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Role of Parental Invasive Behaviour and Psychological Control on Health-Related Psychological Tendencies of Adolescents

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***ABSTRACT**--Aim of the current research was to study the relationship between parental invasive behaviour, psychological control and health-related psychological tendencies. Three hundred adolescents (M= 17, SD= 0.85) of Delhi and NCR, India were selected as sample for the study. Image factoring and confirmatory factor analysis were used to test the hypothesis of the relationship between the variables. Results indicated that there was a significant association of psychological control with parental invasive behaviour and, psychological control with health orientation, however, parental invasive behaviour had partially significant association with adolescent' health orientation. It was also found that psychological control was significantly associated with nine health-related psychological tendencies and, parental invasive behaviour was significantly associated with six health-related psychological tendencies. The study further revealed that psychological control and parental invasive behaviour as the predictors had a significant impact on eight and two health-related psychological tendencies among adolescent respectively.*

***Keywords**--Parental Invasion, Psychological Control, Health Orientation, Adolescents*

I. INTRODUCTION

The field of socio-developmental psychology has tried to empirically investigate the dynamics involved in the parent-child relationship, parenting behaviours and its impression on the children's emotional, behavioural and psychosocial development, for the past few decades. Late childhood and early adolescent are the stages of life when individuals start to connect with the outside social world, proceeds to form a sense of self- identity maintains privacy and begins with the major task of individuating self from parents and family members. (Youniss & Smollar, 1985). Children at this age, pine for maintaining this distance while managing access to their personal information. With time, it has been noted by Laufer and Wolfe that this restraining of access to personal information becomes a central part of children's conceptualization of privacy (Wolfe, 1974). This notion and the inclusion of an extended environment while spending more time away from family, give them opportunities to explore differences between which part of information can be shared with parents and what they can't. (Larson & Richards, 1996)

This sense of privacy is different from what we understand by making own choices and being independent with one's decisions. Parents believe that to know about their child's personal life and whereabouts is their concern

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and right (Rote & Smetana, 2015), to which however adolescents might deviate and react to ensure their personal space. One potential reaction to this is being secretive from parents (Dietvorst, 2017). For child's healthy social-cognitive development and sound family connection, it is challenging for both parents and children to maintain a balance between parental knowledge, child's autonomy and perception of their privacy (Petronio, 2010). The hindrance of this privacy and controlling behaviours of parents have found to affect the psychological, social and emotional health of adolescents. (Hawk el at., 2009; Wang & Pomerantz, 2007)

In response to the hindering parental behaviours, children and adolescents make their private boundaries more rigid and become even more secretive to maintain the privacy (Petronio, 2002; Hawk, 2008). They tend to hide information that can be freely revealed. Although the effects of this parental control and privacy invasion on the child's health have been studied separately, no study has examined the relationship between these variables. To what extend the controlling and intrusive parental behaviours affect the psychological health-related tendencies of children can be a question of interest for researchers.

Privacy invasion

The communication privacy management theory (CPM) given by Petronio is an important framework for understanding young people's perception of privacy that expresses that people create boundaries for personal space that depicts the degree of control of others' access to personal information about an individual (Petronio, 2010). This need for maintaining one's personal space can be expressed by either directly conveying and settling on creating set boundaries or by providing non-verbal cues through behaviour and expressions, for instance by putting pass-codes in phones and laptops or latching up their rooms. When parents hinder these cues and try to monitor their personal life then adolescents experience the feeling of getting their privacy invaded. (Keijsers & Branje, 2010; Becht el at., 2012)

According to Petronio, this privacy can be invaded by parents in two ways: firstly, by directly soliciting from children related to their private issues, friends or their whereabouts and secondly, by provocative invasion which involves strategies like spying upon their children or tuning in to phone conversations and searching through personal stuff in the child's absence (Petronio, 1994; Kerr & Stattin, 2000). In the response of this parental privacy invasion and controlled behaviour, children either confront or be more defensive in their conduct while increasing their secrecy (Ledbetter, 2010; Dietvorst, 2017; Keijsers & Branje, 2010), affecting the parent-child relationship indirectly (Hawk el at., 2009).

