marital satisfaction is so robust that demand/withdraw predicts marital dissatisfaction, even after statistically controlling for exchanges of negative affect (Caughlin & Huston, 2002). Given the apparently destructive consequences of engaging in demand/withdraw in marriage, it seems likely that if demand/withdraw were to occur in other family dyads, it would be associated with poor adjustment (including health risk behaviors) in the members of that dyad.

Although demand/withdraw has not been a major focus of research on parents and adolescents, there is ample evidence that demand/withdraw occurs in some parent–adolescent relationships. Adolescents are often reported to be both physically and behaviorally withdrawn from their parents (Hauser, 1991; Larson & Richards, 1994). Such withdrawals can tempt parents to demand that the adolescent engage more in the family, as in instances when parents react to adolescents' attempts at establishing personal privacy by increasing their efforts at monitoring their children (Petronio, 1994). Also, Fuligni and Eccles (1993) argued that turning more to peers rather than to parents (i.e., withdrawing from parents) can be a reaction to parents who are relatively restrictive, perhaps by being too demanding.

Moreover, there is indirect evidence that demand/withdraw is associated with poor adolescent adjustment. Although Robin and Weiss (1980) did not analyze demand/withdraw, per se, they reported that adolescents and their mothers who engaged in both commanding and unresponsive behaviors were relatively likely to experience distress. Also, Glynn (1984) argued that adolescent drug use can be a response to overbearing and demanding

parenting; that is, drug use could be a form of withdrawal. This argument is consistent with evidence that adolescents often increase their smoking and drinking use if a parent is excessively forceful or demanding in discussing family rules about adolescents' tobacco or alcohol usage (Ennett, Bauman, Foshee, Pemberton, & Hicks, 2001). Alternatively, Glynn noted that a parent who is withdrawn sometimes elicits attempts to get attention from adolescents. If demanding behaviors do not get their parent's attention, adolescents may turn to even more dramatic behaviors like drug use. In short, given that some parents and adolescents likely engage in demand/withdraw and the possibility that demand/withdraw may help explain why some conflict is associated with particularly poor adjustment, the following hypotheses were tested:

H1: Demand/withdraw patterns between parents and adolescents are inversely associated with adolescents' self-esteem, even after controlling for the overall amount of parent–adolescent conflict.

H2: Adolescents' tendency to use alcohol and/or drugs is related to demand/withdraw patterns between parents and adolescents, even after controlling for the overall amount of conflict.

Demand/withdraw and parental adjustment

The vast majority of research examining the correlates of parent–adolescent conflict has concentrated on connections with adolescents' adjustment rather than parents' adjustment. In contrast, the current investigation also examines the association between demand/withdraw and parents' adjustment and health risk behaviors. Considering the parents' adjustment is important for two reasons.

First, as noted earlier, demand/withdraw is considered a dyadic property because it is co-constructed by two individuals whose own behaviors are seen as mutually causing each other's behaviors. According to Stafford and Bayer (1993), the notion that parents and their children mutually influence each other's behaviors, 'has become widely accepted in many disciplines' (p. 96). If parents and adolescents affect each other's behaviors, this implies that any correlations between a particular communication pattern (e.g., demand/withdraw) and adolescents' health or well-being may be accompanied by an analogous association between the communication pattern and parents' adjustment.

Consider, for example, the expected inverse association between demand/withdraw and adolescents' self-esteem (*H1*). In his sociometer theory of self-esteem, Leary (1999; Leary & Baumeister, 2000) has argued that people's self-esteem is a product of believing that others see them as a valuable relational partner. Conversely, people who feel consistently rejected by others tend to develop low self-esteem (Leary & Baumeister, 2000). The sociometer theory is consistent with the hypothesis that demand/withdraw would be associated with low self-esteem among adolescents: if parents frequently nag or criticize their child, or if they withdraw from their child, it could be viewed as rejection. For the same reasons, the

sociometer theory also would suggest that demand/withdraw between parents and adolescents would be associated with low self-esteem in the parents. Granted, the sociometer theory implies that self-esteem is a product of simultaneous perceptions of multiple relationships. Therefore, demand/withdraw between a parent and an adolescent would not inevitably lower the parent's self-esteem. Still, demanding or withdrawing behaviors from one's adolescent child could be viewed as rejection, which could lower the parent's self-esteem.

A second reason to consider connections between demand/withdraw and parents' adjustment is that adolescents' and parents' adjustment tend to be connected. For example, adolescents' alcohol and drug usage is associated with their parents' alcohol and drug use (Barnes, Farrell, & Cairns, 1986; Dishion, Patterson, & Reid, 1988; T. E. Duncan, Alpert, Duncan, & Hops, 1996; Pillow, Barrera, & Chassin, 1998). Not accounting for the association between parents' and adolescents' alcohol and drug use could lead to problems in interpreting findings. Imagine a family in which an alcoholic parent frequently nagged and criticized a withdrawn adolescent. If the adolescent uses alcohol and other drugs, this may appear to demonstrate an association between demand/withdraw and adolescent drug use; however, such findings also might be spurious associations based on: (a) the tendency for the parent's alcohol use to cause demand/withdraw, and (b) the child modeling the parent's alcohol and drug use (see Dishion et al., 1988). Such potential interpretation challenges due to the interdependence between adolescents' and parents' alcohol and drug use mean that it is important to examine parents' and adolescents' usage within the same investigation. The same logic can be applied to self-esteem, implying the following additional hypotheses:

H3: Demand/withdraw patterns between parents and adolescents are inversely associated with parents' self-esteem, even after controlling for the overall amount of parent–adolescent conflict.

H4: Parents' tendency to use alcohol and/or drugs is related to demand/withdraw patterns between parents and adolescents, even after controlling for the overall amount of conflict.

