

The Psychological Consequences of Not Being Oneself

by

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ABSTRACT

Drawing upon the theoretical framework of Cooley's (1902) "looking-glass self" model, the current study examined how affective dimensions of parenting in adolescence contribute to psychopathology in early adulthood through the mediating mechanism of authenticity – one's level of comfort with being oneself. Using latent profile analysis (LPA), a three-class solution was identified, classifying inadequate, adequate, and optimal profiles of parenting in adolescence. Class membership was used in a multilevel mediation structural equation model to examine longitudinal links with authenticity and psychopathology (e.g., internalizing, externalizing, and substance abuse disorders) in early adulthood. Results demonstrated that optimal compared to inadequate parent-adolescent relationship quality was directly linked to higher levels of authenticity, which in turn, was directly linked to lower levels of all forms of psychopathology in early adulthood. Results also indicated that authenticity fully mediated the link between profiles of parent-adolescent relationship quality (e.g., grade 12) and internalizing, externalizing, and substance abuse disorders in early adulthood (e.g., four years post-college). In conclusion, the current study demonstrated the influence of affective dimensions of parenting profiles in adolescence on the development of psychopathology in early adulthood via the mediating mechanism of authenticity. Moreover, findings from the current study suggest that authenticity is a critical feature shared in common among various forms of psychopathology. Finally, clinical implications are discussed regarding the potential effectiveness of evidence-based psychotherapies aimed at the promotion of authenticity as a mechanism for improving mental health and well-being.

DEDICATION

To Wolfgang, for everything.

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INTRODUCTION

Historically, many attempts have been made at articulating what it means to be *authentic*. Regarding the conception of the self, sociologist Charles Horton Cooley (1902) said, “I am not what I think I am. I am not what you think I am. I am what I think you think I am.” In other words, Cooley believed that individuals develop a concept of self by observing how they are perceived by others – a model he referred to as the “looking-glass self.” Considering the self as a product of social influence, parents, as primary socializing agents, are responsible for reflecting the initial and most influential evaluations from which the self emerges. Thus, within the crucible of close relationships, these evaluations provide a basis for determining whether it is acceptable to be oneself. When the outcome involves the latter, issues regarding *authenticity*, or the level of comfort with being oneself, are likely to emerge. Together, these factors involving the quality of parent-child relationships and authenticity have implications for the development of psychopathology.

It is likely that there is developmental variation in how affective dimensions of parent-child relationships define etiological pathways to adult adjustment and psychopathology (Cicchetti, 1984). Instead of operating independently, it is also likely that certain qualities of relationship dynamics “hang together” to form distinct parenting profiles. Rather than examine the effects of any one facet of parenting alone, it is more parsimonious to consider profiles of parenting extracted from reliable patterns of affective dimensions of parent-child relationships.

From a statistical standpoint, a person-centered approach is particularly useful for identifying profiles of individuals who share similar patterns of characteristics on a

theoretical construct – in this case, parent-child relationship quality. Latent profile analysis (LPA) is one of the most popular approaches for defining profiles of individuals by sorting them into groups based on their similarity across a conceptually informed collection of variables (Lubke & Muthén, 2005; Muthén, 2001). Previous work has sought to characterize different patterns of parenting profiles that were thought to have negative effects on adolescent adjustment. For example, one study employed LPA to characterize classes of perceived parenting from perceptions of parent emphasis on achievement and examine their influence on youth's psychological adjustment (Ciciolla, Curlee, Karageorge, & Luthar, 2017). Group comparisons demonstrated a consistent pattern of optimal child functioning (i.e., lower psychological distress and higher self-esteem) associated with low to neutral parental achievement emphasis. Thus, LPA may be a promising approach towards identifying meaningful groups of adolescents who similarly perceive the affective quality of their parental relationships.

In summary, the goals of the present study were as follows: (1) examine unique and distinct affective dimensions of parenting profiles in adolescence that are associated with the level of comfort with being oneself (i.e., authenticity); (2) determine the causal effects of authenticity on various forms of psychopathology in early adulthood, highlighting the important role authenticity plays in adjustment; and, (3) test the indirect effects of the quality of parenting profiles in adolescence on internalizing, externalizing, and substance abuse disorders in early adulthood via the mediating mechanism of authenticity.

Authenticity, a New Dimension of Self-Concept

Extending beyond self-concept purely as a measure of self-worth (Harter, 1988), a relatively new dimension, *authenticity*, incorporates not only the valence of self-evaluations, but the extent to which these appraisals are authentic. From a developmental perspective, the factors influencing authenticity begin in childhood. However, it is not until adolescence that individuals demonstrate a greater appreciation for the meaning of *inauthenticity*, along with a preoccupation with its detection (Harter, Bresnick, Bouchey, & Whitesell, 1997; Harter, 2012). Being inauthentic, is defined as concealing what one really thinks or feels and saying things that one thinks others want to hear. Stated in another way, authenticity, or congruency, involves *owning* one's personal experiences, such as thoughts, emotions, and beliefs – a process reflecting the historical directive, not just “know thyself,” but *be* thyself. Moreover, authenticity implies that one *acts* in accordance with the true self, expressing oneself in ways that are consistent with inner thoughts and feelings. Thus, acting inauthentically implies compromising the true, or authentic, self.

It should be noted that acting differently across different relational contexts does not necessarily constitute inauthenticity. Conforming to particular relationship demands does not necessarily compromise one's authentic sense of self. For example, one may appropriately tailor behavior to fit different relational contexts or conform to particular relationship demands (see Leary & Kowalski, 1990) without necessarily compromising one's authentic sense of self. In fact, flexibility across different relational contexts may actually facilitate more connectedness to others without undermining one's true self

(Lifton, 1999). Nonetheless, in order for the behavior to qualify as inauthentic, the individual must be consciously aware of the lack of authenticity.

Barriers to authenticity are prevalent in socialization practices and constraints. For example, social conditions may induce disparity between an individual's internal and external selves. That is, the self that is constructed primarily to garner the approval of others is at risk for becoming alienated from the true self (Horney, 1950). Among adults, a lack of authenticity is considered to be motivated by attempts to present the self in a manner that would earn the acceptance and approval of others. From another perspective (Snyder, 1987), high self-monitors are presumed to suppress authentic attributes in order to gain the approval of others. In contrast, low self-monitors are more interested in being themselves with others. However, high self-monitoring could be interpreted as an individual's flexibility in coping with the increasing diversity of social demands.

Parent-Child Relationship Quality

Throughout development, one's sense of self gradually evolves from an internalizing process stemming from one's socialization experiences with primary attachment figures, presumably parents (e.g., Harter, 1999). It is parents who are tasked with the responsibility of creating a psychological climate suitable for the development of authenticity. It is in such relationships that adolescents are either provided with or not provided with the acceptance and approval to be themselves. According to attachment theory (Bowlby, 1969, 1973), parent-child relationships provide a foundation for development (Collins & Laursen, 2004; Steinberg, 2001) and continue to serve as primary influences beyond infancy and childhood and into adulthood (Buist, Deković, Meeus, & van Aken, 2002, Bowlby, 1969).

Attachment theory echoes that parental attachments exert an enduring socializing influence on children's development through their formation of internal working models of self and others (Bowlby, 1973). These internal working models are thought to consist of stable patterns of intrapersonal and interpersonal representations that function as an organizational framework for interpreting and appraising subsequent interactions and experiences (Bowlby, 1982). Through a gradual internalization process, individuals incorporate *perceived* levels of parental support into their own evaluations of their acceptability and lovability as a person (Harter, 1988). For example, individuals who experience parents as emotionally available and supportive will construct a working model of the self as lovable and worthy. In contrast, individuals who experience attachment figures as emotionally unavailable and rejecting will construct a working model of the self as unlovable and generally unacceptable. Thus, the quality of parent-child relationships is an important source of support for one's promotion of the self (Bowlby, 1969). Similarly, other theorists have posited that social interactions and affective experiences in relationships become internalized as relational schemas (for review see Laursen & Hartup, 1999), which also function as a guide for evaluating perceptions of relationship support related to authenticity.

Additionally, there is evidence to support the continuity of patterns of attachment over time (Main, Kaplan, & Cassidy, 1985). Thus, basic developmental processes relevant to attachment in infancy could be extended to later phases of development, such as adolescence. Exploring the dynamics of attachment relationships and self-perception is particularly interesting in adolescence – a transitional period of development marked by significant changes taking place, such as developing sexual and physical maturity,

shifting academic and social environments, and approaching early adulthood (Blakemore, Burnett, & Dahl, 2010; Lerner and Steinberg, 2004; Sisk and Foster, 2004).

During the adolescent years, there is substantial evidence linking secure attachment with parents to self-acceptance (Cohen & Wills, 1985; Collins & Laursen, 2004; Harter, Sternberg, & Kolligian, 1990; Rosenberg, 1979; Rubin, Bukowski, & Parker, 2006; van Aken & Asendorpf, 1997). Secure attachments, characterized by high quality parent-child relationships, supports the construction of *stable* internal working models in which others are viewed as available and trusting, and in which the self is conceptualized as worthy of care, love, and attention. For example, existing research has found that attachment quality is positively associated with better adjustment outcomes throughout the course of adolescence (e.g., Allen et al., 2004; Luthar, Barkin, & Crossman, 2013). Further, for mother-adolescent relationships, in particular, higher levels of support was the primary predictor of liking the self, over and above those relationships with close friends and romantic partners (Laursen, Furman, & Mooney, 2006).

On the other hand, insecure attachments, characterized by low quality parent-adolescent relationships, fosters the development of *unstable* internal working models in which others are considered as unreliable and unavailable, and in which the self is deemed as unlovable (Sroufe, 1988). In other words, teens with unreliable caregivers may lack the clearly defined “reflected appraisals” of their lovability as a person (Greenier, Kernis, & Waschull, 1995). Moreover, inconsistent feedback and support, qualities resembling ambivalent attachment, may prevent adolescents from achieving a clear and consistent understanding and appreciation for their own lovability.