Psychological Control:

How parents monitor and watch over their child's activities or personal life of their children has always been an interest of socializing researchers. Such monitoring behaviours of parents can be understood by what we call 'parental control' (Pettit & Laird, 2001). This parental control involves several types of controlling behaviours and aspects like psychological control that causes the child to rely on his/her parents emotionally and deeply while restraining their ability to self-direct and act independently (Pettit, Bates, Dodge, & Meece, 1999). The psychological aspect of parental control primarily affects the child's well-being, life satisfaction, self-esteem, self-

confidence, self-regulation while increasing the feelings of inadequacy in children (Özdemir, 2012; Steinberg, 1990) and other undesirable developmental consequences.

Health-related psychological tendencies

Health-related psychological tendencies can be comprehended as the health-related propensities of the people. Research studies suggest that health-related mental tendencies can affect an individual's physical health and help in sustaining the overall well-being. The concept known as health orientation proposes ten different health-related psychological tendencies, namely, personal health consciousness, health image concern, health anxiety, health-esteem and confidence, motivation to avoid unhealthiness, motivation for healthiness, health internal control, health external control, health expectations and health status that provides a comprehensive approach to study health. (Snell et al., 1991)

II. THE CURRENT STUDY

Parent's pressure, constrain and dominance being the main characteristics of parental control and intrusiveness (e.g., Grolnick, 2002), has been linked to child's both constructive and undesirable developmental outcomes while effecting their health in many research studies. Researches have associated parental invasion and control with variables like parent-child interactive relationships, child's self-concept, parental knowledge, depression in adolescents and internalizing and externalizing behavioural outcomes (Barber, 1996; Özdemir, 2012; Keijsers, 2010; Hawk el at., 2008, 2009, 2015). These relationships have raised a critical question as to whether these invasive and controlling behaviours of parents under the child's notion together work as a predictor of a child's health-related psychological tendencies too or not?

Reviews have suggested that parental behaviours affect the child's developmental outcomes in all aspects. The invasive and controlling behaviours of parents do more bad than good to child's psychological development as they perceive their parents more intrusive and turn secretive about their personal life (Barber & Xia, 2013; Dietvorst, 2017). This paper entails understanding the impact factor of parental invasive behaviours and parental control as the measures of psychological health orientation and their association among adolescents.

To empirically test the theory of the relationship between these variables following hypothesis have been formulated:

Hypothesis 1: There would be a significant association between parental invasive behaviour, psychological control and health orientation among adolescents.

Hypothesis 2: There will be a significant association between parental invasive behaviour and adolescents' health orientation.

Hypothesis 3: There will be a significant association between psychological control and adolescents' health orientation.

Hypothesis 4: Parental invasive behaviour and psychological control would be significant predictors of psychological health-related tendencies among adolescents.

III. METHODS

Participants:

The sample size for this study involved three hundred adolescents that were purposively selected from Delhi and NCR, India. Participants fall in the age range of thirteen- eighteen years (M= 17 years, SD= 0.85), out of which, one sixty- seven were male teenagers and one thirty- three were the female participants. Socio-economic status was considered to be middle class, upper-middle-class and upper class as an inclusion criterion.

Measures

- Health Orientation Scale: This test developed by Snell, Johnson, Lloyd, and Hoover (1991), measures health-related psychological tendency. Spearman-Brown coefficients ranged from a low of 0.82 to a high of 0.96 for each subscale. The Cronbach's alpha ranged from a low of 0.69 to a high of 0.92 for each subscale. The tool consists of a total 50 items. The response scale for this tool is from A (Not at all characteristic of me.) to E (Very characteristic of me). The scale has ten subscales namely- personal health consciousness, health image concern, health anxiety, health-esteem and confidence, motivation to avoid unhealthiness, motivation for healthiness, health internal control, health external control, health expectations and health status.
- Parental invasive behaviour instrument: This scale was developed by Ledbetter (2012), measuring the parental invasive behaviours perceived by children and adolescents. It's a five- Likert scale (1 = strongly disagree, 5=strongly agree) based on these 11 items and consist of three different dimensions, namely, mediated, verbal and spatial invasion. The items within all factors verified satisfactory internal reliability ($.74 \leq \alpha \leq .79$) and robust correlations with the facet item ($.62 \leq r \leq .64$). Coercing a strong inter-factor correlation (i.e., between verbal and spatial invasions, $r = .86$, $p < .01$) to 1.0 significantly decreased model fit, $p < 0.01$, providing satisfactory reliability.
- Psychological control scale: Adolescents reported for the constructs of father's and mother's psychological control that were measured by the Psychological Control Scale-Youth Self-Report (PCS-YSR; Barber, 1996), which includes 8 items such as "My mother/father is a person who blames me for other family members' problems.".The scale varies from 1 (not like her/him) to 3 (a lot like her/him) where high scores indicated greater degees of described psychological control from parents. This scale has demonstrated adequate reliability and validity in previous studies (Bean & Northrup, 2009).