Method

Participants

The sample consisted of 57 parent–adolescent dyads (14 mother–son dyads, 16 mother–daughter dyads, 15 father–son dyads, and 12 father–daughter dyads). Participants were recruited through a combination of local youth organizations and local high schools. To be eligible for the study, the adolescent had to be in middle adolescence at the time of the recruitment (defined as 13–16 years of age). These age levels correspond roughly with the 8th through 11th grades. The focus on this age group was appropriate because adolescents during this stage are likely in the midst of renegotiating their relationships with their parent (Noller, 1995). One participant turned 17 in the weeks between initial

recruitment and participation, and the mean age of adolescents was 14.44 years. The mean age of parents was 45.52 years (range 32–61 years). The parents' reports of ethnic background were similar to the community from which the sample was drawn. Specifically, 45 individuals were European American, 7 were African American, 3 were Asian Americans, and 2 reported being from another ethnic background. The median household income was between $50,000 and $55,000.

Procedure

The dyads selected a convenient location to participate, typically their home or a campus location. Regardless of where the study was completed, the participants were met by one or two members of the research team to complete the study. Participation consisted of three tasks: preconversation questionnaires, a conversational task, and postconversation questionnaires. Dyads who completed the study were paid $40 ($20 for each individual).

Preconversation questionnaires. The preconversation questionnaires consisted of two sets of instruments. The first contained demographic questions and an instrument examining the extent to which the adolescents and parents desired to change each other with regard to 20 potential conflict issues (for details of this measure, see below). Participants' responses to this desire for change questionnaire were used to select two of the three topics for the conversation portion of the study. After participants completed the first part of the preconversation task, they gave it to a member of the research team and received the second packet of questionnaires, which took most participants between 20 and 30 minutes to complete. While the parents and adolescents worked on the larger questionnaire packet, a member of the research team examined the participants' responses to the 20 items about potential conflict issues to select topics for the conversation segment of the investigation.

Conversational task. After completing the preconversation questionnaires, the dyads were given (a) oral and written instructions for the conversational task, (b) three cards that listed the topics they were to discuss and the order in which they should discuss them, (c) audio recording equipment, and (d) the materials for completing the postconversation questionnaires. Before completing the conversation, the parent and adolescent were asked to go to a location where nobody could overhear their conversation (e.g., a private room in their house). In most instances (n = 43), the first two topics for the conversations were selected so that one was the 'adolescent's' topic (i.e., the topic rated highest by the adolescent in the preconversation desire for change questionnaire that was not among the five topics about which the parent wanted the most change) and the other was the 'parent's' topic (i.e., the topic on which the parent desired the most change but that was not among the adolescent's top five). For various reasons, these selection criteria were not used for the remaining dyads. For example, there were six dyads in which no issue could be identified as the adolescent's issue based on these criteria. In such instances, the dyads were given a parent's issue and an alternate topic to discuss, and these dyads were excluded from all analyses involving adolescents' issues. The order in which participants were asked to discuss the first two topics was randomly determined. For all the dyads, the final topic was 'alcohol and drug use among teenagers.' To complete the conversation, participants were told to have one

person read the first card aloud before both of them discussed that issue for as long as they wanted to. After discussing the first issue, the other member of the dyad read the second card aloud, and they discussed the second issue, then finally the third.

Postconversation questionnaire. Immediately following the conversation task, the parent and adolescent were asked to rate the extent to which they engaged in demand/withdraw during the conversation. Because these measures were completed immediately after conversation (while still in a private location), each participant was given an envelope and told to seal the questionnaire in that envelope when the questionnaire was completed. This precaution was taken to discourage the participants from collaborating on their responses or from trying to influence each other's responses.

Measures

Desire for change. Desire for change was assessed by asking participants to rate the extent to which they would like their counterpart to change his or her attitudes and/or behaviors with regards to 20 issues. The issues came from the oft-used Issues Checklist (Prinz et al., 1979; Robin & Foster, 1989). Most of the items (17) were relatively mundane issues because most parent–adolescent conflict episodes involve ordinary issues (Montemayor, 1983; Smetana & Gaines, 1999). These items included topics like cleaning up the adolescent's bedroom, going on dates, allowance, making too much noise at home, and coming home on time. In addition to these relatively mundane issues, the other three topics were: drugs, smoking, and drinking beer or other liquor.

As noted earlier, the desire for change items were administered as part of the initial questionnaire and then used to select topics for the conversations. The same items with slightly different instructions were administered again toward the end of the larger preconversation packet of questionnaires. This allowed for two-item measures of reliability for each of the 20 issues. The reliabilities were good (mean α = .86, min = .59, max = .95 for parents; mean α = .85, min = .72, max = .96 for adolescents).

Overall conflict. The general amount of overt parent–adolescent conflict was assessed using four conflict items from the Braiker and Kelley (1979) Relationship Questionnaire (sample item for the adolescent version: 'How often did you and your mother argue with one another?'). When completing this instrument, both the parent and adolescent were asked to think about their relationship 'in general over the last two months.' The items were answered on a 1 to 7 response scale with higher scores representing greater conflict. The responses were averaged (M = 3.28, SD = 1.41, α = .89 for parents; M = 3.60, SD = 1.52, α = .90 for adolescents).

Demand/withdraw. The extent to which parents and adolescents engaged in demand/withdraw was measured in three different ways. The multiple measures were necessary because there is no ideal way to assess demand/withdraw. The demand/withdraw pattern can be seen both as an observable pattern of behaviors and as a subjective experience (Huston & Robins, 1982; Reis, 1994). Given that outsiders can reliably observe behaviors and that individuals' reports of their communication behavior are biased

(Huston & Robins, 1982; Reis, 1994), observational measures are desirable. However, because the meaning of behaviors is best interpreted from an insider's perspective, participant reports are also important (Noller & Feeney, 2004). Also, typical procedures for gathering observations of communication have artificial constraints not found in everyday conversations (Reis, 1994). Given the limitations of any measure of demand/withdraw, the strategy used here was to have multiple measures, each designed to capture different aspects of demand/withdraw.

