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"Do You Know..."

The power of family history in adolescent identity and well-being

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Abstract

Family stories are theorized to be a critical part of adolescents' emerging identity and well-being, yet to date we know very little about adolescents' knowledge of their family history and intergenerational family stories. In this study, we expand our previous findings that pre-adolescent children who know more about their family history display higher levels of emotional well-being. Sixty-six broadly middle-class, mixed race, 14- to 16-year old adolescents from two-parent families were asked to complete a measure of family history, the "Do You Know..." scale (DYK), as well as multiple standardized measures of family functioning, identity development and well-being. Adolescents who report knowing more stories about their familial past show higher levels of emotional well-being, and also higher levels of identity achievement, even when controlling for general level of family functioning. Theoretical and clinical implications of these findings are discussed.

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From the moment of birth, children are surrounded by stories, stories of themselves and their parents, and their parents before them. Indeed over 90% of parents report that they tell family stories to their infants, well before their infants are able to participate in understanding and telling these stories themselves [Fiese 1995]. Stories are a powerful frame for understanding the world and the self [Bruner] [McAdams]. Who

we are is largely defined by the experiences we have had and how we understand those experiences [McLean 2007]. There is growing evidence in the psychological literature that narratives of one's own personal experiences are critical for identity and well-being. Individuals who are able to create more coherent and emotionally expressive narratives about stressful events subsequently show lower levels of depression and anxiety [Frattaroli] [Pennebaker]; adults who tell life narratives that are more redemptive, focusing on how good things emerged from bad, show higher levels of emotional well-being and higher levels of generativity, connecting in positive ways to the next generation [McAdams].

Importantly, our personal stories are embedded in deep family histories. Our own stories are fashioned by frames provided by our families. Families that share stories, stories about parents and grandparents, about triumphs and failures, provide powerful models for children. Children understand who they are in the world not only through their individual experience, but through the filters of family stories that provide a sense of identity through historical time [Fivush][Norris][Pratt]. Although this idea resonates in the social science literature, there is surpriingly little empirical research examining how knowledge of family stories is related to child outcome.

A few studies have examined the kinds of stories that parents tell their children about their own childhood. This research suggests that parents tell these kinds of stories frequently [Fiese][Miller], and parents report that they tell these stories to teach their children life lessons [Thorne]. These stories may also be gendered [Buckner][Fiese 2004][Fiese 2000]. Mothers tell stories about their own childhood richer in emotion and social relationships, whereas fathers tell stories that are more achievement oriented. Somewhat surprising to parents of adolescents, children are listening to and learning these stories. When asked to tell stories they might know about their parents' childhoods, both male and female adolescents tell stories about their mothers' childhood that are more elaborated, more emotionally expressive and more affiliative than the stories they tell about their fathers' childhood, suggesting that adolescents are telling their parents' childhood stories in the way that the parent told the stories to them [Zaman].

Yet the question remains whether it matters if children know these stories? In an initial study, we tape recorded typical dinnertime conversations among middle class families [Bohanek]. As expected, all families shared the stories of their day, what happened at school and at work. Intriguingly, most families also shared family stories from their past. Some of these were stories about experiences the family shared together, such as family vacations, and some were stories about family history, such as stories about the parent's childhood. These family stories, and especially maternal contributions to these stories, were related to child well-being, such that mothers who structured and participated in family stories to a greater extent had 9- to 12-year-old children who displayed lower internalizing (anxiety, depression) and externalizing (anger, aggression, acting out) behaviors. Moreover, these effects were specific to family stories. Other kinds of narratives told around the dinner table, such as stories of the day, were not as strongly related to child outcome. So there seems to be something very powerful about knowing family history.

We followed up on this finding by creating a simple scale to assess how much children know of their family history [Duke]. The "Do You Know..." scale (DYK) consists of 20 yes/ no questions asking the child to report if they know such things as how their parents met, or where they grew up and went to school. The scale was administered to the same families from whom we collected dinnertime conversations. Several intriguing findings emerged. First, children that scored higher on the DYK scale were from families that, indeed, told more family stories over a typical dinnertime conversation[Fivush]. This provides some validity for the scale in suggesting that children's self-reports of knowledge of family stories is related to actual family interactions. Second, the DYK scale was related to other family and child measures. Specifically, higher DYK scales were related to more internal locus of control, higher

self-esteem, higher reported family functioning, higher reported family traditions, lower child anxiety and lower internalizing and externalizing behaviors. These relations suggest that children's knowledge of family stories is a good indicator of more general family functioning and individual child adjustment. However, as this has been the only study to use this scale, we need to replicate and extend these findings before any firm conclusions can be drawn.

