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Extending Knowledge of Parents' Role in Adolescent Development: The Mediating Effect of Self

Sally BeVille Hunter
University of Tennessee - Knoxville

To the Graduate Council:

I am submitting herewith a dissertation written by Sally BeVille Hunter entitled "Extending Knowledge of Parents' Role in Adolescent Development: The Mediating Effect of Self." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Child and Family Studies.

<div align="right">Brian K. Barber, Major Professor</div>

We have read this dissertation and recommend its acceptance:

Vey M. Nordquist, John G. Orme, Heidi E. Stolz

<div align="right">Accepted for the Council:</div>

<div align="right">Carolyn R. Hodges</div>

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EXTENDING KNOWLEDGE OF PARENTS' ROLE IN ADOLESCENT DEVELOPMENT:
THE MEDIATING EFFECT OF SELF

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Sally BeVille Hunter
August 2009

DEDICATION

This dissertation is dedicated to my husband Lance whose support

made it possible for me to complete this degree, and to my son Isaac

who brings our family great joy.

ACKNOWLEDGEMENTS

I would like to express my gratitude to the many people who have helped me along the way to achieving this degree. First, I offer a warm thank you to my committee members, Dr. Mick Nordquist, Dr. Heidi Stolz, and Dr. John Orme, for their time, support, and advice. The patient mentoring and many kindnesses of my dissertation chair Dr. Brian K. Barber have been invaluable. I would like to express further gratitude to Dr. Barber for the opportunity to use the Ogden Youth and Families Project dataset for this work. I would also like to say thank you to Dr. Bryan Higgins, who was willing to walk me through many hours of statistical analyses and who assures me he would have done so even without the Copper Cellar burgers. These acknowledgements would not be complete without thanking Julie Schluterman, Heather Sedges Wallace, Juli Dolezal Sams, Lori Caudle, Andrea Marable, Bridget Hatfield, Keesha Chapman, Sid Collins, Brad Bull, Hannah McCreery, Robyn Brookshire, Katie Bargreen, Carolyn Spellings, Amy Richardson, Min-Jung Jung, Mingzhu Xia, and the many other C.F.S. graduate students who kept me smiling and encouraged me throughout the process. Finally, thank you to my family members (both immediate and extended) who have offered their unconditional love and support, and innumerable hours of free babysitting, to help me reach my goal of becoming Dr. Sally Hunter.

ABSTRACT

Much previous work has demonstrated the importance of parenting for adolescents' psychosocial functioning. Barber, Stolz, and Olsen's (2005) recent monograph contributed in organizing and specifying the voluminous literature on parent-child/adolescent literatures by documenting specific paths among three commonly-studied dimensions of parenting (i.e., support, psychological control, and behavioral control) and three salient adolescent outcomes (i.e., social initiative, depression, and antisocial behavior). They did not, however, explore the possible mechanisms that underlie the consistent parenting effects they and others have found.

Theory suggests that the adolescent self would be a logical mediator of the effects of parenting. Further, measures of the self, such as self-esteem, have consistently been linked to various aspects of adolescents' psychosocial functioning (e.g., particularly depression and antisocial behavior). The relatively limited empirical work that has tested self as a mediator of the relationship between parenting and adolescent outcomes has typically not been conducted multivariately (i.e., with multiple parenting and adolescent outcome variables in the same model) or across time.

Therefore, through a systematic extension of the recent parenting model (Barber et al., 2005), the present study contributes to the literature by theoretically specifying and testing one key mechanism of parenting's effects on adolescents' psychosocial functioning. In particular, this study proposed that self-esteem partially mediates the effects of both parental support and parental psychological control on adolescent outcomes, in males and females. The tests of this theoretical extension were conducted with longitudinal data, in order to lend greater support to a causal model.

Results indicated that self-derogation (the negative component of global self-esteem) was an appropriate measure of adolescent self. Self-derogation mediated the effect of parental psychological control on adolescent depression and antisocial behavior. In other words, for the youth in this data set, the reason parental psychological control was associated with adolescent problem behaviors one year later was the degree of the youths' self-derogation which resulted from parental psychological control. The effects of parental support and behavioral control were not mediated by self-derogation. Implications and suggestions for future research are discussed.

TABLE OF CONTENTS

LIST OF FIGURES

CHAPTER I: STATEMENT OF THE PROBLEM

Much previous work has demonstrated the importance of parenting for adolescents'

psychosocial functioning (e.g., psychological well-being, self-esteem, and lack of internalizing

and externalizing problem behaviors). Barber, Stolz, and Olsen's (2005) recent monograph

contributed in organizing and specifying the voluminous literature on parent-child/adolescent

relations by documenting specific paths among three commonly-studied dimensions of parenting

(i.e., support, psychological control, and behavioral control) and three salient adolescent

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explore the possible mechanisms that underlie the consistent parenting effects they and others

have found.