IV. RESULTS

To test the first three hypothesis, image factoring technique was used and the results were presented in the form of Pearson's correlation matrix. The table represents the coefficient of correlation between psychological control scale, parental invasive behaviour and health orientation scale and it's psychological tendencies The coefficient of correlation between health orientation and psychological control is -0.14, having a negative association, is significant as well ($p<0.01$). The association between psychological control and parental invasive behaviour is 0.49 which is highly significant ($p<0.01$) and between health orientation and parental invasive behaviour is -0.03, which is not significant. Therefore, the first hypothesis is partially accepted.

Out of ten dimensions of health orientation scale, four dimensions namely, personal health consciousness, health internal control, health anxiety and health image concern have a significant association with parental invasive behaviour having r= -0.16, r= 0.17, r= 0.22 and r= -0.16, respectively, at 0.01 level ($p<0.01$). Two dimensions namely, health external control (r= 0.14) and health expectation (r= -0.13) also has significant

association with parental intrusive behaviour ($p<0.05$). Four dimensions namely, health esteem and confidence, motivation to avoid unhealthiness, health status and motivation for healthiness was not significantly association with parental intrusive behaviour. Additionally, it was observed that four dimensions namely, health image concern, health expectation, health status and personal health consciousness are negatively associated with parental invasive behaviour. With these findings, the second hypothesis was partially acknowledged.

Table 1: Correlation matrix of psychological control, parental invasive behaviour, health orientation and its dimensions.

		1	2	3	4	5	6	7	8	9	10	11	12	13
1	HOS-total		-.03	-.14**	.72**	.40**	.38**	.70**	.78**	.84**	.64**	.05	.65**	.60**
2	PIB-total	-.03		.49**	-.16**	.17**	.22**	-.06	-.10	-.04	-.16*	.14*	-.13*	-.10
3	PCS total	-.14**	.49**		-.25**	.09	.17**	-.21**	-.17**	-.16**	-.25**	.24**	-.14**	-.20**
4	PHC-HOS	.72**	-.16**	-.25**		.04	.12*	.60**	.63**	.62**	.61**	-.28**	.43**	.48**
5	HIC-HOS	.40**	.17**	.09	.04		.68**	-.04	.12*	.17**	.01	.31**	-.01	-.19**
6	HA-HOS	.38**	.22**	.17**	.12*	.68**		-.15**	.19**	.23**	.08	.24**	-.06	-.28**
7	HE&C-HOS	.70**	-.06	-.21**	.60**	-.04	-.15**		.55**	.61**	.44**	-.17**	.52**	.75**
8	MAU-HOS	.78**	-.10	-.17**	.63**	.12*	.19**	.55**		.76**	.61**	-.27**	.49**	.50**
9	MH-HOS	.84**	-.04	-.16**	.62**	.17**	.23**	.61**	.76**		.62**	-.16**	.57**	.51**
10	HInC-HOS	.64**	-.16**	-.25**	.61**	.01	.08	.44**	.61**	.62**		-.39**	.48**	.35**

1 1	HEC-HOS	.05	.14*	.24**	-.28**	.31**	.24**	-.17**	-.27**	-.16**	-.39**		-.12*	-.13*
1 2	HE-HOS	.65**	-.13*	-.14**	.43**	-.01	-.06	.52**	.49**	.57**	.48**	-.12*		.49**
1 3	HS-HOS	.60**	-.10	-.20**	.48**	-.19**	-.28**	.75**	.50**	.51	.35**	-.13*	.49**	

