To the Graduate Council:

I am submitting herewith a thesis written by Tina Lynn Harralson entitled "Parenting Styles, Social Competency and Type A Behavior in Children." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology.

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PARENTING STYLES, SOCIAL COMPETENCY AND TYPE A BEHAVIOR IN CHILDREN

A Thesis

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Degree

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ABSTRACT

This study examined parenting styles, Type A behavior in parents and children, and social competence in children. Fifty 1st-6th grade children, parents, and their teachers participated. Parental Type A behavior was correlated with a controlling parental style, but not with pressuring the child to achieve. Parenting styles associated with both control and achievement pressure were related to impatient and aggressive behaviors in children, as measured by the teacher-scored Type A behavior instrument. In addition, impatience and aggressiveness in the children were negatively correlated with the child's peer sociability and ability to function at school. Parenting, Type A behavior, and social competency in children may play important roles in the origins of detrimental components of Type A behavior, impatience and aggression.

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CHAPTER 1

INTRODUCTION AND PURPOSE

Coronary heart disease (CHD) is the number one cause of premature death in the United States (Cooper, Detre, & Weiss, 1981). Friedman and Rosenman (1974) found that at least one-half of the heart attacks in the United States were not linked to the known risk factors associated with CHD. In an attempt to identify other risk factors, they noted that certain behavioral traits appeared with regularity in coronary-prone persons. The traits were referred to as the Type A Behavior Pattern (TABP), and included such behaviors as excessive competitiveness, chronic time urgency, impatience, restlessness, a high achievement orientation, aggressiveness, and hostility (Friedman & Rosenman, 1974; Matthews & Haynes, 1986). Recent research has emphasized the importance of the hostility component in CHD, independent of Type A behavior (Dembroski & Czajkowski, 1989; Williams & Barefoot, 1988).

It is the purpose of this study to examine the childhood origins of both Type A behavior and hostility. This study is an exploratory investigation of parenting characteristics which may be related to the development of negative aspects of Type A behavior. Familial patterns of eating, physical

activity and smoking, which have been found to contribute to the risk of cardiovascular disease, were examined by Venters (1986). He found strong indication that these patterns were passed from one generation to the next. Childhood family environment, the source of such patterns, may well be a source for other habits and traits that may influence the development of coronary-prone behaviors beyond genetic predisposition.

Type A behavior has been exhibited by children (Matthews & Angulo, 1980; Lawler, Allen, Crither, & Standard, 1981; Lundberg, 1983) and, like many other behaviors and coping skills, may originate in childhood under the psychosocial influence of parents and caregivers. A parent who has high achievement expectations for his/her child or who evaluates his/her child's performance on the basis of the performance of others may be contributing to the development of coping responses and behaviors that may be manifested in the competitive, aggressive, high achievement-oriented behavior patterns associated with Type A behavior. In addition, the pattern of competitiveness and high achievement-orientation is reinforced and rewarded by the school system. Price (1982) suggests that exposure to this type of environment could be related to aggression and hostility as well as losses in self-esteem and

perceived control in some children. Thus, the expression of the child's angry or hostile feelings may be internalized or acted out, and either situation may be potentially unhealthy.

Familial influence on Type A behavior, hostility and angry feelings has been studied retrospectively by asking Types A and B adults to recall the parenting characteristics they experienced as children (Waldron, Hickey, McPherson, Butensky, Gruss, Overall, Schmader, & Wohlmuth, 1980). Waldron and associates found that Type A women were more likely to recall physical punishment by their mothers than Type B women. Type A men reported that their fathers had been severe, used physical punishment, and that they more resentment than guilt when punished. These reported parental patterns of punishment may be a contributing factor to the development of the angry, aggressive component associated with the negative aspects of Type A behavior. Similarly, Houston (1988) examined the relationship between hostility, insecurity, stress and general physical health in women. He found that Type A behavior and hostility were associated with childhood feelings of insecurity and low self-esteen which may lead to potentially harmful consequences for the individual's physical health.

Price (1982) proposes that cognitions, particularly personal beliefs, are the core of Type A

behavior. These cognitive factors are thought to be a result of sociocultural values communicated to the child through the family, the school system, and the media. She feels that the Type A behavior pattern is most prevalent in the individual whose early family life was characterized by:

1. Unloving, unresponsive, or highly unpredictable parents;
2. Parental approval contingent on the child performing in an exceptional manner;
3. Parents that are more concerned with the outcome of the child's performance rather than how the task was performed;
4. Parents that are severely critical of the child's behavior when it does not meet with the parents expectations;
5. Parental promotion of Type A behavior by constantly telling the child to "hurry up," "try harder," and "be more aggressive;"
6. Parental modelling of Type A behavior at home.