The first of the three measures of demand/withdraw was a retrospective self-report, based on the short version of Christensen's (1988; Christensen & Heavey, 1993) Communication Patterns Questionnaire (CPQ). Such a retrospective measure is important because it can assess demand/withdraw sequences that may occur over periods that are longer than the observation session. The original CPQ assessed demand/withdraw in marriage by asking people to report the likelihood of various communication patterns before and during the discussion of a problem. The questionnaire was modified so that it referred to parents and adolescents. Also, because several studies have reported reliabilities lower than .55 on some of the demand/withdraw subscales of the CPQ (e.g., Bodenman, Kaiser, Hahlweg, & Fehm-Wolfsdorf, 1998; Caughlin, 2002; Christensen & Heavey, 1990), the questions were rewritten so that all of them referred to behaviors that happened during a conflict (rather than also including items about demand/withdraw before an issue is discussed). For adolescents who participated with their father, the items assessing adolescent-demand/parent-withdraw were: 'During a discussion of a problem, how likely is it that you attempt to discuss the problem while your father tries to avoid the topic?' 'During a discussion of a problem, how likely is it that you nag or blame while your father withdraws, becomes silent, or refuses to discuss the matter further?' and 'During a discussion of a problem, how likely is it that you criticize while your father tries to ignore you?' There were analogous items for reporting on parent-demand/adolescent-withdraw, and adolescents who participated with their mother received an appropriately worded version. Similarly, parents reported on both forms of demand/withdraw and received versions worded according to whether they participated with a son or daughter. The items were answered on a response scale of 1 (*very unlikely*) to 7 (*very likely*). The responses were averaged for each subscale (M = 3.35, SD = 1.50, α = .84 for parents' reports of parent-demand/adolescent-withdraw; M = 2.46, SD = 1.24, α = .82 for parents' reports of adolescent-demand/parent-withdraw; M = 2.84, SD = 1.58, α = .85 for adolescents' reports of adolescent-demand/parent-withdraw; and M = 3.26, SD = 1.46, α = .79 for adolescents' reports of parent-demand/adolescent-withdraw).

The postconversation reports of demand/withdraw were similar to the retrospective reports; however, the participants were asked to focus exclusively on the conversation that they just completed. Again, the items were answered on a response scale of 1 (*very little*) to 7 (*very much*) and responses for each subscale were averaged (M = 1.61, SD = .92, α = .84 for parents' reports of parent-demand/adolescent-withdraw; M = 1.47, SD = .82, α = .89 for parents' reports of adolescent-demand/parent-withdraw; M = 1.50, SD = 1.05, α = .92 for adolescents' reports of parent-demand/adolescent-withdraw; M = 1.50, SD = .98, α = .89 for adolescents' reports of adolescent-demand/parent-withdraw).

The last indicator of demand/withdraw involved outside ratings of the

recorded conversations. The rating procedure relied on 'cultural informants,' a technique that allows the raters to draw upon their cultural knowledge to decipher what occurs in conversations. This procedure has several advantages over the technique of coding specific features of communicators' behavior (Gottman & Levenson, 1986; Smith, Vivian, & O'Leary, 1990). Most important, cultural informants can draw upon their cultural knowledge to construe what occurs in conversations in a more complex way than can coders who rate specific behaviors.

The raters were three advanced undergraduate students and two master's students. Consistent with Gottman and Levenson's (1986) recommendations for using this type of rating, training was minimal. Raters were given rating sheets that contained items similar to the aforementioned retrospective demand/withdraw items, except that the items were altered for a third party rating. They were also given brief descriptions of some verbal behaviors that typically count as demanding or withdrawing, but they were also told that these were merely examples of the categories – not definitive. Each individual independently rated the conversations for demand/withdraw. For each subscale, each rater's mean on that subscale was averaged with the other raters' means for a final rating. The reliability of the subscales was assessed with Cronbach's alphas, and inter-rater reliability was assessed with intraclass correlations (r_k). For parent-demand/adolescent-withdraw, the reliabilities were: $\alpha = .89$ and $r_k = .91$ for the parent topic, $\alpha = .84$ and $r_k = .94$ for the adolescent topic, and $\alpha = .93$ and $r_k = .91$ for the alcohol/drug discussion. For adolescent-demand/parent-withdraw, the reliabilities were: $\alpha = .91$ and $r_k = .47$ for the parent topic, $\alpha = .77$ and $r_k = .89$ for the adolescent topic, and $\alpha = .96$ and $r_k = .91$ for the alcohol/drug discussion. The low inter-rater reliability on adolescent-demand/parent-withdraw for the parent topic seemed to be due to extremely low variation rather than genuine disagreement among the raters: each of the raters assessed at least 45 of the dyads as having the lowest possible score on all three adolescent-demand/parent-withdraw items. Thus, this measure was retained for the study, even though the restricted variance decreased the chances that this variable would be significantly associated with others.

Self-esteem. Self-esteem was assessed with Rosenberg's (1965) 10-item Self-Esteem Scale. A 4-point response format (*strongly agree* to *strongly disagree*) was used with higher numbers indicating greater self-esteem. The responses were averaged ($M = 3.42$, $SD = .38$, $\alpha = .77$ for parents; $M = 3.06$, $SD = .63$, $\alpha = .91$ for adolescents).