*Correlation is significant at the 0.05 level (2-tailed), ** Correlation is significant at the 0.01 level (2-tailed)

HOS= health orientation scale, PIB= parental invasive behaviour, PCS= psychological control scale, PHC= personal health consciousness, HIC= health internal control, HA= health anxiety, HE&C= health esteem and confidence, MAU= motivation to avoid healthiness, MH= motivation for healthiness, HInC= health image concern, HEC= health internal control, HE= health expectation, HS= health status

The third hypothesis was also partially accepted, after analyzing the coefficient of correlation between health-related psychological tendencies with parental psychological control. Nine dimensions namely, personal health consciousness (r= -0.25), health anxiety (r= 0.17), health esteem and confidence (r= -0.21), motivation to avoid unhealthiness (r= -0.17), motivation for healthiness (r= -0.16), health image concern (r= -0.25), health external control (r= 0.24), health expectation (r= -0.14) and health status (r= -0.20) have significant association with psychological control ($p<0.05$). Out of these nine associating dimensions, two dimensions namely, health anxiety and health external control are positively associated with psychological control. Rest seven dimensions were found to have a negative significant association. Health internal control as a dimension had no significant relationship with psychological control (r= 0.09).

Table 2: Regression table of the study variables representing the standardized and unstandardized regression weights, squared multiple correlations, standard error and Chi-Square for psychological control; parental invasive behaviour and health orientation

	Predictor									
	Parental invasive Behaviour				Psychological Control					
Criterion	B	S.E.	P	B	B	S.E.	P	B	R^2	χ^2
Personal health consciousness	-.017	.019	.359	-.052	-.224	.054	***	-.233	0.57	
Health internal control	.071	024	***	.166	.010	.070	.890	.008	.028	1678.7
Health anxiety	.065	020	.001	.182	.084	.058	.152	.081	.040	($p<0.01$)
Health esteem and confidence	.019	.018	.293	.059	-.233	.052	***	-.250	.066	

Motivation to avoid healthiness	-.007	017	.696	-.022	-.147	.050	.003	-.167	.028
Motivation for healthiness	.018	.020	.369	.051	-.192	.058	***	-.188	.038
Health image concern	-.019	018	.299	-.058	-.210	.053	***	-.223	.053
Health external control	.011	.017	.509	.037	.193	.050	***	.218	.049
Health expectation	-.025	.018	.161	-.080	.122	.051	.017	-.136	.025
Health status	-.002	.020	.905	-.007	-.237	.059	***	-.227	.052

The effect of psychological control and parental invasive behaviour together as predictors can be seen in table 2 according to which it can be interpreted that both the variables have 60 per cent impact on the criterion personal health consciousness ($R^2 = 0.57$). Both predictors, have 3 percent impact on health internal control ($R^2 = 0.028$), 4 percent impact on health anxiety ($R^2 = 0.040$), 7 percent impact on health esteem and confidence ($R^2 = 0.066$), 3 percent impact on motivation to avoid healthiness ($R^2 = 0.028$), 4 percent impact on motivation for healthiness ($R^2 = 0.038$), 5 percent impact on health image concern ($R^2 = 0.053$), 5 percent impact on health external control ($R^2 = 0.049$), 2 percent impact on health expectation ($R^2 = 0.025$) and both the variables as predictors have 5 percent impact on the criterion health status ($R^2 = 0.052$). With this, the last formed tentative statement was also accepted.