Matteson, Ivancevich, and Gamble (1987) used Price's model to assess beliefs, fears, and childhood family environments of Type A individuals. The subjects included 214 male and 209 female college students. Type A behavior was assessed using the Thurstone Temperament Survey. Family environment was measured by a questionnaire based on Price's model discussed above. A questionnaire was completed for each parent concerning their perception of their parent's

responsiveness, approval, and expectations toward them. The results indicated that the students' Type A scores were positively and significantly correlated with the fathers' scores, mothers' scores, and combined parental scores. While these studies provide fruitful bases for hypotheses, it is impossible to determine from retrospective studies whether Types A and B individuals actually experienced different family environments or whether they differ primarily in their memories of early experiences. In an attempt to clarify these issues, family influences on Type A behavior in children have also been investigated. One candidate for an early influence on the child would be the parents' own Type A behavior pattern. Sweda, Sines, Lauer, and Clarke (1986) examined the relationship between Type A status of the parent and the child. Adult Type A was measured using the Jenkins Activity Survey, and the child's Type A behavior was measured by the Matthews Youth Test for Health (MYTH). The relationship between parent and child scores was not statistically significant; however, there was evidence of a maternal influence on the child's score. The mothers' Hard-Driving behavior scores were correlated with the sons' Impatient-Aggressive behavior scores, and the mothers' Speed-Impatience scores were correlated to daughters' overall Type A scores and daughters' Impatient-

Aggressive scores. These results suggest that the mothers' Hard-driving and Impatient behaviors may influence their children's impatient and aggressive behaviors. In addition, a parent's own Type A behavior may influence their child-rearing practices and the manner in which they interact with their child, thus contributing to the development and maintenance of Type A behavior in the child, even if parental Type A behavior is not directly correlated with the child's Type A behavior. A parent may also reinforce a child's Type A behavior which then may also perpetuate the pattern of behavior (Vega-Lahr & Field, 1986). Matthews (1977) conducted a study examining the interaction between Types A and B caregivers and Types A and B boys while they were involved in a cooperative, achievement-oriented task. Type A boys tended to elicit more pushing and positive motivating comments from the Type B caregivers than did Type B boys. In an earlier study, Matthews found that Type B mothers pushed their Type A sons more often than their Type B sons, whereas, Type A mothers pushed their Types A and B sons nearly equally. Matthews suggests that Type A children may elicit behaviors that will encourage them to continue their striving and need to achieve. So, a parent need not be Type A to encourage Type A behavior in a child.

Another factor that may be linked to childhood Type A behavior is the level of parental aspirations. Kliewer and Weidner (1987) found that fathers of Type A sons set unrealistically high goals for them and perceived that the son did not reach these goals. Parents of grade school children were asked to answer such questions as "What is the highest educational level you wish your child to receive?" and "Does your child attain the educational goals that you set for him/her?" The fathers' perception of whether the desired goal had been attained was inversely related to the sons' Type A behavior. Fathers who perceive that their sons are not attaining the set goals may be projecting a sense of failure onto their son and promoting a relentless striving for achievement in their sons.

Woodall and Matthews (1989) found that lack of positive familial affiliation and supportiveness, as measured by the Family Environment Scale, was related to anger and hostility in children. The excessive striving to achieve, which has been associated with the global Type A behavior pattern, may not be related to CHD, unless it is exhibited in conjunction with anger and hostility. Thus, anger and hostility have been deemed the "toxic" or detrimental components of Type A behavior (Matthews & Woodall, 1988).

Finally, Type A behavior in children may be linked to personal adjustment difficulties. Parker and Asher (1987) reviewed a number of articles concerning peer relations and personal adjustment, and concluded that children who are not accepted by their peers are deprived of a normal socialization process and social support. Furthermore, rejection by peers has a negative affect on the child's academic, social and moral development leaving the child more vulnerable to stress, depression and psychosomatic illness. This appears to parallel what occurs in some Type A children. Murray, Matthews, Blake, Prineas and Gillum (1986) found that Type A children were more aggressive in their interactions with others, and that Type A children were more likely to experience a greater number of aversive, significant life events and greater psychological distress than Type B children. In addition, Type A boys were found to have more difficult temperaments as measured by the Dimension of Temperament Scale (Kurdeck & Lillie, 1985). Type A boys were shown to have low attention span, high reactivity to frustration, and low peer acceptance. Steinkamp (1990) observed that teachers treated preschoolers who scored high on the impatience-aggression subscale of the MYTH differently from preschoolers who had lower impatience-aggression scores. Children who had higher impatience-aggression

scores received fewer positive affect remarks and were allowed less autonomy. She postulates that this environment may suggest to the child that he/she may not be worthy of autonomy or positive affect, thus, lowering the child's self-esteem and hampering social development.