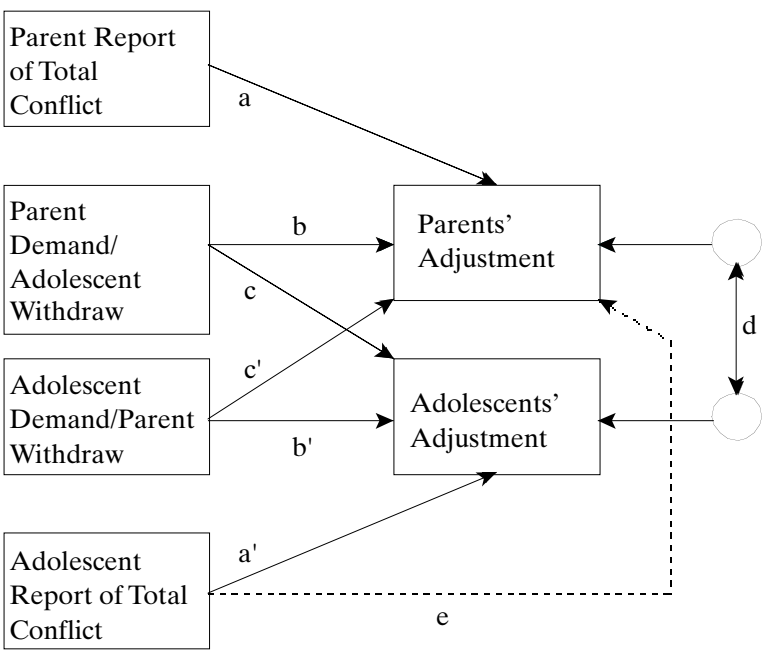
Alcohol and drug use. Adolescents' and parents' alcohol and drug use was measured with self-report items based on those used by Harrington, Giles, Hoyle, Feeney, and Yungbluth (2001). The six items used in the current investigation involved reports of how many times in the previous 30 days the participant had: used alcohol, gotten drunk, smoked marijuana, 'sniffed' substances to get high, used other drugs, or smoked cigarettes. Each of these items included a scale for reporting the number of times the participants had engaged in each behavior, with '1' meaning that they had not engaged in that behavior over the past 30 days and '4' meaning they had engaged in that behavior 10 or more times. The responses were averaged ($M = 1.36$ and $SD = .40$ for parents; $M = 1.21$ and $SD = .45$ for adolescents).

Plan of analysis

As suggested earlier, we expected that parents' self-esteem and alcohol and drug use would be positively associated with the same measures for their child. This anticipated nonindependence was dealt with by using the path model summarized in Figure 1. This model, which is based on Kenny's (1996) suggestions for dealing with nonindependent dyadic data, was applied separately to the indices of self-esteem and alcohol and drug use. Although these analyses assign independent and dependent variables, the data are still correlational: no causal implications are implied by the models.

The primary goal of the present study was to examine whether there were associations between demand/withdraw and adjustment, even after the amount of relational conflict was controlled. Therefore, individuals' reports of the amount of conflict in the relationship were included as predictors of their adjustment (see paths a and a′). One noteworthy element of controlling for the amount of conflict by using individuals' reports of conflict (rather than some external measure of conflict) is that controlling for these reports probably creates a particularly conservative test of the hypotheses. Data about the amount of parent–adolescent conflict were gathered at the same time and in the same form (i.e., questionnaires) as were the data about self-esteem and alcohol and drug use. Thus, the reports of conflict likely share some method variance with the two indices of adjustment. In contrast, the postconversation

FIGURE 1
Path model used to examine associations between demand/withdraw and the two adjustment indicators (i.e., self-esteem and substance use) while controlling for participants' perceptions of overall parent–adolescent conflict.



measures were completed later, and the outside ratings were not subject to shared method variance with participants' reports of adjustment. Therefore, any significant associations involving the postconversation or outside ratings and the indices of adjustment should be regarded with particular confidence if such analyses have controlled for the reports of conflict.

Paths a and a′ in Figure 1 were expected to be sufficient to control for any influence of the total amount of conflict. It was not deemed necessary to control routinely for the association between one person's report of conflict and the other person's adjustment (e.g., path e). The rationale for not routinely including such cross-person paths is twofold. First, because the amount of conflict in the relationship is a dyadic phenomenon, both individuals were reporting on the same construct. Indeed, the intraclass correlation between parents' and adolescents' reports of relational conflict was .82. Thus, controlling for both reports would essentially be controlling for the same construct twice. Second, it is conceptually more logical to argue that one's own perceptions of conflict ought to be related to adjustment than it is to suggest that the perceptions of one's counterpart should predict adjustment. Nevertheless, given the goal of providing a rigorous test of the idea that demand/withdraw is associated with self-esteem and substance use even with the amount of conflict controlled, additional analyses were conducted to determine if there were significant associations between one person's adjustment and the other person's report of conflict (e.g., path e). In the analysis in which such associations were statistically significant, the appropriate path was added to the model.

Paths b, b′, c, and c′ represented potential associations between demand/withdraw and adjustment. Similar to the procedure described by Kenny (1996), paths with the same letter (e.g., a and a′) were initially constrained to be equal. The primary advantage of such constraints is that they allow for more precise error estimates than can be obtained without the constraints. However, because of the possibility that associations involving parents might be different from those involving adolescents, it was important to make these constraints with caution. Therefore, the constraints were released whenever doing so improved the model fit based on a relatively liberal alpha criterion ($p < .20$). The final constraints are summarized with the results. All the significance tests reported below are two-tailed.

Results

Preliminary analyses

Before conducting the main analyses, it was important to examine the possibility that adolescents' and parents' scores on the two adjustment indices were correlated. As expected, there was a positive association between adolescents' and parents' self-esteem, but this association was not statistically significant, $r = .15$. Also, parents' and adolescents' reports of alcohol and drug use were positively associated, $r = .25$, $p = .06$. Despite not reaching statistical significance, the evidence of nonindependence was strong enough to justify using the path modeling procedure to ensure that the main statistical tests would not be biased by the interdependence within dyads.