Thus the first objective of this research was to further examine relations between the DYK scale and measures of family functioning and child adjustment. The second major objective was to extend this research to somewhat older children than in the previous sample, children in middle adolescence. Adolescence is a key developmental period for the development of identity exploration and the formation of a healthy adult identity [Erikson 1959] [Habermas]. Moreover, evolving identities interwoven with adolescents expanding perspective-taking abilities, abilities that allow them to both integrate their own life experiences into a coherent sense of past, present and future [Habermas] as well as to integrate the perspective of others into their own life narrative [Fivush][Harter]. Thus at this period, adolescents' knowledge of family stories may become integrated into their own understanding of their emerging identity. In this study, we examined this possibility by exploring relations between the DYK scale and adolescents' identity development.

We made two major predictions. First, we predicted that the DYK scale would be correlated with higher levels of both family and child functioning, and that, although the DYK scale would be related to measures of family functioning, it would also be uniquely related to child adjustment above and beyond more general measures of family functioning. Second, we predicted that the DYK scale would be related to adolescents' identity status, such that adolescents who knew more family stories would show higher levels of identity achievement, even controlling for general family functioning. That is, we predicted that knowledge of family history stories is more than simply a marker for better family communication and functioning in general, but rather that there is something powerful about actually knowing these stories.

Method

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Participants

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The data reported are part of a larger study examining family narratives and adolescent identity and well-being. Sixty-six middle class, two-parent, opposite gender families with an adolescent child between ages 14 and 16 (32 females and 34 males) were recruited through schools, sports camps, churches, and other local institutions. Participants were informed that we were interested in family patterns of communication, as well as the kinds of stories that families tell about the past. Of the 65 families who provided information on family structure, 59 were traditional (3 of these children were adopted) and 6 were blended families. Sixty-three families returned information on race/ethnicity. Forty-six families self-identified as White/European American, 15 as African-American, 1 as mixed ethnicity, and 1 as Asian.

The parents were highly educated; of the 63 mothers who indicated their level of education, three reported having a high school degree, 14 reported some college education, 30 reported having a college degree,

and 16 reported having a degree at the post graduate level. Of the 62 fathers who indicated their level of education, two reported having some high school education, four reported having a high school degree, 11 reported some college education, 27 reported having a college degree, and 18 reported having a degree at the post graduate level.

All mothers signed fully informed consent as approved by the Emory University Institutional Review Board, and families were compensated for their participation with \$25 at each of two home visits. Adolescents signed an assent form, and were given two movie tickets at the first home visit and a \$25 gift certificate at the second home visit. All questionnaire data reported here were collected at the second home visit.

Procedure

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During the second home visit (typically 1-2 weeks after the first home visit), the adolescent was asked to complete a packet of questionnaires regarding individual and family life. We focused on adolescent self-report data because we were centrally interested in adolescents' interrelated perspectives of their family life and their own well-being. Although there are sometimes discrepancies between child and parent report on some of these measures, it is the case that child self-report has been shown to accurately capture important aspects of behavior and to be related to child outcome measures [de los Reyes]. Two scales assessed overall family patterns of communication and interaction:

The Family Functioning Scale [Tavitian] is a 40-item measure that assesses five dimensions of family functioning including family communication, family conflicts, and positive family affect, as well as the overall functioning of the family. The overall score is used in the present study. The adolescent was asked to rate how closely each item described their family on a scale of 1 (never) to 7 (always). Sample items include, "My family accepts me as I am," "People in my family listen when I speak," and "When things are going wrong in my family, someone gets blamed." Internal consistency ranges from .74 for the conflicts subscale to .90 for the positive family affect subscale.

The Family Traditions Scale [McCubbin 1986] is a 20-item yes/ no scale assessing whether specific traditions are observed by the family, including traditions around holidays (e.g., decorations, gift-giving), traditions around changes (e.g., special celebrations), religious occasions (e.g., children's participation in rituals) and family special events (e.g., special activities). Internal reliability is .85 (Chronbach's alpha), and validity is established by relations to family coherence (r = .24, p < .05), family bonding (r = .18, p < .05) and family hardiness (r = .18, p < .05) [McCubbin 1996].

Two scales assessed adolescent identity:

Self-esteem was assessed by the *Self-Perception Profile for Children* (SPPC) [Harter]. The 36-item questionnaire was designed to measure children's general self-concept in 6 domains, plus a global self-worth score; for these purposes, we used the 5 items that comprise the global self-worth dimension. Each item is presented as a forced choice between two conflicting statements. The adolescent was asked to read each item, and then determine which statement described someone "like me" or "not like me," and then to rate that statement as "really true for me" or "sort of true for me." Sample items include, "Some teenagers are often disappointed with themselves BUT Other teenagers are pretty pleased with themselves," and "Some teenagers don't like the way they are

leading their life BUT Other teenagers do like the way they are leading their life." Each item is rated on a 1-4 scale, with 1 representing low self-concept and 4 representing high self concept. The scale has high internal consistency: Cronbach's alphas for various samples are in the range of .71 to .86 [Harter].