Personal relationships have been shown to be influenced by Type A behaviors (Waldron et al., 1980). College students were asked to keep a diary recording their tensions, moods, and feelings. Type A females reported feeling greater tension while with friends and family, when studying or while receiving an evaluation from an instructor. Type A males reported greater tension while with a girlfriend, when going to a movie, while playing sports, relaxing or when wasting time. It appears that the tensions reported by these students are the result of the Type A individual's continual quest for achievement or accomplishment. Tension may result from the feeling that taking time off from work will decrease chances of achieving one's highest goals. Tension reported while being with one's family and friends may have its origins in the feeling that one must always be performing at a certain level or pace to meet another's approval. Stress and tension that result from everyday activities like these may impair emotional and physical health, and these perceived

stressors and tensions in conjunction with anger and hostility may place a person at greater risk for CHD.

It is our hypothesis that Type A behavior has its origins in childhood and that certain family patterns may play a role in its development. Type A parents may have higher expectations of their child, and thereby instill in their child a need for perpetual improvement. The child may perceive that the conditions of parental acceptance are based on performance and achievements. Children who cannot fulfill their parents' expectations may develop angry and hostile feelings which may be vented physiologically and increase their risk for CHD. These issues will be examined first by measuring Type A behavior and hostility in children. This will be done both by the MYTH, a paper-and-pencil evaluation filled out by parents and teachers, and by a structured interview administered to the child.

The child's scores on these instruments will be examined for relationships to both parental expectations and parental control using the Parent Questionnaire which was developed for this research. In addition, the social consequences of Type A behavior will be assessed by having teachers complete the Health Resources Inventory, a measure of social competence.

CHAPTER 2

METHOD

Subjects

The subjects of this study consisted of 50 first through sixth grade children enrolled in a predominantly middle-class private school. The group consisted of 26 females and 24 males. Their ages ranged from 6 to 12 years with a mean age of 8.34 years. All 102 students enrolled at the school were invited to participate in the study by letters sent home to their parents. Forty-nine percent of the parents responded. Interested parents were then given a packet of questionnaires to complete and return in a stamped envelope.

Measures

The Matthews Youth Test for Health (MYTH) is a 17 statement measure devised to assess Type A behavior in children. The statements regarding the child's degree of competitiveness, impatience and aggressiveness are scored on a 5 point scale ranging from extremely uncharacteristic (1) to extremely characteristic (5). The MYTH yields two subscales, impatience/aggression and competitive achievement, as well as an overall Type A score. This questionnaire was completed by the child's teacher (TMYTH) and parent (PMYTH). The

reliability of the MYTH has been found to range from .77 to .82 (Corrigan & Moskowitz, 1983).

The Health Resources Inventory (HRI) measures a child's personal and social competency. It consists of 54 statements (scored from 1-5) indicating how well the statement characterizes the child's self-concept, affective expression, classroom response, motivation, interpersonal skills and degree of socialization. Scores are summed, and the higher the score, the more socially and personally competent the child is considered. The test-retest reliability of the HRI has been found to be .87 (Gesten, 1976).

The Children's Structured Interview (CSI) was devised for this study and consists of questions associated with Type A behavior, possible stressors at school and home, family life, and parental behavior (Appendix 1). The MYTH is not a self-report instrument and, therefore, has some limitations in that it does not ask the child what she/he is experiencing. The CSI both allows the child to make a self-report and to exhibit voice stylistics or hostility associated with Type A behavior in adults. The questions are based on the Parent-Child Inventory (Roe & Seligman, 1963) and the Adult Structured Interview (Rosenman, 1978). The interview was audiotaped and evaluated for Type A behavior speech patterns, competitiveness and potential for hostility

(Dembroski & MacDougall, 1983). Two raters listened to the tapes and decided whether the child was either Type A or Type B using the same criteria as in the Adult Structured interview.