Whereas observational techniques are predominantly used in infancy studies on parent-child relationships and sometimes with older children (Ainsworth, 1989), self-report measures are the method of choice when the goal is to capture the adolescent's *subjectively experienced* quality of relationship with each parent (Armsden & Greenberg, 1987; Luthar et al., 2013). Unlike infants, adolescents have developed the cognitive capacity to reflect upon and evaluate the quality of their relationship with their parents (Allen, McElhaney, Kuperminc, & Jodl, 2004). Several researchers have argued that in terms of ramifications for adjustment, what matters is how adolescents themselves feel about their relationships with parents, and not what parents (or "objective others") might feel about them (Luthar & Becker, 2002; Luthar & Goldstein, 2008). Further, there is evidence to suggest that individuals' subjective views of the quality of parent-child relationships are better predictors of their self-worth than objective indices of their behavior within those relationships (Shrauger & Schoeneman, 1979).

In order to assess the continuity of parental attachment (and the degree and quality of involvement with parents) during adolescence, Armsden & Greenberg (1987) developed a self-report measure of attachment style informed by Bowlby's theoretical formulations (1969; 1973) concerning the nature of feelings toward attachment figures. Consistent with Ainsworth's conceptualization of attachment (Ainsworth et al., 1978), the Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) measures affective dimensions of relationship quality across three subscales: *alienation* (feelings of rejection and isolation from parents), *trust* (parental acceptance and mutual respect), and *communication* (extent and quality of verbal understanding and communication with parents) within each relationship (Armsden & Greenberg, 1987).

Extending beyond the traditional qualities of attachment security relevant in early childhood (Ainsworth, Blehar, Waters, & Wall, 1978), the IPPA closely tracks the affective dimensions of adolescents' perceptions of relationships with their parents (Armsden & Greenberg, 1987). The IPPA measure also assesses both the child's perspective of the child's regard for the parent as well as the child's perspective of the parent's regard for the child (e.g., trust: "I trust my mother/father" compared to "My mother/father understands me").

Armsden and Greenberg specifically focused on unique features of parent-adolescent relationships (e.g., alienation, trust, and communication), given the developmental changes taking place during adolescence. Alienation, measuring emotional and behavioral withdrawal from parents may transpire from a sense of adolescent dissatisfaction with the amount of help they need versus the amount of help their parents think they need at this stage of development. Trust, assessing the level of understanding and respect, as well as accessibility, responsivity, and predictability and consistency of parents, is critical during a time when family dynamics and roles are changing as adolescents are trying to navigate increasing autonomy. Finally, communication, the extent and quality of verbal communication with parents, has important implications for assessing the quality of parent-child relationships, given the need to communicate about interpersonal and psychological changes taking place during adolescence.

Unlike studies of attachment in infancy (Mesman et al., 2012) and early childhood (Eisenberg et al., 2003), linking parental sensitivity – a parent's ability to accurately interpret and respond effectively to an infant's signals and needs – to socioemotional

adjustment, research on attachment in adolescence has rarely focused on parental response (e.g., Allen, 2008), and even less so within an attachment-relevant context (e.g., when a child is distressed) (Allen, McElhaney, Kuperminc, & Jodl, 2004; Edelstein et al., 2004). Although the IPPA (Armsden & Greenberg, 1987) was specifically designed to capture salient features of attachment in adolescence, it does not directly examine the quality of parent-adolescent relationships in specific support-seeking instances when an adolescent may be experiencing distress. Accordingly, the Perceived Parental Reactions to Adolescent Distress (PRAD) was included to complement measures on the IPPA with adolescents' perceptions of their parents' responses to their emotional distress. The PRAD captures typical adolescent perceptions of adaptive and maladaptive parental reactions to their distress (i.e., *Comfort, Self-Focus, Avoidance, and Harshness*).

Parent-child relationship dynamics do not occur in isolation, as various constellations of parenting dimensions combine to influence child outcomes in different, meaningful ways. Parenting *profiles* may be a parsimonious way of approaching the question of enduring effects of parent-child relationships on developmental outcomes in early adulthood. Grouping various qualities of parent-child relationships into parenting *profiles* can yield information more useful for understanding the antecedents and maintenance of psychopathology throughout development.

Researchers have discovered salient predictors of adjustment in adolescence (e.g., Ebbert, Infurna, & Luthar, 2019). However, little work has been done to ascertain whether there are any systematic differences in predictors of psychopathology and how different profiles of parenting may operate differently for males and females, specifically during

the transitional period of interest (e.g., transition out of college and into the “real world”) for the current study.

Linking Parental Attachment to Psychopathology through Authenticity

The origins and development of authenticity can be traced back, in substantive ways, to parental attachment relationships; thus, in demonstrating how self-worth gradually evolves throughout development, it is necessary to briefly review the early stages in this developmental process. As infants, we have no concept of self and no concept of significant others in our lives. Gradually, infants advance through a series of stages of self-knowledge and self-awareness (see Harter et al., 1990). Towards the end of their first year, infants develop the realization that the self is an active agent independent of other people (Lewis & Brooks-Gunn, 1979). During their second year of life, they have the capacity to recognize their own facial features (Amsterdam, 1972; Lewis & Brooks-Gunn, 1979), demonstrating a significant developmental turning point in self-knowledge. With increasing self-awareness and the introduction of language, other forms of self-knowledge begin to surface – notably, the category labels that come to define the self (e.g., “I am a girl”). Across each stage of development, self-descriptions gradually transition from descriptions of observable behaviors or characteristics (Montemayor & Eisen, 1977; Rosenberg, 1979) to evaluative judgments concerning the worth of the self (e.g., “I am a *lovable* girl”).

The earliest scholars interested in the nature of authenticity, including Charles Horton Cooley (1902), emphasized the importance of understanding the nature of processes that shape feelings about oneself. In other words, authenticity represents the extent of personal acceptance or “self-liking” that the individual experiences (Tafarodi &

Milne, 2002), and people constantly carry around their feelings of acceptance as human beings. Why is it that some individuals are comfortable with being themselves, whereas other individuals are not?

In order to examine the antecedents of authenticity and conceptualize the developmental emergence of self-evaluations, Cooley (1902) formulated the looking-glass self model. He posited that the origins of authenticity were primarily social in nature. He believed that the opinions of significant others (e.g., attachment figures), who serve as social mirrors into which one gazes, are reflected back to the individual and become indicators of whether it is acceptable to be oneself. In other words, how one interprets the attitudes and affective reactions reflected by close others determines one's approach to authenticity. Thus, if primary socializing agents (e.g., parents) demonstrate approval and validation of the self, these attitudes are interpreted as approval to be oneself. Conversely, if parents appear to be disapproving of the self, these evaluations are adopted in the form of discouragement of being one's authentic self. Describing a similar internalizing process, Mead (1934) observed, "we are more or less unconsciously seeing ourselves as others see us" (p. 68). Additionally, other theorists have historically emphasized the importance of feeling loved and accepted by one's parents as a critical determinant of authenticity (Coopersmith, 1967; Epstein, 1973).

It has been well-documented in the literature (see for review Mattanah, Lopez, & Govern, 2011) that the quality of relationships between individuals and their parents continues to have important implications for psychological growth and adjustment, even in early adulthood. Thus, it is likely that individuals in early adulthood with a history of supportive parent-child relationships, compared to those with neglectful parent-child

relationships, will display low levels of psychological symptoms as a result of having high levels of authenticity.

To summarize, the quality of the parent-child relationships in adolescence has been linked to both authenticity and adjustment outcomes in adolescence and early adulthood. If individuals feel regarded and valued for their true selves by parents, then they will develop a stable representation of authenticity. Conversely, if one feels rejected, alienated, and devalued as a person in such relationships, an instability in authenticity will likely result. Further, there is evidence to suggest that authenticity operates as an underlying mechanism that links the quality of attachment relationships with psychological adjustment. However, there has been little empirical exploration, thus far, on ways in which particular dimensions of parent-child relationships may be linked to particular types of psychopathology, that is, those that are most likely implicated in the “looking-glass self” conceptual framework.

Many theorists have focused on parent-child interactions as a central developmental precursor of authenticity (Bleiberg, 1984; Winnicott, 1965). Conceptually, sincere parental validation of the child’s own personal experiences represents the initial developmental pathway to authenticity. For example, the attachment dimension of *trust*, measuring the individual’s perceived parental acceptance and validation, fosters feelings of high self-worth and value, which may lead to a greater sense of congruence. Parents who are able to provide affectively close and nurturing interactions may be communicating the idea that the child is a person of value and facilitate the development of a more positive and real self-image.

Similarly, Roger's concept of *unconditional positive regard* (1951) suggests that it is essential for parents to display positive regard for who their child genuinely is in order to promote *authenticity*. In a study examining the association between perceived parental acceptance and engaging authentically in adolescence (Harter, Marold, Whitesell, & Cobbs, 1996), results demonstrated that those endorsing higher levels of authentic behaviors also reported higher levels of unconditional support from parents. Moreover, individuals who perceive their parents as *accepting* of all aspects of their true nature, regardless of the condition or the circumstance, are likely to develop secure attachments. Secure attachment relationships based in unconditional *acceptance*, provide in turn, the feeling of warmth and safety for an individual to be one's true self. In contrast, inauthentic behavior results from caregivers who do not validate the individual's true self, leading the individual to become motivated to suppress their true selves and, in turn, alienated from authentic self-experiences. (Bleiberg, 1984). Thus, secure attachment relationships, characterized by high levels of trust and acceptance, facilitate the willingness to be authentic and to express authentic feelings and attitudes.

Another critical pathway to authenticity within parent-child relationships is the parents' ability to create an atmosphere characterized by *empathic understanding* (Rogers, 1951). It is essential that caregivers make a sensitive attempt to understand the existing feelings and communications of the child, from the child's perspective. Coupled with unconditional acceptance, empathic understanding has the potential to bring clarity and authenticity to the self (Lifton, 1999). Conceivably, parents demonstrating acceptance and understanding within the parent-child relationship will teach their children how to be more accepting and understanding of their true, authentic selves.