The *Ego Identity Scale* [Tan] is a 12-item measure used to assess Erikson's [Erikson 1950][Erikson 1959] concept of ego identity, and asks participants to make forced-choice decisions between two responses, "a" or "b." For each item, one choice reflects the ability to make decisions and plan for the future while accepting one's self (presence of ego identity) while the other reflects doubts about the development of one's self, a lack of self-continuity, and difficulty making decisions and future plans (lack of ego identity, or identity diffusion). For five items, choice "a" reflects ego identity and for seven items choice "b" reflects ego identity. Each choice reflecting ego identity that is chosen by the participant is summed to create a total score. Sample items include, "I have doubts as to the kind of person my abilities will enable me to become OR I try to formulate ideas now, which will help me achieve my future goals," and "When confronted with a task that I do not particularly enjoy, I find that I usually can discipline myself enough to perform them OR Often, when confronted with a task, I find myself expending my energies on other interesting but unrelated activities instead of concentrating on completing the task."

Finally, the *Youth Self Report* [Achenbach 2001], which is the adolescent self-report form of the Child Behavior Checklist [Achenbach 1991], was used to assess emotional well-being. The YSR is used to determine the presence or absence of internalizing (e.g., anxiety and depression) and externalizing (e.g., acting out) problems. Because only the internalizing and externalizing scales are of interest in the present study, we limit our discussion to items and scoring for these scales. Internalizing and externalizing scores are calculated independently, with 31 items summed to create a total internalizing score, and 32 items summed to create a total externalizing score. Each item is scored from 0 to 2, with 0 indicating that the item is *not true* of the child, and a 2 indicates that the item is *very true or often true* of the child. For example, sample items reflective of internalizing problems include "I cry a lot" and "I would rather be alone than with others," and sample items reflective of externalizing problems include "I disobey my parents" and "I get in many fights." Higher scores indicate more frequent and/or severe internalizing or externalizing behaviors, and lower scores indicate less frequent internalizing or externalizing behaviors.

Note that some adolescents did not complete all the questionnaires; in these cases, analyses were based on those participants with complete data (N's for each analysis are reported).

Results

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Our major question was relations between the Do You Know scale (DYK) and measures of family and child adjustment. To provide a context for the correlations, Table 1 displays the means and standard deviations on all measures. Note that not all adolescents chose to complete all the questionnaires.

Table 1Enlarge this image As can be seen, this is a healthy sample, with adolescents generally scoring high on self-esteem, exhibiting presence of ego identity, and moderate on internalizing and externalizing behaviors. Family functioning and family traditions are also in the normal range.

Table 2 presents the zero-order correlations among these variables. For the family variables, DYK is

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positively correlated with higher family functioning and higher family traditions. **Table** 2Enlarge this image For the individual variables, DYK is positively correlated with higher self-esteem, a more developed ego identity, and fewer internalizing and externalizing behaviors. As can also be seen, there were also correlations between the family functioning and traditions and the child adjustment variables.

In order to examine whether knowledge of family stories is uniquely related to child outcome, a series of hierarchical linear regression models were computed with family functioning and family tradition scores entered in the first step, the DYK scale entered at the second step, and the child adjustment variables as the outcome variables. Thus each model had three predictor variables and one outcome variable; for three predictor variables, samples of this size are considered adequate for regression [Tabachnick].

For the model predicting global self-worth, the full model is significant (F(3, 46) = 3.01, p < .05). Family functioning and family traditions do not predict self-worth (F(2, 47) = 2.29, p > .05), but DYK does predict self-worth ($\beta = .32, t = 2.04, p < .05$), accounting for an additional 7.5% of the variance ($\Delta R^2 =$.075, p < .05). For predicting ego identity development, the overall model was significant, (F(3, 45) =4.92, p< .01). Family functioning ($\beta = .35, t = 2.50, p < .05$), and family traditions ($\beta = .12, t = .83, p > .05$) .05) predict ego identity at the first step (F(2, 46) = 4.26, p < .05), together accounting for 15.6% of the variance. DYK predicts ego identity over and above these measures ($\beta = .36, t = 2.33, p < .05$), accounting for an additional 9% of the variance (p < .05). Finally, for emotional well-being, the models predicting both internalizing (F(3, 43) = 4.14, p = .01) and externalizing (F(3, 43) = 5.34, p < .01)behaviors were significant. For internalizing, both family functioning ($\beta = .-38$, t = -2.75, p < .01) and family traditions ($\beta = -.13$, t = -.97, p > .05) predicted internalizing behavior at the first step (F(2, 44) =4.92, p = .01), accounting for 18.3% of the variance. DYK did not significantly account for any additional variance. The same pattern was obtained for externalizing behaviors, with family functioning ($\beta = -.49$, t = -3.73, p < .01) and family traditions ($\beta = -.06$, t = -.41, p > .05) predicting externalizing behavior at the first step (F(2, 44) = 7.60, p < .01) accounting for 25.7% of the variance, but DYK did not add any significant predictive variance.