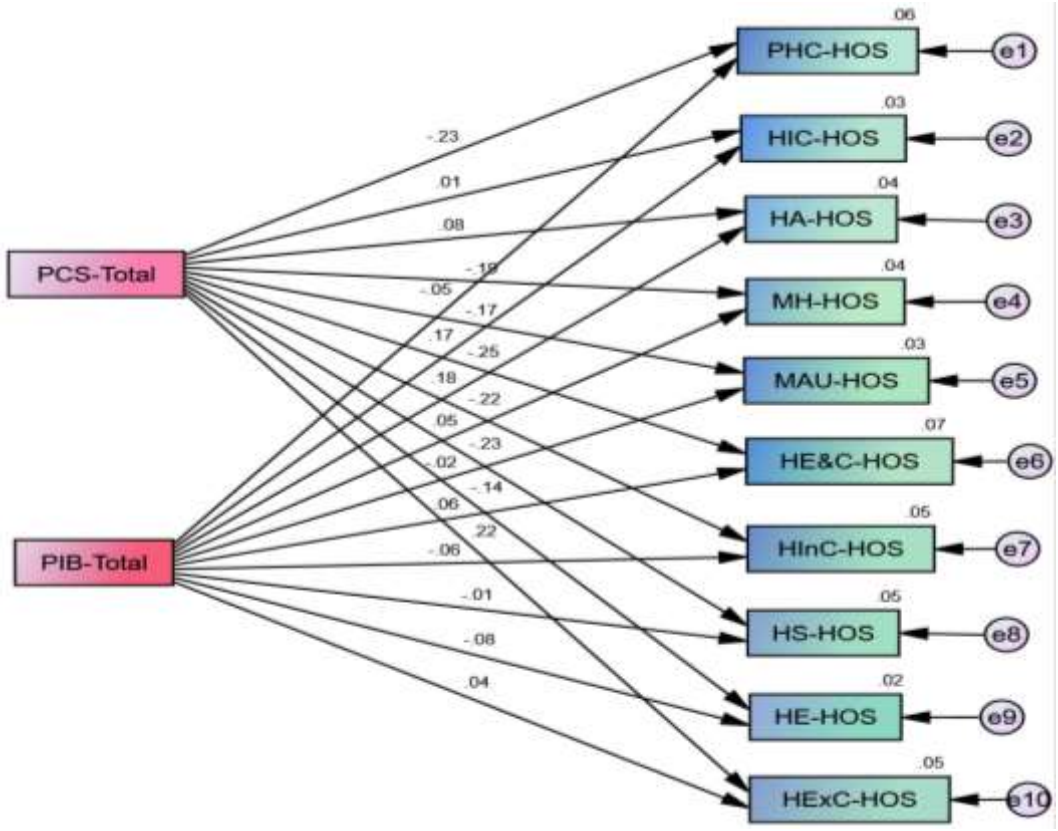

Figure 1: Path diagram with standardized regression weights of psychological control and parental invasive behaviour as predictors and psychological health-related tendencies from health orientation scale as the criterion

V. DISCUSSIONS

The current study demonstrates the association between parental psychological control and parental invasive behaviour with the health-related psychological tendencies from the notion of Indian adolescents. It was found that there is a significant association of psychological control with health orientation of adolescents and with parental intrusive behaviour as well. However, partial association was interpreted between health orientation and parental invasive behaviour. While accepting the first hypothesis partially, the study suggests that a child's perspective of parental controlling behaviours may have an impact on their psychological health orientation. Becht and his colleagues (2012) argued that children and adolescents experience the feeling of getting their privacy invaded when parents try to monitor their personal life by controlling behaviours. (Becht et al., 2012)

From the correlation matrix, it can be found that parental invasive behaviour was significantly associated with six domains of health orientation, that is personal health consciousness, health internal control, health anxiety, health image concern, health external control and health expectation, out of which personal health control, health image concern and health expectation were negatively associated. This partially confirms the second hypothesis of parental invasive behaviour having significant association with health-related psychological tendencies.

As hypothesized that there will be a significant association of psychological control with health-related psychological tendencies is partially accepted. It was observed that psychological control had a significant association with nine domains of psychological health orientation out of ten. The psychological tendencies are- personal health consciousness, health anxiety, health esteem and confidence, motivation to avoid healthiness, motivation for healthiness, health image concern, health external control, health expectation and health status. Out of these nine domains, health anxiety and health external control had a significant and positive association while the other seven had a negative relationship. Researches have shown parental psychological control to be a positive and significant predictor of depression and antisocial personality and negative predictor of life satisfaction and self-esteem. (Özdemir, 2012; Romm, 2018).