Moreover, individuals who perceive qualities of empathic understanding and openness in *communication* with caregivers will develop increased inner comfort, comfort in relationships with others, and less need for self-concealment. In addition, *listening* is a powerful tool to help foster qualities of openness and convey empathic understanding within the parent-child relationship. By listening, parents communicate to children that their thoughts, opinions, and feelings are heard and respected. In turn, individuals will feel more comfortable and secure to express themselves authentically.

The qualities displayed in supportive and caring relationships have been discussed in terms of how they may promote the development of authenticity and congruence. However, it is also important to discuss how alienating and unsupportive relationships may compromise authenticity. These negative parenting qualities and lack of approval reflect back to the child that he or she is an unlovable person of low worth. Consequently, the child may be motivated to conceal his or her true self in an effort to become someone who is worthy of being loved, and in turn, garner approval from parents. Seeking validation would then lead to a dichotomy between the real, authentic self and the artificial, fake self. Further, inconsistent feedback from caregivers may be manifested by the child as an unstable sense of worth and a lack of trust in others. As a result, the child may also be motivated to conceal his or her true self. Self-concealment is a consequence of not trusting others with the true self and wanting to protect the self from becoming vulnerable. In addition, inauthenticity may also result from denying one's true self.

To summarize, the ability to be one's true self is profoundly influenced by the quality of parent-child relationships. The extent to which an individual can manifest authenticity depends on the caregiver's ability to demonstrate relationship qualities

characterized by a genuine acceptance of the child as a person of unconditional worth and a consistent attempt to understand the child's authentic feelings and communications without judgment while also trying to convey an empathic understanding. Within supportive parent-child relationships, parents represent a place of support from which the individual can feel safe to express one's true self and become more closely aligned with one's true self. In contrast, insensitive and inconsistent parenting can lead to the development of mechanisms that promote inauthenticity.

Linking Authenticity to Psychopathology

William James (1892) labeled the experience of different, and potentially, contradictory selves as *the conflict of the different me's* and described how the incompatibility of different selves continues to play a central role in adjustment outcomes among adolescents and emerging adults. In adolescence and emerging adulthood, the canvas for constructing a portrait of the self becomes increasingly large, with numerous elements to integrate, and thus, the task can become all consuming. Moreover, the true self can become seriously compromised resulting from motivations to inflate, becloud, and distort the real inner self, in desperately seeking acceptance and approval. As Lerner puts it (1993), as a strategy to gain approval from parents, opting into this "dance of deception" may lead to an emergence of psychopathology.

When a discrepancy exists between one's true self and one's actual experience, a state of low congruence develops, which can lead to a state of tension and internal confusion. This condition of psychological disorganization can render an individual vulnerable to internalizing disorders, such as depression. For example, adolescents reporting high levels of behaving authentically report more positive *affect* and more *hope*

for the future (Harter et al., 1996; Snyder, Rand, & Sigmon, 2002). In contrast, low levels of congruence, low real self-image, and feelings of self-devaluation are typical characteristics of depression (Beck, 1967; Seligman, 1975).

A similar construct, perceived fraudulence, more commonly referred to as the “imposter phenomenon,” has been established in the literature as a real psychological experience with distressing and maladaptive consequences (e.g., Clance, 1985; Gediman, 1985). False self-presentations have been linked with inauthentic ideation, self-criticism, depression, and social anxiety (Kolligian & Sternberg, 1991). There are many ways to interpret these associations. One possible explanation is that it takes tremendous effort to conceal one’s true self by closely monitoring one’s behavior and impressions made on others. This preoccupation with self-monitoring and self-presentation can lead to excessive worry, and ultimately, anxiety. Moreover, if the attempts of self-concealment are unsuccessful, feelings of worthlessness and hopelessness may emerge, and in turn, lead to depression.

Parallels in the Developmental Literature – Ideal Versus Real Self-Image Disparity

The importance of self-image as a major determinant of adjustment has long been emphasized in the developmental literature (e.g., James, 1892; Mead, 1934). Much research in this area has focused on self-image disparity, that is, the discrepancy between the individual’s current view of self (e.g., real self) and the ideal person that the individual would like to be (e.g., ideal self). Rogers & Dymond (1954) proposed that self-image disparity is indicative of psychopathology. They contended that a discrepancy between real self-image and ideal self-image reflects a sense of self-dissatisfaction, which

in turn, leads to distress. Moreover, they believed that individuals with low levels of self-worth were more likely to exhibit higher self-image disparities.

However, there is an alternative perspective where low congruence may not necessarily be a “bad” thing. There is the possibility that one’s standards are very high, and one shows only the parts of the self which one feels are commensurate with their high standards in an effort to embrace ideal-self attributes so as to have them gradually enter the repertoire of real-self characteristics. For example, consider individuals who desire to become more optimistic than pessimistic, or want to become more relational than autonomous, or desire to be more accepting than judgmental. In practicing these behaviors, individuals may initially feel inauthentic. However, in an attempt to narrow the self-image disparity, individuals may actually come closer to becoming their true selves. Thus, over time, the practice of becoming one’s ideal self resembles a quality of authenticity that Snyder and Higgins (1997) have described as a person’s negotiated reality.

Similarly, Horney (1950) proposed that the well-adjusted individual accepts the real self, while also envisioning an ideal toward which he or she can realistically move. The *realistic* ideal self can be gradually updated as the individual approaches it. However, if one’s *ideal* self is unrealistic, or one’s self-standards are unreasonably high, this can be problematic and lead to an issue of inauthenticity.

High Achieving Contexts

In this next section, the focus is on the ramifications of parent-child relationships and authenticity, specifically in the context of high achieving communities of youths. First, the importance of focusing on this demographic is discussed. Then, the challenges

to parenting and to the parent-child relationship within this sociocultural context are considered.

There is growing evidence that affluent youth, raised in upper-middle class, white-collar families are a “newly identified at-risk group” (Koplewicz, Gurian, & Williams, 2009, p.1053; Robert Wood Johnson Foundation, 2018). Recent evidence suggests that youth in high achieving schools – who are generally from affluent families – face several unacknowledged pressures, despite previous assumptions of being “low risk” (Luthar et al., 2013; Luthar, Small, & Ciciolla, 2018). Increasingly, studies have shown a u-shaped link between community affluence and adjustment problems, suggesting challenges at both socioeconomic extremes (see Luthar & Kumar, 2018). One of the potential causes of distress among affluent youth are excessive achievement pressures (Luthar & Kumar, 2018). In affluent communities, there is often an unspoken emphasis on ensuring that children secure admission to elite colleges. As a result, many adolescents feel highly driven to excel, not only at academics, but also at multiple extracurricular activities, with these pressures beginning as early as the middle school years.

Undoubtedly, we know that in general, parenting matters, but within high achieving contexts, parents can be prone to negative parenting practices where love and approval are tied to academic success. This is perilous. An issue with self-worth arises when the parent’s positive regard of the child is *conditional*, or dependent, upon external values not intrinsically related to the child. In other words, conditionality could be considered the opposite of what Rogers (1951) called, “unconditional positive regard.” In general, adolescents report that they do not find conditional approval to be personally

supportive (Harter et al., 1996). In HAS contexts, it would be reasonable to assume that these adolescents would be more likely to have a history of support that was conditional upon meeting the demands of academic pressures to succeed. Thus, their history of conditionality would not provide the kind of validating support and approval for their worth as a person.

A child's true self is fostered by parents who love the child for whom he or she is, rather than for conforming to socially imposed, external standards (Deci & Ryan, 1995), such as achievement pressures. Thus, parents who make their approval contingent upon the child living up to unreasonably high, and potentially unattainable, academic standards, compromise the child's authenticity. For example, adolescents who reported high levels of conditionality showed the lowest levels of self-worth and the greatest degree of inauthentic behaviors (Harter et al., 1996). These adolescents reported feeling like their parents did not like them for who they were so by concealing their true selves, they felt they were in a better position to garner their parents' support and approval.

A good illustration is seen in Alice Miller's seminal work, "The Drama of the Gifted Child." According to Miller (1995), children who feel that their parents value them simply for the splendor of their accomplishments, not for who they are as people, live in a state of constant fear of failure, as these failures would imply parents' withdrawal of approval, and of course, would naturally lead to feelings of depression and sadness. Thus, within high achieving contexts, unsupportive parenting not based in conditional acceptance can lead to higher levels of incongruence, and ultimately, feelings of depression.

Linking Parental Attachment to Psychopathology

One way in which parent-child relationships are thought to affect well-being across the life span is by providing a secure base of support from which to grow and develop. Personal growth and development have the potential to transpire through experiences in secure and supportive relationships characterized by parental warmth and responsiveness. The necessity of secure parental attachments for healthy transitions across significant periods of development (Collins & Laursen, 2004) is a fundamental extension of Bowlby's (1969) original formulations, in which the infant's ability to explore the world is predicated on use of the parent as a "secure base" (Ainsworth et al., 1978). Numerous studies have corroborated the importance of establishing secure relationships with parents to promote overall self-efficacy (Arbona & Power, 2003; Thompson, 2000), well-being (Nickerson & Nagle, 2004), and interpersonal functioning (Fulgini, Eccles, Barber, & Clements, 2001). For example, adolescents who reported having secure relationships with their parents had fewer symptoms of anxiety and depression and better overall adjustment (Allen et al., 2007; Flouri & Buchanan, 2003; Muris, Meesters, van Melick, & Zwambag, 2001).

In general, individuals at any age are most well-adjusted when they have confidence in the accessibility and responsiveness of a secure attachment figure; secure parental relationships have been shown to foster the development of a sense of self-confidence stemming from experiences of support and comfort and through effective exploration of the environment (Goldberg, 1997). Across a variety of developmental periods, characteristics of secure parental attachment have been associated with indices of adaptive psychological and psychosocial functioning (Kenny & Barton, 2002). During

childhood, for example, responsive and sensitive caregivers are believed to support children's feelings of security and confidence in exploring the environment, and the development of instrumental competence (Bowlby, 1982). During adolescence, as noted earlier, secure parental attachments have been conceptualized as providing a source of support as youth navigate numerous transitions of this challenging period of development. Even in emerging adulthood, secure parental attachments have been associated with positive adjustment (see Mattanah, Lopez, & Govern, 2011) and enhanced resources for coping with stress (Brack, Gay, & Matheny, 1993).