There were also significant associations among the measures of demand/withdraw. Parent-demand/adolescent-withdraw was positively correlated with adolescent-demand/parent-withdraw according to the parents'

retrospective reports ($r = .47$, $p < .01$), the adolescents' retrospective reports ($r = .62$, $p < .01$), the parents' postconversation reports ($r = .89$, $p < .01$), the adolescents' postconversation reports ($r = .78$, $p < .01$), and the outside ratings of the conversations about alcohol and drugs ($r = .33$, $p < .05$). To allow for such correlations, each analysis using path modeling allowed for a correlation between parent-demand/adolescent-withdraw and adolescent-demand/parent-withdraw. These paths are not shown in Figure 1 or reported in the tables because they were not the focus of the hypotheses and they essentially duplicated the correlations listed above.

Unlike with the other measures, there was not a significant association between parent-demand/adolescent-withdraw and adolescent-demand/parent-withdraw for the outside ratings of the discussions of the parent topic ($r = .10$) or the adolescent topic ($r = –.10$). However, when the ratings of demand/withdraw were summed across the three topics, parent-demand/adolescent-withdraw was positively associated with adolescent-demand/parent-withdraw ($r = .41$, $p < .01$). This suggests that, if one considered demanding and withdrawing across topics (as would be the case with the retrospective reports or the postconversation reports), parent-demand/adolescent-withdraw and adolescent-demand/parent-withdraw would be associated positively. Consistent with this explanation, adolescent-demand/parent-withdraw during the adolescents' topic was positively correlated with parent-demand/adolescent-withdraw during the parents' topic ($r = .43$, $p < .01$) and during the conversations about alcohol and drugs ($r = .43$, $p < .01$).

In addition, there were a number of significant associations between the measures of total conflict and demand/withdraw. For example, the correlations between the retrospective reports of the amount of conflict and demand/withdraw averaged .56 (range .30 to .72), and all were statistically significant. The correlations between the reports of conflict and the other indices of demand/withdraw were generally lower, which was not surprising because (unlike the reports of total conflict and the retrospective reports of demand/withdraw) the postconversation reports and outside ratings referred to one specific interaction rather than a two-month period. Still, the correlations between the amount of conflict and the postconversation reports and those between amount of conflict and the outside ratings were typically positive (maximum correlation for postconversation reports = .38, maximum for outside ratings = .32). To account for such associations in the path modeling, the reports of conflict and measures of demand/withdraw were allowed to correlate. Again, these paths are not shown due to an effort to provide a parsimonious examination of the hypotheses.

Finally, although the primary reason for examining the total amount of conflict in the parent–adolescent relationship was to control for the amount of conflict, it is noteworthy that there were a number of statistically significant associations between the reports of the amount of conflict and the participants' adjustment (i.e., self-esteem and substance use). Adolescents' reports of relational conflict were inversely associated with their own self-esteem ($r = –.42$, $p < .01$) and their parent's self-esteem ($r = –.27$, $p < .05$). Adolescents' reports of conflict were positively associated with both adolescents' ($r = .20$, $p = .13$) and parents' ($r = .31$, $p < .05$) reports of alcohol and drug use. Similarly, parents' reports of relational conflict were inversely associated with their own self-esteem ($r = –.28$, $p < .01$) and their child's self-esteem ($r = –.36$, $p < .01$). Parents' reports of conflict were positively (but not significantly) associated

with their own (r = .21) and their child's (r = .23, p = .08) reports of alcohol and drug use.

Main analyses

Table 1 summarizes the associations between demand/withdraw and self-esteem (*H1* and *H3*). The fit of the path models was good for each analysis (i.e., the χ^2 values were not statistically significant, the average absolute standardized residuals were less than .05, and the comparative fit index was greater than .90). Also, there was no evidence that the models would be improved by including associations between one person's report of conflict and the other person's self-esteem (e.g., path e in Figure 1). Even with the adolescents' reports of the amount of conflict controlled, there was an inverse association between the adolescents' self-esteem and their retrospective reports of adolescent-demand/parent-withdraw. Adolescents' self-esteem also was related inversely to the outside ratings of adolescent-demand/parent-withdraw during the parent topic. Parents' self-esteem was inversely associated with the outside ratings of parent-demand/adolescent-withdraw during the parent topic.

The analyses pertaining to the hypothesized positive associations between demand/withdraw and alcohol and drug use (*H2* and *H4*) are summarized in Table 2. For the path analyses, model fit was significantly improved by allowing an association between the adolescents' reports of relational conflict and the parents' alcohol and drug use. Because the goal of these analyses was to provide a conservative test of the notion that demand/withdraw was associated with alcohol and drug use (while controlling for overall conflict), the path (see path e in Figure 1) was included in the final models. In each case, the final model fit was good.

There were a number of significant paths that were consistent with the second hypothesis. According to the adolescents' retrospective reports, the adolescents' postconversation reports, and the outside ratings of all three topics, there was a positive association between parent-demand/adolescent-withdraw and adolescents' alcohol and drug use. There was one significant path that was consistent with the fourth hypothesis: the outside ratings of adolescent-demand/parent-withdraw during the parent topic were positively associated with parents' alcohol and drug use.