The study lastly hypothesized that parental invasive behaviour and psychological control would be significant predictors of health orientation among adolescents, which was found to be partially accepted. If we note the p-values of both the predictors of all the health-related tendencies separately then parental psychological control has a much greater impact on the psychological health-related tendencies of children and adolescents than parental invasive behaviour. Out of ten criterions, eight were found to be significantly impacted by psychological control. These eight domains are personal health consciousness, health esteem and confidence, motivation to avoid healthiness, motivation for healthiness, health image concern, health external control, health expectation and health status. If we talk about the level of significance then out of these eight, only motivation to avoid healthiness and health expectation were significant at 0.05 level ($p<0.05$).. The left-out six were significant at 0.01 ($p<0.01$) level. Regarding the p-values of parental invasive behaviour, it was found that health internal control and health anxiety are significantly affected at 0.05 level ($p<0.05$) as the criterion.

The findings of this study provide strong evidence about how an adolescent perceives to be affected by parental controlling and intrusive behaviours. A child's self-report about the parenting behaviours can be significant to understand and predict their developmental outcomes (Cui and Morris, 2014) and to examine their psychosocial adjustments.

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REFERENCES

1. Barber, B. K., & Xia, M. (2013). The centrality of control to parenting and its effects. In R. E. Larzelere, A. S. Morris, & A. W. Harrist (Eds.), Authoritative parenting: Synthesizing nurturance and discipline for optimal child development (p. 61–87). American Psychological Association. DOI:10.1037/13948-004
2. Barber, B. K., Olsen, J. E., & Shagle, S. C. (1994). Associations between parental psychological and behavioral control and youth internalized and externalized behaviors. Child Development, 65(4), 1120–1136. DOI:10.2307/1131309
3. Bean, R. A., & Northrup, J. C. (2009). Parental psychological control, psychological autonomy, and acceptance as predictors of self-esteem in Latino adolescents. Journal of Family Issues, 30(11), 1486–1504. DOI:10.1177/0192513X09339149
4. Becht, Andrik I., Breddels, Petra R., Hoogendoorn, Dieuwke, Meijer, & Willem, J. (2012). Relationship between parental privacy invasion and identity formation during adolescence. Social Cosmos, volume 3, issue 2, pp. 125- 144
5. Cui, L., Morris, A. S., Criss, M. M., Houltberg, B. J., & Silk, J. S. (2014). Parental Psychological Control and Adolescent Adjustment: The Role of Adolescent Emotion Regulation. Parenting, science and practice, 14(1), 47–67. DOI:10.1080/15295192.2014.880018
6. Dietvorst, E., Hiemstra, M., Hillegers, M. H., & Keijsers, L. (2017). Adolescent perceptions of parental privacy invasion and adolescent secrecy: an illustration of Simpson's paradox. Child Development, 89(6), 2081–2090. DOI:10.1111/cdev.13002
7. Grolnick, W. S., Gurland, S. T., DeCourcey, W., & Jacob, K. (2002). Antecedents and consequences of mothers' autonomy support: An experimental investigation. Developmental Psychology, 38(1), 143–155. DOI:10.1037/0012-1649.38.1.143
8. Hawk, S. T., Becht, A., & Branje, S. (2015). "Snooping" as a Distinct Parental Monitoring Strategy: Comparisons With Overt Solicitation and Control. Journal of Research on Adolescence, 26(3), 443–458. DOI:10.1111/jora.12204
9. Hawk, S. T., Hale, W. W., III, Raaijmakers, Q. A. W., & Meus, W. (2008). Adolescents' perceptions of privacy invasion in reaction to parental solicitation and control. Journal of Early Adolescence, 28, 583–608. DOI:10.1177/0272431608317611
10. Hawk, S. T., Keijsers, L., Hale, W. W. III, & Meeus, W. (2009). Mind your own business! Longitudinal relations between perceived privacy invasion and adolescent-parent conflict. Journal of Family Psychology, 23(4), 511–520. DOI:10.1037/a0015426
11. Keijsers, L., Branje, S. J. T., VanderValk, I., & Meeus, W. (2010). Reciprocal effects between parental solicitation, parental control, adolescent disclosure and adolescent delinquency. Journal of Research on Adolescence, 20, 88–113. DOI:10.1111/j.1532-7795.2009.00631.x
12. Kerr, M., & Stattin, H. (2000). What parents know, how they know it, and several forms of adolescent adjustment: Further support for a reinterpretation of monitoring. Developmental Psychology, 36(3), 366–380. DOI:10.1037/0012-1649.36.3.366
13. Larson, R. W., Richards, M. H., Moneta, G., Holmbeck, G., & Duckett, E. (1996). Changes in adolescents' daily interactions with their families from ages 10 to 18: Disengagement and transformation. Developmental Psychology, 32(4), 744–754. Doi:10.1037/0012-1649.32.4.744