Attachment working models are related to the strategies that individuals use to confront challenges and deal with distress. Conceivably, securely attached individuals manage distress by relying on others for instrumental and emotional support. For example, adolescents with secure parental relationships are more likely to seek support from others and show less distress in response to negative life events (Armsden & Greenberg, 1987). Further, secure parental attachments in adolescence have been found to buffer the effects of stress and be associated with low levels of depressive symptoms (e.g., Armsden, McCauley, Greenberg, Burke, & Mitchell, 1990; Kenny, Moilanen, Lomax, & Brabeck, 1993).

On the positive side, resilience researchers have demonstrated that a strong, "safe" relationship with the primary caregiver is the single most important factor in helping children and adolescents cope well with life challenges. Overall, secure relationships with parents in adolescence predicts greater life satisfaction, better adjustment, and less psychological distress (e.g., Armsden & Greenberg, 1987; Laible, Carlo, & Raffaelli, 2000).

In contrast, disturbances in attachment relationships during childhood and adolescence are likely to be linked with diverse adjustment problems. For example, severely impaired attachment to parents, e.g., when maltreatment is involved, presages a range of adjustment difficulties over the long term (Cicchetti & Toth, 2005). Further, insecure parental attachments, characterized by indifferent and neglectful parenting, have been associated with diverse adjustment difficulties (Kenny & Rice, 1995), as described below.

In terms of domains of psychopathology most strongly affected by impaired attachment to parents, those on the internalizing dimension would likely be the most strongly affected. With respect to attachment theory research, anxiety and depression are among the most extensively studied internalizing disorders traced back to attachment relationship quality as well as among the most common forms of psychopathology affecting adolescents (Brumariu & Kerns, 2010). Moreover, a review of the literature has demonstrated a strong link between attachment quality and internalizing symptoms (Brumariu & Kerns, 2010) – most notably with anxiety (e.g., Marganska, Gallagher, & Miranda, 2013) and depression (e.g., Buss, 2000; Sheeber, Hops, & Davis, 2001). Conceptually, this makes sense in that a child who experiences rejecting and inconsistent feedback from caregivers, the most proximal and important “love objects,” would develop feelings of insecurity and self-doubt, which are core ingredients of both depression and anxiety. Further, individuals designated as having avoidant and ambivalent attachment styles have been found to be more anxious than those with secure attachments (Kobak & Sceery, 1988) and have more negative views of the social world and human nature in general (Collins & Read, 1990). Ambivalent individuals were found

to have a more negative view of themselves (Collins & Read, 1990) and endorsed higher levels of worry and rumination (Vivona, 2000).

Present Study

The current study is a person-centered analysis of affective dimensions of parent-child relationships that followed a large community sample of adolescents into early adulthood. Specifically, latent profile analysis (LPA) was employed to empirically identify homogenous subgroups of adolescents with respect to their reported relationship quality with parents. The predictive validity was then evaluated of the empirically identified subgroups on authenticity and subsequent psychopathology in early adulthood using multilevel mediation in a structural equation modeling framework.

METHOD

Sample

This study uses data from a sample of relatively affluent youth, who were recruited from a community with a high concentration of well-educated, high-income, white-collar professionals, who comprise the New England Study of Suburban Youth (NESSY). As described in previous reports (e.g., Luthar & Barkin, 2012), a cohort of 335 6th graders (48% female) were recruited from schools in an upper middle-class New England community in 1998 and followed annually thereafter. Based on census data, students in the NESSY cohort were from upper middle-class families with parents having median family incomes in the top 5% of the country that were three times the national level of about \$50,000 at the inception of the study (United States Bureau of the Census, 2000). These high-income, suburban students were predominantly Caucasian (93%), with the remainder of the sample consisting of less than 2% each of African American and Hispanic students, 3% Asian students, and the remainder coming from other ethnic backgrounds.

Measures

Inventory of Parent and Peer Attachment

The *Inventory of Parent and Peer Attachment* (IPPA; Armsden & Greenberg, 1987) was used to assess adolescents' perceptions of the positive and negative feelings toward mothers and fathers separately. The IPPA was designed to measure specific dimensions of affective relationship quality across three subscales: *alienation* (feelings of alienation and isolation), *trust* (parental understanding, respect, and mutual trust), and *communication* (extent and quality of verbal communication with parents) within each

relationship (Armsden & Greenberg, 1987), with 6, 10, and 9 items respectively. Example items are as follows: *Alienation*, “I don’t get much attention from my mother/father”; *Trust*, “My mother/father accepts me as I am”; and, *Communication*, “My mother/father can tell when I’m upset about something.” Participants answered a total of 50 items (25 pertaining to each parent) using a 5-point Likert scale response format ranging from 1 (*almost never or never true*) to 5 (*almost always or always true*). Mother and father responses were averaged to get a score for parents for each IPPA subscale.

The IPPA is a widely used instrument that proved strong psychometric properties across many samples (e.g., Pace, San Martini, & Zavattini, 2011). Internal consistencies (Cronbach’s alpha) for the different dimensions of parent-child attachment ranged from 0.87 to 0.94.

Parental Reactions to Adolescent Distress

The Perceived Parental Reactions to Adolescent Distress (PRAD; Barbot, Heinz, & Luthar, 2014) is a brief self-report measure developed to examine adolescent perceptions of adaptive and maladaptive parental reactions to their distress as measured by four conceptually and empirically distinct responses labeled as follows: (a) *Comfort*, a warm response, in which the parent conveys empathy and love; (b) *Self-Focus*, a self-involved response, focused on the discomfort of the parent rather than that of the child; (c) *Avoidance*, a dismissive response, minimizing the importance of the emotional distress; and, d) *Harshness*, a critical and punitive response, in which the parent expresses disdain. Using the general prompt, “*If I am upset and my mother/father knows it, s/he tends to...*,” participants responded to a total of 24 items, 12 items per parent, using a

five-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Mother and father responses were averaged to get a score for parents for each PRAD subscale.

The PRAD has demonstrated strong psychometric properties (Barbot, Heinz, & Luthar, 2014). Reliabilities (Cronbach's alpha) across the different dimensions of parental reactions to distress demonstrated high internal consistencies, ranging from 0.78 to 0.81.

Authenticity

Authenticity is a self-report measure developed to assess levels of comfort with being oneself including sample item, "The self I show to others – my outer self – is very much the same as my inner self," and "People around me don't really know my inner, true self." Participants responded to a total of six questions on a scale ranging from 1 (*not at all true*) to 5 (*very true*). Cronbach's alpha for authenticity measured at each time point were all above .80.

Diagnoses

The Computerized Diagnostic Interview Schedule (CDIS) for the DSM-IV (APA, 1994; Robins et al., 2000) was administered to participants via telephone by trained research assistants with bachelor's degrees. This structured interview with pre-coded responses assesses lifetime and past-year symptoms of clinical diagnoses based on DSM-IV criteria. Using interview data, lifetime diagnoses of internalizing, externalizing, and substance abuse disorders were calculated. The CDIS has demonstrated good reliability and criterion validity (Robins et al., 2000). *Internalizing disorders* consisted of a count of eight possible diagnoses, including major depressive disorder, bipolar I and II, obsessive compulsive disorder, generalized anxiety disorder, post-traumatic stress disorder, panic

disorder, and social phobia disorder. *Externalizing disorders* were comprised of a count of four possible diagnoses, including conduct disorder, oppositional defiant disorder, attention-deficit hyperactivity disorder, and antisocial personality disorder. *Substance abuse disorders* included a count of seven possible diagnoses consisting of alcohol, marijuana, cocaine, opiate, stimulant, sedative, and hallucinogen abuse.

Covariates

Gender. Females and males were coded as 0 and 1, respectively, and centered for use as a covariate in mediation analyses.

Baseline Symptoms. Baseline measures assessed at Grade 12 included internalizing and externalizing symptoms experienced within the past six months from the Youth Self-Report (YSR; Achenbach & Rescorla, 2001) and frequency of past-year substance use across a variety of alcohol- and drug-related behaviors (e.g., use of cigarettes, alcohol, marijuana, and cocaine). All covariates were centered and used in mediation analyses to strengthen longitudinal predictions of adjustment outcomes in early adulthood.

Statistical Analysis

Latent profile analysis (LPA), a method used to identify homogeneous subgroups within a heterogeneous population based on similarity of responses to measured variables (Lanza, Flaherty, & Collins, 2003; Nylund, Asparouhov, & Muthén, 2007) was employed to categorize discrete profiles of adolescents' perspectives of affective parenting dimensions within this sample, based on three facets of attachment (e.g., alienation, trust, and communication) and four dimensions of parental response to distress (e.g., comfort, self-focus, avoidance, and harshness). All indicators were standardized (i.e., z-scored)

before conducting LPA. Compared to alternative approaches, such as cluster analyses, LPA has many statistical advantages, such as the use of a model-based method for estimating population characteristics derived from sample data, formal statistical procedures for determining the number of profiles, and among these profiles, flexibility among variances (Nylund et al., 2007).

A series of models were tested, beginning with a one-class model, followed by increasing the number of specified classes (e.g., two class, three class...five class) representing different patterns of parenting profiles. To select the optimal number of groups, solutions were explored in relation to the nature of the groups, interpretation of the results, as well as several fit indices and tests of statistical significance, including Akaike's Information Criterion (AIC; Akaike, 1973, 1978), Bayesian Information Criterion (BIC; Schwarz, 1978), sample-size adjusted BIC (SABIC; Sclove, 1987), relative to other models, with lower values representing better fit, statistically significant ($p < .05$) Lo-Mendell-Rubin Likelihood Ratio Test (LMR; also known as Vong-Lo-Mendell-Rubin Test; Lo et al., 2001) and Bootstrap Likelihood Ratio Test (BLRT; McLachlan & Peel, 2000), and acceptable entropy values (ranging from 0 to 1, with higher values demonstrating a greater precision in membership classification; values > 0.80 indicate that the latent profiles are highly discriminating; Muthén & Muthén, 2007). In addition, theoretical justification in interpreting latent profiles were considered, as well as sample proportions of each latent class (e.g., Grimm and Ram, 2009).