The Parent Questionnaire (PQ) was developed for this study to measure parental expectations and child-rearing methods that may be associated with the development of Type A behavior in children. The statements are scored on a 5-point scale ranging from not at all true (1) to very true (5). Originally, the PQ consisted of three subscales: the level of achievement the parent wishes the child to reach, the degree of control desired by the parent, and the degree of negativity projected by the parent (Appendix 2). A reliability analysis of the PQ questions led to a revision of the subscales (Appendix 3). The revised subscales are labeled parental striving for their child's achievement (AC) and the degree of parental authoritarianism (AU). The AC scale consists of 5 items (coefficient alpha= .52, mean interitem correlation= .18) and the AU scale consists of 4 items (coefficient alpha= .62, mean interitem correlation= .29). The AC and AU scales were found to be significantly correlated ($r= .32$, $p<0.02$). This questionnaire is still in the development stage, so the results found with it require greater caution in interpretation.

The Framingham Type A Scale (FTAS) is a 10 item self-report measure used to assess the parent's competitive drive, sense of time urgency, and perception of job pressures. The higher the score, the more behavior is characterized as Type A.

Procedure

A letter was sent home with the child inviting both the parent and the child to participate in the study. The parents were asked to complete the MYTH, the FTAS and the PQ. The child was interviewed at school. The child's teacher was asked to complete the MYTH and HRI, thereby assessing the child's Type A behavior and social competency in the school environment.

CHAPTER 3

RESULTS

Descriptive statistics

The mean and median values were calculated for the MYTH as completed by parents (PMYTH) and teachers (TMYTH), FTAS, and HRI. These are presented in Table 1.

Table 1: Descriptive statistics on questionnaires.

Questionnaire	Mean	Median	Standard Error
PMYTH-Type A	55.3	56.0	7.91
PMYTH-competitiveness	28.0	28.5	4.26
PMYTH-impatience	27.3	28.0	5.55
TMYTH-Type A	49.9	53.0	12.46
TMYTH-competitiveness	25.8	26.0	6.77
TMYTH-impatience	24.2	23.0	7.76
FTAS	5.28	6.0	2.29
HRI	207.1	208.5	33.8

The CSI was scored based on an assessment of 3 verbal stylistics (loudness, latency, and rate of speech); the sum varied from 1 (very Type B) to 7 (very Type A). The mean for this group was 4.58, median was 5.0 with a standard error of 1.95. Hostile content was scored as the number of hostile comments emitted; the range was 0-5, with a mean of 2.4, median

of 2.0 and a standard error of 1.57. Competitiveness was gauged by the response to the question; "Do you like to win or do you like to play for fun?" Thirty-eight children indicated that they preferred to "play for fun" while 12 responded "I like to win."

Correlational analyses

Initial analyses examined the relationships of all questionnaires and their subscales to sex, grade and age. None of the questionnaires was related to any of the demographic variables; however, Type A score derived from the CSI was positively correlated with age ($r=.35$. $p<.01$) and grade ($r=.29$, $p<.04$), and hostile CSI content was also related to gender ($r=.32$, $p<.02$), with boys exhibiting a higher frequency of hostile comments (females=1.92, males=2.92).

Tests of hypotheses

The CSI was designed to be an observational measure of Type A behavior. It was postulated that the CSI-Type A score would be correlated with MYTH scores, either as completed by parent or teacher. The CSI Type A score was highly correlated with TMYTH-Type A ($r=.45$, $p<.002$), TMYTH-impatience/aggression ($r=.43$,$p<.003$) and TMYTH-competitiveness ($r=.36$, $p<.02$). In addition, the CSI-hostile content was weakly related to TMYTH-impatience/aggression ($r=.26$,

p<.09). The CSI was unrelated to MYTH scores completed by parents.

The second hypothesis was that parental Type A/B behavior would be associated with different parental practices. This was assessed by computing a correlation between the parents' FTAS Type A score and the two factors of the parenting questionnaire. The Authoritarian factor was significantly correlated with parent Type A score (r=.32, p<.03), such that higher Type A scores were associated with increased scores on the authoritarian or control items. Type A scores were not related to agreement with Competitive pressure statements (r=.12).

The third hypothesis was that teacher-rated Type A behavior, especially the impatience-aggressiveness component, would be inversely related to peer sociability, as measured by the HRI. The correlations between TMYTH-Type A, TMYTH-impatience/aggression and HRI were significant only for the impatience component (r= -.30, p<.04). Children with higher impatience/aggression scores were rated lower on peer sociability. The lack of relationship to total Type A is due to the positive correlation between teacher-rated competitiveness, also a component of Type A behavior, and peer sociability (r=.30, p<.03).