14. Ledbetter, A. M., Heiss, S., Sibal, K., Lev, E., Battle-Fisher, M., & Shubert, N. (2010). Parental Invasive and Children's Defensive Behaviours at Home and Away at College: Mediated Communication and Privacy Boundary Management, Communication Studies, 61:2, 184–204. DOI:10.1080/10510971003603960
15. Özdemir, Y. (2012). Parental behavioural and psychological control: Relationships to self-esteem, life satisfaction, depression, and antisocial behaviours. International Journal of Human Sciences [Online]. (9)2, 1581–1590.
16. Petronio, S. (1994). Privacy binds in family interactions: The case of parental privacy invasion. In W. R. E. Cupach & B. H. E. Spitzberg (Eds.), The dark side of interpersonal communication (pp. 241–257). Hillsdale, NJ: Lawrence Erlbaum.
17. Petronio, S. (2002). Boundaries of privacy: Dialectics of disclosure. Albany: State University of New York Press.
18. Petronio, S. (2010). Communication privacy management theory: What do we know about family privacy regulation? Journal of Family Theory & Review, 2, 175–196. DOI:10.1111/j.1756-2589.2010.00052.x
19. Pettit, G. S., Bates, J. E., Dodge, K. A., & Meece, D. W. (1999). The impact of after-school peer contact on early adolescent externalizing problems is moderated by parental monitoring, perceived neighborhood safety, and prior adjustment. Child Development, 70(3), 768–778. DOI:10.1111/1467-8624.00055
20. Pettit, G. S., Laird, R. D., Dodge, K. A., Bates, J. E., & Criss, M. M. (2001). Antecedents and behavior-problem outcomes of parental monitoring and psychological control in early adolescence. Child Development, 72(2), 583–598. DOI:10.1111/1467-8624.00298
21. Romm, K. F., & Metzger, A. (2018). Parental Psychological Control and Adolescent Problem Behaviours: The Role of Depressive Symptoms. Journal of Child and Family Studies, 27(7), 2206–2216.
22. Rote, W. M., & Smetana, J. G. (2015). Beliefs About Parents' Right to Know: Domain Differences and Associations With Change in Concealment. Journal of Research on Adolescence, 26(2), 334–344. Doi:10.1111/jora.12194
23. Snell, W. E., Johnson, G., Lloyd, P. J., & Hoover, M. W. (1991). The Health Orientation Scale: A measure of psychological tendencies associated with health. European Journal of Personality, 5(2), 169–183. DOI:10.1002/per.2410050208
24. Steinberg, L. (1990). Autonomy, conflict, and harmony in the family relationship. In S. S. Feldman & G. R. Elliott (Eds.), At the threshold: The developing adolescent (p. 255–276). Harvard University Press.
25. Wang, Q., Pomerantz, E. M., & Chen, H. (2007). The role of parents control in early adolescents' psychological functioning: A longitudinal investigation in the United States and China. Child Development, 78(5), 1592–1610. DOI:10.1111/j.1467-8624.2007.01085.x
26. Wolfe, M., & Laufer, R. (1974). The concept of privacy in childhood and adolescence. In S. Margulis (Ed.), Privacy (pp. 29–54). Stony Brook, NY: Environmental Design Research
27. Youniss, J., & Smollar, J. (1985). Adolescent relations with mothers, fathers, and friends. Chicago: University of Chicago Press.

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