After identifying the optimal number of groups, the most likely classification membership information was used to create dummy codes representing the contrast among latent profiles. These dummy codes were then included in mediation analyses

using a multilevel structural equation modeling (MSEM) approach (Preacher, Zhang, & Zyphur, 2011) to test the indirect effects of authenticity, treated as a between (averaged across all four timepoints) and within (deviation from average at each timepoint) variable, on outcomes of internalizing, externalizing, and substance abuse disorders in three separate models.

Outcomes based on diagnostic criteria were treated as count variables, assuming a Poisson distribution for internalizing, externalizing, and substance abuse disorders across models, as the distribution of these types of diagnoses are typically non-normal (e.g., Infurna & Grimm, 2018). Moreover, the measurement of these outcomes are counts of the frequency of diagnoses that fall within their respective classification of disorders.

Gender, as well as baseline self-report measures of internalizing and externalizing symptoms, and substance use, were included in each of the models respectively as control variables. This allowed for examining whether differences among distal outcomes of authenticity and different forms of psychopathology were unique from the predictive effects of baseline control variables.

All models were estimated using Mplus 7.11 (Muthén & Muthén, 2013), with maximum likelihood with robust standard errors (MLR) to estimate each outcome model and full information maximum likelihood (FIML) to accommodate for incomplete data.

RESULTS

Preliminary Findings

The alpha values of the predictor and mediator variables are presented in Table 1. Alpha coefficients showed acceptable *internal consistencies* (e.g., $\alpha \geq .70$; Nunnally & Bernstein, 1994), with values ranging from .78 to .93. Table 2 presents descriptive statistics that include the means and standard deviations of all study variables within each latent profile. Table 3 presents the number of lifetime diagnoses, as well as the frequency and average number of diagnoses among the different outcome models, including internalizing, externalizing, and substance abuse disorders.

Classification Findings

Results of the systematic LPA model fitting processes are presented in Table 4. Based on theoretical justification, various fit indices, and tests of statistical significance, the 3-class model was selected as the most parsimonious and best fitting model. Beginning with the most commonly used information-theoretic methods for model selection, the AIC and BIC (and adjusted BIC) were examined. The 3-class model had lower ICs compared to the 2-class model, but higher ICs compared to the 4-class model. However, in evaluating LMR and BLRT for small probability values, the 3-class model provided significantly better fit to the observed data than did the 2-class model and the lack of significance for the 4-class solution suggested that the addition of a fourth class did not provide a better fit to the observed data. Moreover, using a measure of entropy to assess the level of separation between classes, the 3-class solution had higher entropy (.884) compared to both the 2-class (.834) and 4-class (.873) solutions, representing a better fit. Finally, the 3-class solution was easily interpretable, resulting in groups ranging

from low to high parent-adolescent relationship quality with uniformly distributed sample sizes (e.g., 72, 120, 60, respectively).

Taken together, latent profiles based on the affective dimensions of parent-adolescent relationship quality revealed a three-class model (see Figure 1). The first class, *inadequate* ($n = 72$; 28.6%), represents high levels of alienation, avoidance, and harshness, and low levels of trust, communication, and comfort. The second and largest class, *adequate* ($n = 120$; 47.6%), characterizes neutral attachment and parental response to adolescent distress. The third class, *optimal* parent-adolescent relationship quality ($n = 60$; 23.8%), exemplifies high levels of trust, communication, and comfort, and low levels of alienation, avoidance, and harshness. The most likely latent class membership was outputted for each individual and these classifications were further dummy coded with the *inadequate* parenting profile as the reference group.

Mediation Analyses in Multilevel Structural Equation Modeling Framework

The results of the multilevel structural equation model analyses are reported in Table 5, and graphical representations of each outcome model (internalizing, externalizing, and substance abuse disorders) are presented in Figures 2 through 4.

Lifetime Diagnoses of Internalizing Disorders

The model linking parent-adolescent relationship profiles to adult internalizing disorders demonstrated that individuals classified as having *optimal* versus *inadequate* quality of parent-adolescent relationships were more likely to report higher levels of authenticity (aggregated over the course of four years post-college) in early adulthood ($\beta = 4.02$, $SE = 0.87$, $p < .001$). Similarly, individuals classified as having *adequate* versus *inadequate* quality of parent-adolescent relationships also had higher levels of

authenticity in early adulthood ($\beta = 1.73, SE = 0.80, p < .05$). Moreover, reporting higher levels of authenticity after college significantly predicted having fewer lifetime diagnoses of internalizing disorders in early adulthood ($\beta = -0.08, SE = 0.02, p < .001$). Regarding within-person variability of authenticity, the more individuals' levels of authenticity deviated from their average across time, the higher the number of lifetime diagnoses of internalizing disorders ($\beta = 2.65, SE = 0.37, p < .001$).

Mediation Analysis. Results indicated a significant indirect effect of *optimal* versus *inadequate* profiles of parent-adolescent relationship quality on the number of lifetime diagnoses of internalizing disorders in early adulthood ($\beta = -0.31, SE = 0.12, p < .01$), via the mediating mechanism of authenticity. Moreover, this direct link was not significant, suggesting that authenticity fully mediates the association between profiles of parent-adolescent relationship quality and internalizing disorders in early adulthood. Whereas the indirect effect of *optimal* versus *inadequate* profiles was significant, this was not the case for the indirect effect of *adequate* versus *inadequate* profiles.

Regarding covariates, there was no significant effect of gender on internalizing disorders. However, as expected, baseline measures (assessed at grade 12) of internalizing symptoms were positively associated with having more lifetime diagnoses of internalizing disorders in early adulthood ($\beta = 0.10, SE = 0.02, p < .001$).

Lifetime Diagnoses of Externalizing Disorders

The model linking parent-adolescent relationship profiles to adult externalizing disorders demonstrated that individuals classified as having *optimal* versus *inadequate* quality of parent-adolescent relationships were more likely to report higher levels of authenticity (aggregated over the course of four years post-college) in early adulthood (β

= 3.82, $SE = 0.87$, $p < .001$). Similarly, individuals classified as having *adequate* versus *inadequate* quality of parent-adolescent relationships also had higher levels of authenticity in early adulthood ($\beta = 1.62$, $SE = 0.81$, $p < .05$). Moreover, reporting higher levels of authenticity after college significantly predicted having fewer lifetime diagnoses of externalizing disorders in early adulthood ($\beta = -0.14$, $SE = 0.05$, $p < .01$). Regarding within-person variability of authenticity, the more individuals' levels of authenticity deviated from their average across time, the higher the number of lifetime diagnoses of externalizing disorders ($\beta = 2.61$, $SE = 0.36$, $p < .001$).

Mediation Analysis. Results indicated a significant indirect effect of *optimal* versus *inadequate* profiles of parent-adolescent relationship quality on the number of lifetime diagnoses of externalizing disorders in early adulthood ($\beta = -0.55$, $SE = 0.21$, $p < .01$), via the mediating mechanism of authenticity. Moreover, this direct link was not significant, suggesting that authenticity fully mediates the association between profiles of parent-adolescent relationship quality and externalizing disorders in early adulthood. Whereas the indirect effect of *optimal* versus *inadequate* profiles was significant, this was not the case for the indirect effect of *adequate* versus *inadequate* profiles.

Regarding covariates, there was a significant effect of gender on externalizing disorders with males, not surprisingly, reporting a greater number of lifetime diagnoses of externalizing disorders in early adulthood compared to females. As expected, baseline measures (assessed at grade 12) of externalizing symptoms were positively associated with having more lifetime diagnoses of externalizing disorders in early adulthood ($\beta = 0.17$, $SE = 0.04$, $p < .001$).

Lifetime Diagnoses of Substance Abuse Disorders

The model linking parent-adolescent relationship profiles to adult substance abuse disorders demonstrated that individuals classified as having *optimal* versus *inadequate* quality of parent-adolescent relationships were more likely to report higher levels of authenticity (aggregated over the course of four years post-college) in early adulthood ($\beta = 3.81, SE = 0.86, p < .001$). Similarly, individuals classified as having *adequate* versus *inadequate* quality of parent-adolescent relationships also had higher levels of authenticity in early adulthood ($\beta = 1.61, SE = 0.81, p < .05$). Moreover, reporting higher levels of authenticity after college significantly predicted having fewer lifetime diagnoses of substance abuse disorders in early adulthood ($\beta = -0.25, SE = 0.06, p < .001$).

Regarding within-person variability of authenticity, the more individuals' levels of authenticity deviated from their average across time, the higher the number of lifetime diagnoses of substance abuse disorders ($\beta = 2.60, SE = 0.35, p < .001$).

Mediation Analysis. Results indicated a significant indirect effect of *optimal* versus *inadequate* profiles of parent-adolescent relationship quality on the number of lifetime diagnoses of substance abuse disorders in early adulthood ($\beta = -0.94, SE = 0.31, p < .01$), via the mediating mechanism of authenticity. Moreover, this direct link was not significant, suggesting that authenticity fully mediates the association between profiles of parent-adolescent relationship quality and substance abuse disorders in early adulthood. Whereas the indirect effect of *optimal* versus *inadequate* profiles was significant, this was not the case for the indirect effect of *adequate* versus *inadequate* profiles.

Regarding covariates, gender did not have a significant effect on substance abuse disorders. However, as expected, the frequency of substance use assessed at grade 12 was

positively associated with having more lifetime diagnoses of substance abuse disorders in early adulthood ($\beta = 0.12$, $SE = 0.04$, $p < .01$).