There were also a few paths that seemed to run counter to the second and fourth hypotheses because they were significant and negative rather than positive. However, the zero-order correlations that examined the same associations were not significant. This suggests that the negative associations were likely artifacts of the demand/withdraw measure in question being positively associated with other variables (e.g., the other form of demand/withdraw) that were positively associated with alcohol and drug use. For example, consider the negative association between adolescents' alcohol and drug use and the outside ratings of adolescent-demand/parent-withdraw during the discussion of substance use. As illustrated in Figure 2, the significant negative direct association between adolescent-demand/parent-withdraw and adolescent substance use must be considered in conjunction with the indirect association due to the positive association between the two forms of demand/withdraw. Specifically, given the strong positive association between the two forms of demand/withdraw (path = .48) and the strong positive association between parent-demand/adolescent-withdraw and adolescents' reports of alcohol and drug use (path = .71), the indirect association between

TABLE 1
Summary of associations between participant reports of parent-demand/adolescent-withdraw and adolescent-demand/parent-withdraw with participants' self-esteem

	Adolescents' self-esteem		Parents' self-esteem		Model fit statistics		
	r	Path Model	*r*	Path Model	χ^2 (*p*)	ASSR	CFI
Parents' Retrospective Reports					1.25 (.87)	.02	1.00
Parent Demand/Adolescent Withdraw	–.33*	–.04[a] (–.11)	–.44**	–.06[† b] (–.25)			
Adolescent Demand/Parent Withdraw	–.22[†]	–.06[† b] (–.12)	–.37**	–.04[a] (–.15)			
Adolescents' Retrospective Reports					0.10 (.99)	.00	1.00
Parent Demand/Adolescent Withdraw	–.43**	–.04[a] (–.10)	–.27*	–.02 (–.09)			
Adolescent Demand/Parent Withdraw	–.48**	–.13* (–.33)	–.30*	–.04[a] (–.18)			
Parents' Postconversation Reports					4.53 (.34)	.02	1.00
Parent Demand/Adolescent Withdraw	–.06	.11[a] (.16)	–.13	–.13[b] (–.31)			
Adolescent Demand/Parent Withdraw	–.14	–.13[b] (–.17)	–.12	.11[a] (.23)			
Adolescents' Postconversation Reports					2.37 (.67)	.02	1.00
Parent Demand/Adolescent Withdraw	–.25[†]	.01[a] (.02)	–.10	–.04[b] (–.12)			
Adolescent Demand/Parent Withdraw	–.28*	–.04[b] (–.06)	–.06	.01[a] (.03)			
Outside Ratings of Parent Topic					0.98 (.91)	.01	1.00
Parent Demand/Adolescent Withdraw	–.24[†]	–.03[a] (–.06)	–.36**	–.08[*b] (–.29)			
Adolescent Demand/Parent Withdraw	–.22	–.08[*b] (–.06)	–.15	–.03[a] (–.03)			
Outside Ratings of Adolescent Topic					1.48 (.83)	.01	1.00
Parent Demand/Adolescent Withdraw	.06	.01[a] (.02)	–.34*	–.08[†b] (–.22)			
Adolescent Demand/Parent Withdraw	–.05	–.08[†b] (–.09)	–.18	.01[a] (.02)			
Outside Ratings of Drug/Alcohol					2.58 (.63)	.03	1.00
Parent Demand/Adolescent Withdraw	–.11	–.04[a] (–.06)	–.24[†]	–.05[b] (–.14)			
Adolescent Demand/Parent Withdraw	.02	–.05[b] (–.04)	–.08	–.04[a] (–.05)			

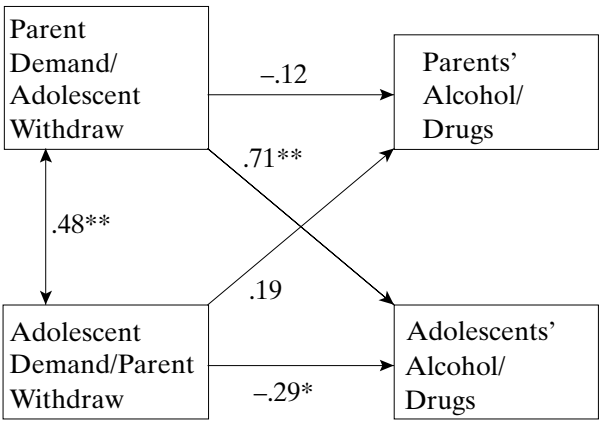
Notes. The column labeled 'path model' refers to associations that controlled for amount of conflict (see Figure 1). Values without parentheses are unstandardized, and those within parentheses are standardized. Within a given analysis, parameters with like superscripts were constrained to be equal in the final model. ASSR refers to average absolute standardized residuals. CFI refers to comparative fit index.
[†] $p < .10$; * $p < .05$; ** $p < .01$.

TABLE 2
Summary of associations between participant reports of parent-demand/adolescent-withdraw and adolescent-demand/parent-withdraw with participants' alcohol and drug use

	Adolescents' alcohol and drug use		Parents' alcohol and drug use		Model fit statistics		
	r	Path Model	*r*	Path Model	χ^2 (*p*)	ASSR	CFI
Parents' Retrospective Reports					2.44 (.49)	.02	1.00
Parent Demand/Adolescent Withdraw	.21	.05[a] (.16)	–.02	–.10**[b] (–.37)			
Adolescent Demand/Parent Withdraw	–.14	–.10**[b] (–.28)	.04	.05[a] (.15)			
Adolescents' Retrospective Reports					0.45 (.80)	.01	1.00
Parent Demand/Adolescent Withdraw	.41**	.16** (.51)	.30*	.05[a] (.18)			
Adolescent Demand/Parent Withdraw	.35**	.05[a] (.17)	.33*	.05 (.20)			
Parents' Postconversation Reports					1.99 (.57)	.01	1.00
Parent Demand/Adolescent Withdraw	.12	.04[a] (.08)	.07	–.04[b] (–.08)			
Adolescent Demand/Parent Withdraw	.04	–.04[b] (–.07)	.01	.04[a] (.08)			
Adolescents' Postconversation Reports					1.17 (.28)	.01	1.00
Parent Demand/Adolescent Withdraw	.43**	.35** (.81)	.29*	.02 (.06)			
Adolescent Demand/Parent Withdraw	.14	–.25** (–.55)	.34*	.09 (.21)			
Outside Ratings of Parent Topic					1.27 (.26)	.01	1.00
Parent Demand/Adolescent Withdraw	.34*	.10* (.31)	–.07	–.07[†] (–.22)			
Adolescent Demand/Parent Withdraw	–.09	–.26[†] (–.24)	.30*	.37** (.38)			
Outside Ratings of Adolescent Topic					1.23 (.54)	.01	1.00
Parent Demand/Adolescent Withdraw	.35*	.18** (.40)	–.05	.00[a] (.00)			
Adolescent Demand/Parent Withdraw	–.07	.00[a] (.02)	–.11	–.01 (–.01)			
Outside Ratings of Drug/Alcohol					0.23 (.63)	.00	1.00
Parent Demand/Adolescent Withdraw	.57**	.31** (.71)	–.03	–.05 (–.12)			
Adolescent Demand/Parent Withdraw	–.06	–.26* (–.29)	.06	.15 (.19)			