Discussion

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In this research, we replicated and extended our previous findings of positive significant relations between a measure of family history, the Do You Know scale, and family functioning and adolescent adjustment. As expected, the DYK scale was positively correlated with measures of general family functioning, including positive and open communication and the extent to which families engage in and celebrate holidays and traditions. The DYK scale was also positively correlated with adolescent adjustment measures, including a general sense of self-worth, the ability to plan for the future and acceptance of one's self, and fewer internalizing and externalizing problem behaviors. In fact, the DYK scale was the only variable that correlated with every other variable measured, suggesting that it is a key variable in the

process of family and adolescent functioning.

Most interesting, regression analyses indicate that knowing family history remains a powerful statistical predictor of adolescent identity even after controlling for more general patterns of family functioning. However, once general family functioning was controlled for, DYK no longer predicted problems with internalizing or externalizing behaviors, suggesting that more general patterns of family communication and interaction plays a more critical role in adolescent's emotional behavioral management than does knowledge of the familial past. But even after controlling for general family functioning, DYK predicts a sizable amount of variance in adolescent's identity measures, including global self-worth and ego identity development. This pattern suggests that, above and beyond daily patterns of family communication and interaction, knowledge of the familial past provides a platform for adolescents to develop their own individual identity.

Of course, we must acknowledge several limitations. Although we had a diverse sample, it was relatively small for these kinds of analyses. Thus results, especially of the regression analyses, must be interpreted with caution. Further, we examined mostly healthy families, and we do not know if these results would generalize to families or adolescents with problems, and we only examined adolescents self-report, which, although valid measures, may need to be expanded to include multiple reporters. Moreover, we conducted correlational analyses at one point in time and therefore cannot determine causal relations.

A great deal more research needs to be done, but our results suggest this is a fruitful and important area of inquiry. The findings of the current study may have important implications both theoretically and clinically. On a conceptual basis, it appears that knowledge of family history may be more than a simple marker or index reflecting less easily measureable variables such as overall family functioning, family traditions and such. The results of our regression analyses suggest that rather than simply reflecting such things, knowing one's family narrative may actually play a more active role in the formation of adolescent identity. From an Eriksonian perspective, this would make good sense since knowledge of one's place in an extended family narrative can contribute to the reduction of role confusion which is the goal of Erikson's adolescent stage. One can imagine a scenario in which awareness of the ways in which one's parents or grandparents dealt in the past with the sorts of challenges facing an adolescent in the present can be beneficial in learning to adjust to the stresses and demands of the teen years. On further consideration, such awareness need not be focused only on successes, but on failures as well. Knowing, for example, that one's parent made some foolish mistakes during adolescence can certainly help a young teenager avoid those same mistakes. In this sense, we may be looking at a form of observational or vicarious learning which meets the requirements of perceived similarity of the model and situation. The thread that links the model and the learner in this instance is the family narrative.

From a clinical perspective, the addition of adolescents to the research populations for which knowledge of family history appears to have salutary effects opens the possibility that in this variable we have come upon not only an index of well-being in children [Duke] but an important developmental and clinical component of identity. While surely preliminary and in need of empirical assessment, it may be speculated that the importance of knowledge of family history may not be limited to just these early stages of life. It may, for example, be the case that in family narratives we do in fact have a figurative thread which not only holds families together, but contributes to continuity across the life spans of individual members of those families, regardless of their developmental stage. To this point in our work, we have considered the older generations of families as the sources of family information, but it may also be that they are and have been in their own lives the carriers of and the recipients of the extended family narratives.

Questions that arise from such life span developmental considerations include inquiries into the reasons for parents and grandparents feeling the need to pass on family knowledge. Further, and paralleling the findings that we have reported on the benefits of knowledge of family history in children and adolescents, there is the question of whether adults who do not know their family histories and/or do not pass them on are in some way less well-adjusted, have less well-functioning families, are less resilient or have less clear identities than those who do carry and transmit their family narratives. Both developmentally and clinically, then, studies of the relationships among DYK scores and age-relevant variables at other developmental stages may be warranted. Further, yet to be tested but plausible, there is the possibility that knowledge of family history may serve useful diagnostic and/or prognostic purposes in applied settings with adults as well as children and adolescents.

Thus, although limited by a small and relatively homogenous sample, this study replicates and extends our previous findings of the power of adolescents knowing their family history. Stories of the familial past seem to provide a guide for adolescents' developing sense of self and identity beyond everyday patterns of family interaction. Through sharing the past, families re-create themselves in the present, and project themselves into the future.

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