DISCUSSION

The current study examined the antecedents and consequences related to the level of comfort with being oneself – authenticity. With great psychological insight, Danish philosopher Søren Kierkegaard articulated the underlying dilemma of the individual as the unwillingness to be one's self (1849). Contemporary psychologist, Carl Rogers, has echoed similar insights –from his depth of clinical experience, he noticed that at the root of every client's problem was an issue of authenticity (Rogers, 1956). Historically, contrasting conceptions of authenticity have existed, although here, authenticity has referred to as thinking, feelings, and acting in a way that is consistent with one's true self. The primary goals of the current study were to examine unique profiles of affective dimensions of parenting associated with authenticity, and in turn, demonstrate the mediating *and* causal effects of authenticity on various forms of psychopathology in early adulthood.

Results from the current study identify significant determinants of authenticity and point to the significant role authenticity plays in the development of psychopathology. Across all outcome models, authenticity significantly mediated the effects of profiles of parent-adolescent relationship quality on the number of lifetime diagnoses of internalizing, externalizing, and substance abuse disorders in early adulthood.

Authenticity: A Critical Component of Psychopathology

A central tenet for those studying psychopathology is that there are multiple pathways to any given disorder (DeKlyen & Greenberg, 2008). However, results from the current study demonstrate that these pathways seem to originate from problems with

authenticity. In the present study, authenticity not only mediated the indirect effect of parent-child relationship quality on various forms of psychopathology, but was also directly related to internalizing, externalizing, and substance abuse disorders for each outcome model.

Historically, constructs related to the self, such as authenticity, have been long regarded as a common factor underlying all maladaptive behavior (e.g., Sullivan, 1953). Beginning with Freud's (1952) observations of low self-worth displayed by adults suffering from depressive disorders, negative self-evaluations have been historically considered one of the constellations of symptoms experienced in depression. Others within the psychoanalytic tradition have continued to contend that self-worth plays a central role in depression (e.g., Blatt, 1974). Numerous theorists and researchers to follow have focused on factors involving the *self* in examining the development of depression in adolescents and adults (see Baumeister, 1990; Beck, 1975; Kovacs & Beck, 1986; Nolen-Hoeksema, Girus, & Seligman, 1986; Harter, 1999). More recent findings have established the strong relationship between low self-worth and depression (Berg & Klinger, 2009; Montague, Enders, Dietz, & Canendish, 2008; Sturman, Flett, Hewitt, & Rudolph, 2009). Similarly, another study demonstrated a significant link between self-worth and internalizing disorders, such as depression (Harter, 1999). Finally, results from another study showed that those who display higher levels of false-self behaviors within a given relational context report lower self-esteem (Harter et al., 1997). Greater true self, or authentic, behavior is associated with higher self-worth, and in turn, lower depression.

Similar to the findings here, recent research has linked a negative self-concept, or low levels of self-worth, to anxiety symptoms (Orbach, Mikulincer, Stein, & Cohen,

1998). In addition to being considered a risk factor for influencing internalizing symptoms (Marsh, Parada, & Ayotte, 2004), authenticity may also operate as a protective factor that promotes well-being (Gilman & Huebner, 2006). The discrepancies between what one would *like* to be and what one *perceives* oneself to be produce dejection-related emotions as depression (Higgins, 1987). Thus, the negative perceptions of one's lovability and acceptance as a person are, in turn, predictive of depressive affect. When a discrepancy exists between one's true (inner) and actual (external) self, state of incongruence between the self and the experience leads to a state of tension and internal confusion, which can create psychological disorganization and leave individuals vulnerable to internalizing and externalizing adjustment disorders.

Antecedents of Authenticity

The ability to be one's true self is profoundly influenced by the quality of parent-child relationships. The extent to which an individual can manifest authenticity depends on the caregiver's ability to demonstrate relationship qualities characterized by a genuine acceptance of the child as a person of unconditional worth and a consistent attempt to understand the child's authentic feelings and communications without judgment while also trying to convey this empathic understanding. Within secure attachment relationships, parents represent a place of support from which the individual can feel safe to express one's true self and become more closely aligned with one's true self. In contrast, insecure attachment relationships, characterized by insensitive and inconsistent caregiving, lead to the development of mechanisms that promote inauthenticity.

Inauthenticity, in turn, can lead individuals to feel hopeless and useless (Baumeister,

1990). A failure to be oneself compromises one's sense of worth as a person, which can lead to various forms of psychopathology.

Results from the present study support a mediated model, with authenticity linking the indirect effect of parent-adolescent relationship quality on adjustment outcomes in early adulthood. In other words, validation and approval from secure parental relationships for who one is as a person is associated with authenticity, which in turn, is predictive of maladjustment. The construction of a self so highly dependent upon the reactions of significant others can lead to the creation of a false self that does not mirror one's authentic experience. As a result, one's true self runs the risk of being compromised. For example, adolescents reporting high levels of behaving authentically report more positive *affect* and more *hope* for the future (Harter et al., 1996; Snyder, Rand, & Sigmon, 2002). In contrast, low levels of congruence, low real self-image, and feelings of self-devaluation are typical characteristics of depression and other internalizing disorders (Beck, 1967; Seligman, 1975).

Limitations

The current study is not without limitations. First, the sole use of self-report measures to assess affective dimensions of parent-adolescent relationship quality might be criticized for the potential of monoinformant bias. However, this has reflected a deliberate choice in ongoing programmatic research (e.g., Luthar & Becker, 2002), with the focus on adolescent and early adult perceptions of their relationships with parents, levels of authenticity, endorsement of symptoms in early adulthood, and how these subjective experiences, in particular, influence adjustment outcomes. Regardless of the objective accuracy of perceptions, individuals react to their experiences as they perceive

them to be (Koth, Bradshaw, & Leaf, 2008) and these self-evaluations, independent of congruence with the opinion of others, are often more predictive of outcomes compared to more objective measures (Harter, 2012).

In addition, only close relationships with parents, and not those with peers, were considered as antecedents of authenticity and indirect predictors of outcomes of mental health. Although adolescence is considered a transitional period of development when the orientation of close relationships shifts from parents towards peers (Furman & Buhrmester, 1992), those connections with parents are still considered as having a predominant influence on development. For instance, research regarding antecedents of constructs related to authenticity, support from parent-child relationships was the primary predictor of self-worth, over and above those relationships with close friends and romantic partners (Laursen, Furman, & Mooney, 2006). For example, the quality of parental and peer attachments has both been shown to be significant predictors of life satisfaction and self-esteem. However, parental attachment was found to be significantly more important than peer attachment regarding their associations with adjustment outcomes (Armsden & Greenberg, 1987). Moreover, in another study, low levels of attachment to parents was not compensated for by high levels of attachment to peers within the context of mental health outcomes (Raja et al., 1992). Finally, in a study using hierarchical regression analyses, in addition to predictors of parent attachment, the inclusion of peer attachment had no significant influence on measures of psychological well-being or distress (Wilkinson & Walford, 2001).

Clinical Implications

Considering that authenticity plays a significant role in the development of various adjustment outcomes in early adulthood, future research should focus on determining what evidence-based therapies would be most effective at treating problems relating to authenticity. It would be useful to identify modifiable aspects of authenticity are amenable to change and have the most impact on altering the course of adjustment over time.

CONCLUSION

In conclusion, the current study demonstrated the influence of affective dimensions of parenting profiles in adolescence on the development of psychopathology in early adulthood via the mediating mechanism of authenticity. Moreover, findings from the current study implicate authenticity as a critical and common feature shared among various forms of psychopathology. In the words of Ralph Waldo Emerson in his essay on *Self-Reliance* (1841), “*Insist on yourself; never imitate.*”

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APPENDIX A

TABLES

Table 1

Alpha Values of the Predictor and Mediator Variables

	Parent Subscales at Grade 12			Authenticity Over Time			
	No. of Items	Range	Alpha	Authenticity	No. of Items	Range	Alpha
<i>Inventory of Parent and Peer Attachment</i>							
Alienation	12	6 – 30	.87	Year 1 Post College	6	6 – 30	.82
Trust	20	10 – 50	.94	Year 2 Post College	6	6 – 30	.89
Communication	18	9 – 45	.93	Year 3 Post College	6	6 – 30	.87
<i>Parental Reactions to Adolescent Distress</i>							
Comfort	6	1 – 5	.81	Year 4 Post College	6	6 – 30	.86
Self-focus	6	1 – 5	.78				
Avoidance	6	1 – 5	.78				
Harshness	6	1 – 5	.78				

Note. n = 281.

Table 2

Descriptive Statistics of All Study Variables by Latent Profile Membership

	Parent Latent Profiles at Grade 12					
	Profile 1 “Inadequate” <i>n</i> = 72		Profile 2 “Adequate” <i>n</i> = 120		Profile 3 “Optimal” <i>n</i> = 60	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Parenting Dimensions						
IPPA - Alienation	17.86	2.96	14.08	2.60	9.53	2.37
IPPA - Trust	31.30	4.26	40.11	3.24	47.48	2.03
IPPA - Communication	24.84	3.82	30.74	3.58	38.84	3.87
PRAD - Comfort	2.55	0.60	3.53	0.47	4.27	0.56
PRAD - Self-focus	2.13	0.69	1.96	0.65	1.49	0.53
PRAD - Avoidance	2.26	0.59	1.60	0.51	1.13	0.31
PRAD - Harshness	2.74	0.71	2.44	0.72	1.72	0.64
Authenticity						
Year 1 Post College	19.95	4.42	21.79	3.84	24.27	5.10
Year 2 Post College	21.14	4.50	22.97	4.00	24.38	4.72
Year 3 Post College	20.82	5.56	22.43	4.45	25.03	3.57
Year 4 Post College	20.43	5.89	21.61	4.54	23.86	4.17
Average Authenticity	20.47	4.72	22.03	3.94	24.23	3.42
Lifetime Diagnoses						
Internalizing	0.88	1.47	0.58	1.00	0.59	0.81
Externalizing	0.61	0.79	0.44	0.82	0.32	0.61
Substance Abuse	0.16	0.47	0.11	0.35	0.29	0.78
Total Problems	1.65	2.08	1.14	1.66	1.20	1.57
Covariates ^a						
Gender ^b	0.00	0.50	0.03	0.50	-0.10	0.50
YSR Internalizing at Grade 12	2.99	9.03	-0.70	6.89	-2.27	6.58
YSR Externalizing at Grade 12	3.28	8.34	-0.06	6.67	-3.77	4.60
Substance Use at Grade 12	1.32	10.55	0.07	8.09	-1.71	7.29

Note. *n* = 281.