Notes. The column labeled 'path model' refers to associations that controlled for amount of conflict (see Figure 1). Values without parentheses are unstandardized, and those within parentheses are standardized. Within a given analysis, parameters with like superscripts were constrained to be equal in the final model. ASSR refers to average absolute standardized residuals. CFI refers to comparative fit index.
[†] $p < .10$; * $p < .05$; ** $p < .01$.

FIGURE 2
Summary of path model between outside ratings of demand/withdraw during discussion of alcohol and drug use and participants' reports of alcohol and drug use.



adolescent-demand/parent-withdraw and adolescents' reports of alcohol and drug use was .34. This positive indirect association offsets the negative direct association.

Discussion

The current investigation revealed a number of associations between demand/withdraw patterns of communication and poor adjustment among adolescents and parents. Indeed, there was some evidence that both parent-demand/adolescent-withdraw and adolescent-demand/parent-withdraw were associated with adjustment, and a number of these associations persisted even when participants' reports of overall conflict in the relationship were controlled. These findings suggest that considering demand/withdraw is a useful addition to research that has documented an association between the amount of parent–adolescent conflict and adolescent adjustment (e.g., Cole & McPherson, 1993; Crouter et al., 1999; Robin & Foster, 1989). Future research should continue examining the connections among demand/withdraw, amount of conflict, and family members' adjustment. Future investigations should also examine whether adjustment is associated with other communication patterns, such as instances when both individuals attempt to avoid discussions of a problem (see Denton, Burleson, Hobbs, Von Stein, & Rodriguez, 2001).

Despite the need for continued research, the present findings concerning adolescents' alcohol and drug use were compelling. Five of the seven possible correlations between parent-demand/adolescent-withdraw and adolescents' reports of alcohol and drug use were significant. All five of

these associations remained statistically significant, even after controlling for the adolescents' reports of overall parent–adolescent conflict. These results provide a complement to previous research that has demonstrated links between parent–adolescent conflict and adolescents' health risk behaviors such as using drugs (S. C. Duncan et al., 1998; Hops et al., 1990, 1999; Turner et al., 2000).

Such associations between demand/withdraw (and particularly parent-demand/adolescent-withdraw) and adolescents' alcohol and drug use imply that demand/withdraw in parent–adolescent relationships may have important health implications. Adolescents' alcohol and drug use is an important health risk behavior. Moreover, some research with married couples suggests that demand/withdraw may have other direct health consequences. Denton et al. (2001) found that spouses who took the avoiding role during disagreements with their partner tended to have greater systolic blood pressure reactivity than did people who were not avoiders. As Denton et al. noted, high blood pressure reactivity is a risk factor for the development of coronary diseases. Clearly, more research is needed before one can assume that such associations extend to the parent–adolescent relationship, but this possibility suggests that demand/withdraw between parents and adolescents might have important health implications besides the association with adolescent alcohol and drug use.

Also, it is important to emphasize that the associations between demand/withdraw and adolescent drug use were not isolated to the discussions of alcohol and drug use among teenagers. If the connection between adolescent drug use and demand/withdraw was only evident during discussions about substance use, such findings might be attributed to disagreements specifically about the alcohol and drug use. However, the ratings of parent-demand/adolescent-withdraw during discussions of the parents' and adolescents' topics also were correlated with adolescent alcohol and drug use. Given that the parents' and adolescents' topics were mundane conflict issues (e.g., allowance or cleaning up the adolescent's bedroom), the results of the current study suggest that parent–adolescent conversations about many common topics – not just conversations about drugs – are pertinent to adolescents' alcohol and drug use.

Although the present investigation demonstrated an association between demand/withdraw during non-drug related topics and adolescent alcohol and drug use, this study does not address why such associations may occur. As noted earlier, demand/withdraw across the various topics tended to be correlated; thus, perhaps the connections between the discussions of the parents' and adolescents' issues and adolescent alcohol and drug use are spurious (i.e., the primary association involves discussions of alcohol and drugs). Still, the consistency in demand/withdraw across the various topics suggests that communication patterns that are established for dealing with everyday conflicts may influence the way parents and adolescents deal with discussions of more serious issues like adolescents' health risk behaviors. Given that parents and adolescents rarely discuss substance use explicitly

(Miller-Day, 2002), it seems plausible that any disagreements that arose in such discussions would be influenced by communication patterns that had developed for dealing with more commonplace issues.