The fourth hypothesis proposed a relationship between parental practices and Type A behavior in

children. First, this was assessed by computing a correlation between overall PQ score, PQ factors and the Type A measures. Significant relationships were found between the TMYTH-impatience/aggressiveness scores and both overall PQ scores ($r=.33$, $p<.02$) and the Competitive pressure factor ($r=.32$, $p<.03$). A multiple forced regression was also computed in an attempt to examine the ability of the two PQ factors to predict teacher-rated impatience/aggression scores. The model was significant ($r^2=.12$, $F(2,46)=3.22$, $p<.05$), with the Competitive pressure factor (beta=.275) contributing more than the Control factor (beta=.147). Type A behavior and hostility as scored from the CSI were not significantly related to parenting style.

Thus, this suggests that parenting practices are related to teacher's perceptions of a child's aggressive behavior. Because parenting practices may also reflect the parent's perception of the child, we conducted a post hoc stepwise regression of PMYTH items onto PQ score. This model was also highly significant ($r^2=.43$, $p<.005$) and includes seven items from the MYTH as shown in Table 2. Therefore, the way the parent perceives the child with regard to hurrying, competition, and attention span is related to parenting style.

Table 2: PMYTH items predictive of PQ.

MYTH item #	statement	Beta weight
4.	This child does things in a hurry.	-.463
6.	This child interrupts others.	.203
9.	He/she seems to perform better than usual when competing against others.	.570
12.	When working or playing, she/he tries to do better than other children.	.421
13.	This child can sit still long.	.400
15.	Other children look to this child for leadership.	-.178
16.	This child is competitive.	-.651

CHAPTER 4

DISCUSSION

The purpose of this study was to explore the psychosocial origins of Type A behavior in children. In particular, I was interested in examining the role that parenting style plays in the development of behaviors deemed to be coronary-prone, namely impatience and aggression.

For this study, I developed the PQ and the CSI. Like the MYTH, the CSI measures TABP in children, but it differs from the MYTH in that the CSI is an oral self-report given by the subject. In addition, the CSI reveals voice stylistics associated with Type A behavior and hostile content can be noted. The absence of a measure of parenting styles associated with Type A behaviors led to the development of the PQ. Work continues on the PQ and a revision has been started. The purpose of the PQ is to help identify which parenting styles may be related to development of detrimental Type A behaviors in children. Discovery of such styles could be helpful in deterring coronary-prone behaviors in children.

The results suggest that parenting styles which tended to be more authoritarian and controlling, and styles which pressured the child to achieve and compete were positively correlated to the children's

impatient and aggressive scores as reported by the teacher. It was found that Type A parents scored higher on the authoritarian factor of the PQ. This finding is consistent with the hypothesis that Type A persons strive to maintain control of their environments (Glass, 1977), and therefore may desire more control in parenting. But the degree to which parents pressure their children to compete and achieve was not related to parents' Type A or B scores. One reason for this lack of association may be the methodology used to assess parental Type A behavior. Using the Structured Interview to assess Type A behavior in parents would provide a more definitive test of the hypothesis.

Parents' Type A behavior scores were not related to the children's TABP or to overall PQ scores. Type A and Type B parents who scored high on competitive and achievement pressure tended to have children who were rated by the teacher as impatient and aggressive. This finding is of particular interest since impatient and aggressive behaviors are considered to be the "toxic" components of the TABP. Parenting style was not related to global CSI Type A score or to hostility. This may be due to the small number of items relating to aggressive behavior on the interview; future development of this instrument will focus on enlarging the opportunity to assess this

component. The parenting style of pressuring the child to achieve and compete is not exclusive to Type A parents, but is a style common among both Type A and B parents. At this point, we can not determine whether this parenting style is the result of trying to guide an aggressive child or is related to the disposition or personality of the parent. Future research will be aimed at exploring the child's aggressive and impatience responses which may result from the parent's desire for the child's achievement and at examining parenting skills that may reverse aggressive and impatient behaviors instead of aggravating them.

Besides parental expectations, peer and teacher-child relationships also play a role in psychosocial development of the child. It is my belief that these relationships are interrelated and influence a child's mental and physical health. It was hypothesized that a child that scored high on Type A behavior would score low on the HRI, a measure of peer sociability and the child's ability to function well in the school environment. It was found that the teacher-rated impatience-aggression subscale of the MYTH was negatively correlated to HRI. Other studies have supported similar findings (Kurdeck & Lillie, 1985; Murray et al., 1986; Parker & Asher, 1987).