^aCovariates were centered for interpretability.

^bFemales were coded as 0; males were coded as 1.

Table 3

Descriptive Statistics of Lifetime Diagnoses

Diagnostic Criteria	Internalizing		Diagnostic Criteria	Externalizing		Diagnostic Criteria	Substance Abuse	
	<i>n</i>	%		<i>n</i>	%		<i>n</i>	%
MDD	59	29.5	CD	5	2.5	Alcohol	75	36.8
BPD I	9	4.5	ODD	28	14	Marijuana	37	18.1
BPD II	0	0	ADHD	8	4	Cocaine	8	3.9
OCD	6	3	ASPD	57	28.5	Opiates	3	1.5
GAD	23	11.5				Stimulants	2	1
PTSD	13	6.5				Sedatives	5	2.5
PD	13	6.5				Hallucinogens	4	2.0
SPD	14	7						

Number of Diagnoses	Internalizing		Externalizing		Substance Abuse	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
None	126	63.0	132	66.0	173	86.5
One	41	20.5	45	22.5	19	9.5
Two	17	8.5	16	8.0	7	3.5
Three	6	3.0	7	3.5	0	0.0
Four	6	3.0	--	--	1	0.5
Five	4	2.0	--	--	--	--
Six	--	--	--	--	--	--
Seven	--	--	--	--	--	--
Eight	--	--	--	--	--	--

Average Number of Diagnoses	Mean	<i>SD</i>	Mean	<i>SD</i>	Mean	<i>SD</i>
		0.69	1.15	0.49	0.79	0.19

Note. *n* = 200.

MDD = Major Depressive Disorder; BPD I = Bipolar Disorder I; BPD II = Bipolar Disorder II; OCD = Obsessive Compulsive Disorder; GAD = Generalized Anxiety Disorder; PTSD = Post-Traumatic Stress Disorder; PD = Panic Disorder; SPD = Social Phobia Disorder; CD = Conduct Disorder; ODD = Oppositional Defiant Disorder; ADHD = Attention Deficit Hyperactivity Disorder; ASPD = Antisocial Personality Disorder

Table 4

Model Fit Statistics for Class Determination of Latent Profile Models

Model	Sample Size	AIC	Adjusted BIC	BIC	LMR LRT <i>p</i> value	BLRT <i>p</i> value	Entropy
One Class	252	4998.62	5003.65	5048.03	---	---	---
Two Classes	113, 139	4475.73	4483.64	4553.38	.001	.001	.834
Three Classes	72, 120, 60	4257.10	4267.88	4362.98	< .001	< .001	.884
Four Classes	59, 111, 66, 16	4212.35	4226.00	4346.47	.444	.437	.873
Five Classes	56, 63, 60, 34, 39	4186.30	4202.83	4348.66	.562	.558	.812

Note. AIC = Akaike Information Criterion; BIC = Bayesian Information Criterion; LMR LRT = *Lo-Mendell-Rubin*

Likelihood Ratio Test; BLRT = *Bootstrapped Likelihood Ratio Test*.

Table 5

Results of Multilevel Structural Equation Modeling Analyses

	Internalizing		Externalizing		Substance Abuse	
	Estimate	SE	Estimate	SE	Estimate	SE
<u>Between Level Mediation Paths</u>						
Optimal vs. Inadequate Parenting Profile	4.02***	0.87	3.82***	0.87	3.81***	0.86
Adequate vs. Inadequate Parenting Profile	1.73*	0.80	1.62*	0.81	1.61*	0.81
<u>Between Level Outcome Paths</u>						
Authenticity	-0.08***	0.02	-0.14**	0.05	-0.25***	0.06
Optimal vs. Inadequate Parenting Profile	0.84	0.63	0.50	0.64	2.33	1.44
Adequate vs. Inadequate Parenting Profile	0.10	0.54	-0.18	0.48	-0.14	1.26
Gender ^{a b}	-0.94	0.49	1.24**	0.42	0.36	0.93
YSR Internalizing at Grade 12 ^a	0.10***	0.02	--	--	--	--
YSR Externalizing at Grade 12 ^a	--	--	0.17***	0.04	--	--
Substance Use at Grade 12 ^a	--	--	--	--	0.12**	0.04
<u>Indirect Effects</u>						
Optimal vs. Inadequate Parenting Profile	-0.31**	0.12	-0.55**	0.21	-0.94**	0.31
Adequate vs. Inadequate Parenting Profile	-0.14	0.08	-0.23	0.13	-0.40	0.22
<u>Variances</u>						
Authenticity (within)	2.65***	0.37	2.61***	0.36	2.60***	0.35
Optimal vs. Inadequate Parenting Profile	0.18***	0.01	0.18***	0.01	0.18***	0.01
Adequate vs. Inadequate Parenting Profile	0.25***	0.00	0.25***	0.00	0.25***	0.00

Note. $n = 281$.

* $p < .05$, ** $p < .01$, *** $p < .001$

^aCovariates were centered for interpretability.

^bFemales were coded as 0; males were coded as 1.