If this explanation is confirmed by subsequent research, it would suggest a limitation to the frequent media messages calling for parents to discuss alcohol and drugs with their adolescents. In addition to such anti-drug conversations, it may be just as important to help parents and adolescents learn constructive strategies for dealing with conflicts regarding common, mundane issues. The present investigation would suggest that an important feature of such advice would be ensuring that demand/withdraw did not become a salient characteristic of such conflicts. As Miller-Day (2002) suggested, explicit 'sit-down' conversations about alcohol and drug use may be less important than the ongoing socialization that occurs between parents and adolescents. If parents and adolescents are able to deal with conflict in constructive ways, it may help the parents remain an important influence on the adolescents' values, even as the importance of peers rises. And, by remaining a key influence on the adolescents' norms, parents may: (a) reduce the need for explicit discussions about alcohol and drug use, and (b) increase their influence on their adolescent if they do discuss alcohol and drug use.

Although this investigation's theoretical rationale and analyses focused on demand/withdraw as a predictor construct, the correlational design of the study cannot rule out the possibility that self-esteem and alcohol and drug use influence demand/withdraw. In fact, it is possible that causality is bidirectional. For instance, Small (1988) suggested that parents' self-esteem might be related to parenting behaviors in two ways. Rearing a well-adjusted child may elevate a parent's sense of self-worth. Such a view is consistent with Leary's (Leary, 1999; Leary & Baumeister, 2000) sociometer theory of self-esteem because parents may consider the child's well-being as indicating that they are effective parents and that their child values them. However, Small also argued that being low in self-esteem can influence parents' or adolescents' behaviors with each other. Thus, parents who are low in self-esteem may be more likely to attempt to be overly controlling or coercive with their adolescent child (Small, 1988). Alternatively, parents (or children) with low self-esteem may find it more difficult to listen without avoiding a topic than would individuals with high self-esteem. The current investigation cannot address which combination of these explanations is most accurate. The present study does, however, suggest a need for further investigation into the connection between adolescent adjustment and demand/withdraw between parents and children.

Along similar lines, it is important to recognize that the current study represented a specific point in the parent–adolescent relationship. In some instances, frequent demand/withdraw in the current study may be indicative of a parent–child relationship that has been problematic for some time. Indeed, Patterson, Forgatch, Yoerger, and Stoolmiller (1998) found that negative or abusive parenting of fourth grade boys predicted both early antisocial behaviors and chronic offenses during the boys' late adolescence.

Such findings suggest that problematic parent–child interactions that emerge early may presage the association between demand/withdraw and poor adjustment during the child's adolescence.

Potential applied implications

In addition to demonstrating the connections between demand/withdraw and adverse outcomes like low self-esteem and alcohol and drug use for adolescents, the current study also may have some practical implications for family-based drug use prevention and treatment programs. The focus on demand/withdraw in the current study extends previous research that showed a connection between parent–adolescent conflict and poor adolescent adjustment. This provides one specific behavioral pattern that should be prevented. Clearly, the current study does not directly address how this should be done, and more research is needed to address this gap in our knowledge.

Nevertheless, the current study does provide some interesting clues regarding potentially important content for prevention and treatment programs. For instance, although it is important to know that parent-demand/adolescent-withdraw is associated with adolescents' alcohol and drug use, this finding by itself does not necessarily translate into a clear treatment or intervention. Consider, for example, an adolescent who really wishes to withdraw. If the parents of this adolescent followed existing advice, they might attempt to: (a) clarify their beliefs and expectations regarding drug use, (b) counsel their child on how to avoid negative peer influences, (c) try to control their children without expressing anger that may weaken their relationship, (d) increase monitoring of their child, and/or (e) attempt to involve their child in more family problem-solving (e.g., Bry, Catalano, Kumpfer, Lochman, & Szapocznik, 1998; Catalano, Kosterman, Haggerty, Hawkins, & Spoth, 1998; Kosterman, Hawkins, Haggerty, Spoth, & Redmond, 2001). Although such tactics have been shown to be frequently effective, none of them would likely succeed if the adolescent insists on withdrawing, and each of them could potentially lead to more adolescent withdrawal. That is, once parent-demand/adolescent-withdraw has begun, it may be difficult to change – and perhaps even exacerbated – by following the typical advice to parents for preventing their adolescents from abusing drugs.

The findings from the current study suggest another set of parental behaviors that may be important in some instances. Recall that the outside ratings in the present investigation found positive correlations between parent-demand/adolescent-withdraw during the parent topic and adolescent-demand/parent-withdraw during the adolescent and drug topics. Although such findings cannot establish causality, they do suggest that parents who withdraw when their adolescent attempts to influence them tend to encounter withdrawal from their adolescent when they attempt to influence their child. One possible explanation of such findings is that adolescents learn that withdrawing is an acceptable strategy by observing their parent withdrawing when the issue is not something that is

on the parent's agenda. That is, if adolescents observe their parent withdrawing when they raise an issue that the parent does not want to talk about, it may teach the adolescent an effective (albeit probably dysfunctional) resistance strategy for dealing with issues that the parent raises. This suggests that it may be important to teach parents how to be responsive (i.e. not withdraw) when discussing issues that the adolescent thinks are important.

Although the importance of training parents not to withdraw must be examined more directly before incorporating this notion into family interventions, advising parents not to withdraw from their teen's issues could augment the aforementioned advice to parents. Parental behaviors like reinforcing expectations, controlling the child without showing too much anger, and monitoring the child are all important, but they focus primarily on the parent's agenda. Parents may also need to recognize the importance of engaging in constructive problem-solving about issues that their child thinks are important (even if they do not really want to discuss the issue). This does not imply that the parent would have to acquiesce to adolescents' desired changes, but dealing with the adolescents' agenda by ignoring it or withdrawing may eventually hinder parents' ability to successfully deal with their own agenda for the adolescents. That is, parents ought to be aware that their own withdrawal might indirectly encourage parent-demand/adolescent-withdraw, which the current study suggests is associated with low adolescent self-esteem and adolescent alcohol and drug use.

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