The results of this study suggest that parental competitive pressures to achieve were related to impatient and aggressive behaviors in children. The pressure to achieve and compete can come from a variety of sources: parents, peers and school. Competitive pressure to achieve is promoted throughout our culture (Margolis, McLeroy, Runyan, & Kaplan, 1983). Some degree of competitive pressure may even be desirable if the individual so chooses. But the source of the pressure may be an essential component in determining if the pressure is harmful. A person who enjoys his/her situation and strives to achieve through competitive means will probably not be as angry and aggressive as a person who is pushed to do something that they do not desire to do (i.e. Friedman & Booth-Kewley, 1987).

In conclusion, the results of the present study suggest that parenting styles which are associated with the competitive pressure to achieve may result in impatient and aggressive behaviors in children that have been found to be implicated in the progression of coronary heart disease. If Type A behavior originates in childhood, then the emphasis on competitiveness in parenting, school and our culture as a whole may be related to the prevalence of CHD in this country, and future research should be directed toward identification of factors that mitigate these effects.

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APPENDICES

APPENDIX 1

CHILDREN'S STRUCTURED INTERVIEW

I am going to ask you a few questions. There are no right or wrong answers and you may stop at anytime. Do you have any questions so far?

What are some of your favorite games? Do you like to win or do you just like to play for fun? How do you feel when you lose?

When you get in trouble at home or do something that your parents don't like, what happens? Do you get punished? How are you punished? Do you get to tell your side of the story?

When you get scared or upset about something, whom do you talk to?

What's your favorite subject in school? Are your parents picky about your grades? When your report card is not quite as good as it usually is what do your parents say? Use their words. Do your parents tell you when you do a good job? How does it make you feel?

Now I want you to look at these cards and tell me what is happening and how the child or children in the picture are feeling or what they are thinking.

Thank you, (child's name), you have been very helpful.

APPENDIX 2

PARENT QUESTIONNAIRE

1. Hard work and good grades are more important in determining a child's success as an adult than are social skills.
2. I have strict, well-established rules for my child.
3. It is important for my child to be exposed to as many cultural and physical activities as possible.
4. I encourage my child to do better than others.
5. I believe that children should not keep secrets from their parents.
6. My child is happy.
7. Concerning my child's schoolwork, there is always room for improvement.
8. Physical punishment like spanking is necessary in disciplining a child.
9. I want my child to make a good impression on others.
10. It is important to know how to compete well with others.
11. I find it difficult to punish my child.
12. My child tries as hard as he/she can to do a good job at home and at school.
13. In reality, the final grade is more important than the learning process.
14. I do not allow my child to question my decisions.
15. A child's behavior is a good measure of the parent.

This questionnaire was scored on a 5-point Likert scale. Questions 6, 11, and 12 were reversed scored.

APPENDIX 3

PARENT QUESTIONNAIRE SUBSCALE

Authoritarianism

2. I have strict, well-established rules for my child.

5. I believe that children should not keep secrets from their parents.

8. Physical punishment like spanking is necessary in disciplining a child.

14. I do not allow my child to question my decisions.

Achievement pressure

3. It is important for my child to be exposed to as many cultural and physical activities as possible.

4. I encourage my child to do better than others.

7. Concerning my child's schoolwork, there is always room for improvement.

10. It is important to know how to compete well with others.

13. In reality, the final grade is more important than the learning process.

VITA

Tina Harralson was born in Fort Knox, Kentucky on December 4, 1952. She attended elementary schools in Kentucky, Alabama, and North Carolina. She graduated from Marymount High School in May 1970. In 1974, she entered Northern Virigina Community College and transferred to University of Tennessee in Knoxville in 1976. She graduated from the University of Tennessee in August 1979 with a Bachelor of Science in Business Administration, majoring in Banking. She reentered the University of Tennessee in 1984 and graduated with honors in May 1985 with a Bachelor of Arts in Academic Psychology.

She began graduate studies in 1985 and entered the Psychology graduate program in 1986. In 1989, she was accepted into the Psychology doctoral program, and began a research assistantship with Dr. Kathleen Lawler. She was awarded a Master of Arts in Experimental Psychology in May 1991.

Her future work will involve teaching, and conducting research within the area of behavioral medicine, particularly, the origins of coronary-prone behavior in children and women..

She has three children, Alexander, John Rory, and Kathlyn.