APPENDIX B

FIGURES

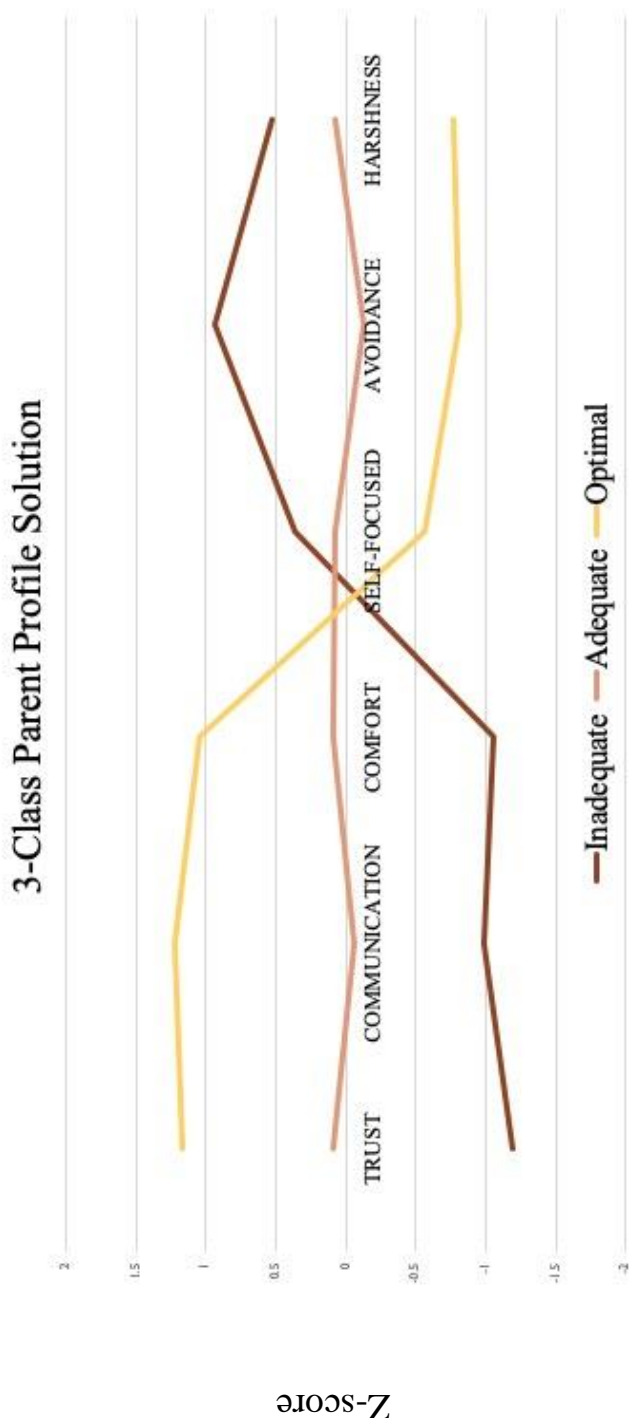


Fig. 1 Results of the latent profile analysis of affective parent dimensions

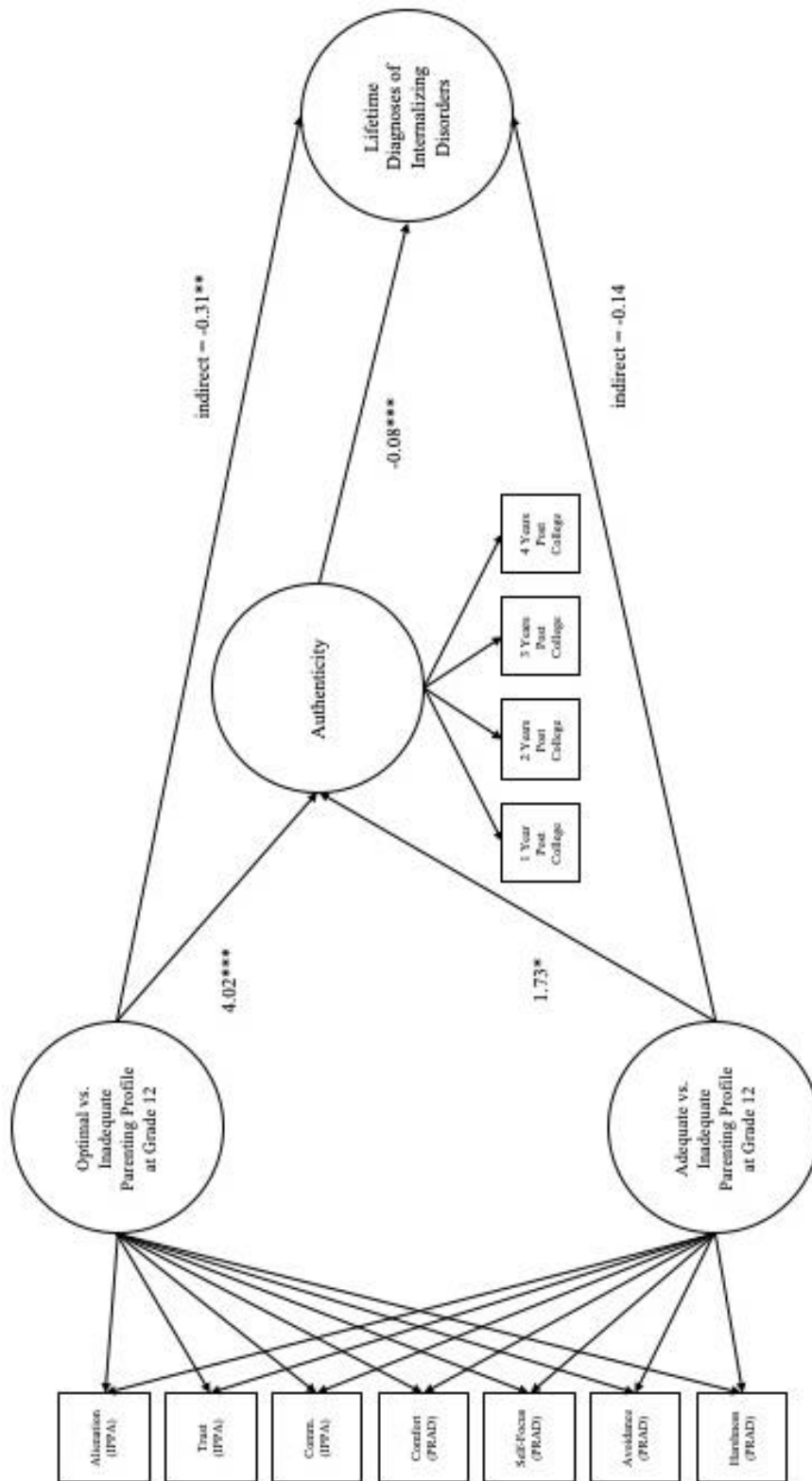


Fig. 2 Summary of internalizing lifetime diagnoses as the outcome.

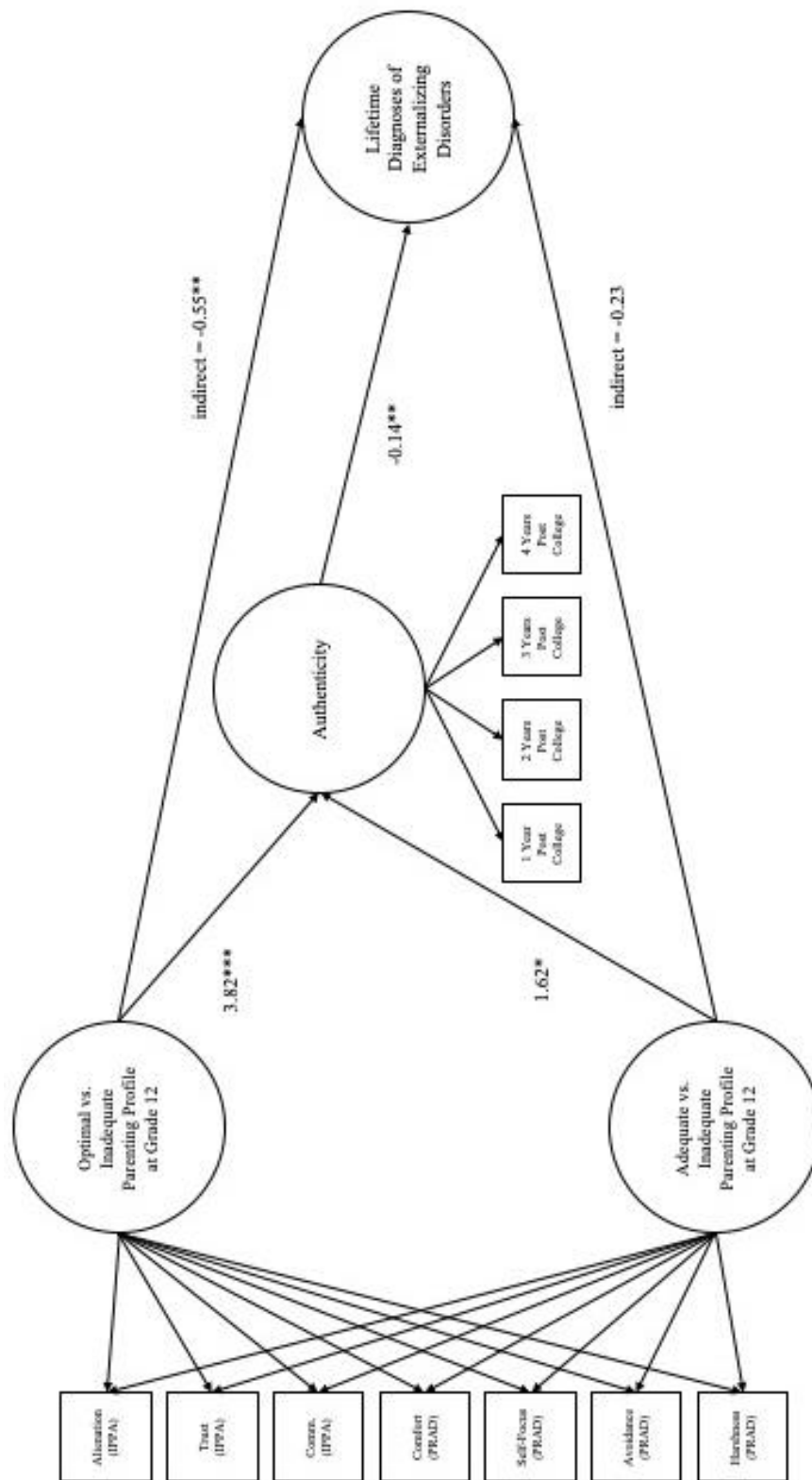


Fig. 3 Summary of externalizing lifetime diagnoses as the outcome.

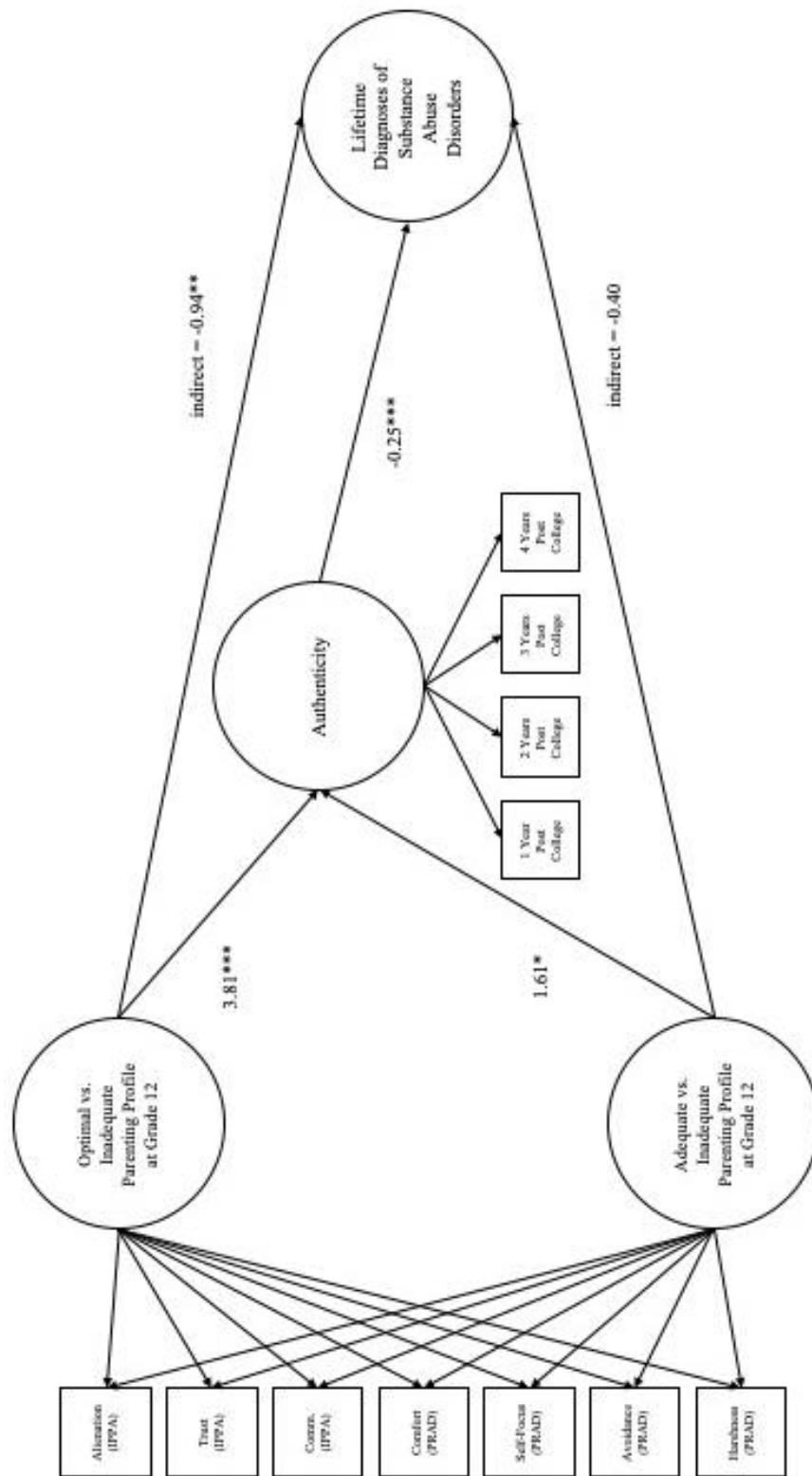


Fig. 4 Summary of substance abuse lifetime diagnoses as the outcome.