Theory suggests that the adolescent's self would be a logical mediator of the effects of

parenting. For example, Cooley's (1902) "looking glass self" principle stipulates that adolescents

notice the responses of "significant others" (Mead, 1934) and then take those appraisals into

account as they create and evaluate their own sense of self. As parents are most certainly

"significant others" in the lives of adolescents, it follows that adolescents would internalize both

parents' appraisals of them and parents' behaviors toward them as they develop their selves.

Further, measures of the self, such as self-esteem, have consistently been linked to various

aspects of adolescents' psychosocial functioning (e.g., particularly depression and antisocial

behavior). But the relatively limited empirical work that has tested self as a mediator of the

relationship between parenting and adolescent outcomes has typically not been conducted

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Therefore, through a systematic extension of the recent parenting model (Barber et al., 2005), the present study contributes to the literature by theoretically specifying and testing one key mechanism of consistently-documented parenting's effects on adolescents' psychosocial functioning. In particular, this study proposed that adolescent self-esteem partially mediates the effects of both parental support and parental psychological control on adolescent outcomes, for both males and females. The tests of this theoretical extension were conducted with longitudinal data, in order to lend greater support for a parent-effect, causal model.

Outline of the Dissertation Proposal

Chapter II, the review of the literature, begins by acknowledging the voluminous research which has documented the importance of parenting for the development and well-being of children and adolescents. In Maccoby and Martin's (1983) extensive review of parental socialization, the authors concluded that it is beneficial for parents to possess high levels of both responsiveness and demandingness. Effective parenting, such as this, has been shown to be associated with many positive outcomes for children and adolescents, while ineffective parenting predicts maladaptation in several forms.

The chapter then specifies and defines the specific dimensions of parenting that have been shown to be particularly relevant to child and adolescent psychosocial functioning. Two behavioral dimensions of parenting—"support" and "control"—have been widely researched (see Rollins & Thomas, 1979, for a review). Parental support, or warm and nurturing parenting, promotes a variety of positive adolescent outcomes. The "control" dimension of parenting has been separated into behavioral control (e.g., monitoring children's activities) and psychological control (i.e., manipulative, intrusive parenting), and adolescents have been shown to benefit from more parental behavioral control and less parental psychological control (e.g., Steinberg, 1990).

The chapter proceeds to review the theoretical and empirical research on self-concept and self-esteem, emphasizing four main theories of self-esteem which are important for understanding the workings of the adolescent's sense of self. Self-Evaluation Theory (Sedikides & Strube, 1997) advocates that all people seek self-enhancement as part of the process of establishing a healthy self-concept. The Self-Esteem Maintenance model (Tesser, 1988, 2000) proposes that people seek to maintain or enhance self-esteem and also acknowledges that they are involved in this process based on varying motives. Sociometer Theory (Leary & Baumeister, 2000) hypothesizes that the quest for self-esteem is linked to the desire for social belongingness, and the Self-Esteem Hypothesis (Abrams & Hogg, 1988) states that this desire for belongingness can extend even to the exclusion of and discrimination against others. Implications of the theories for parenting adolescents, as well as implications of the theories for adolescent outcomes, are also presented in the chapter.

After the discussion of self-esteem theories, a section is included on accountability in the use of the self-esteem construct. Guindon's (2002) review of self-esteem studies is mentioned, as she made careful observations about the uses and misuses of the self-esteem construct. Another section is included which presents an argument for the separation of global self-esteem into two dimensions because several studies have shown that the most common index of self-esteem (the Rosenberg Self-Esteem Scale, 1965) factors into these two dimensions. These are typically referred to as "positive self-esteem" and "self-derogation," and some work (e.g., Owens, 1994) has shown the two dimensions are associated with different outcomes. It appears that the adjective "positive" is redundant and unnecessary, and thus in this study the two dimensions will be labeled "self-esteem" and "self-derogation."

Next, the chapter reviews empirical work on the influence of parenting dimensions on adolescents' sense of self as well as the documented outcomes of adolescent self-esteem. Studies have shown that parental support and parental behavioral control are associated with higher adolescent self-esteem, while parental psychological control is associated with lower adolescent self-esteem. Higher levels of adolescent self-esteem are predictive of fewer internalizing (e.g., depression) and fewer externalizing (e.g., antisocial behavior) problems, as well as greater social competence.

The chapter continues with an examination of the research on self-esteem as a mediator between aspects of parenting and adolescent outcomes. Research has shown that self-esteem partially mediates the relationship between parental support and adolescent outcomes, as well as partially mediating the relationship between parental psychological control and adolescent outcomes. However, research has not found that self-esteem mediates the relationship between parental behavioral control and adolescent outcomes.

After a section summarizing the theoretical and empirical work mentioned above, the chapter proceeds to the specific hypotheses for the current study. Overall, it was hypothesized that the two dimensions of global self-esteem (i.e., self-esteem and self-derogation) would be directly associated with all three adolescent outcomes that were tested in the monograph model being extended in this dissertation (i.e., social initiative, depression, and antisocial behavior). Also, I hypothesized that both dimensions of self-esteem would serve as partial mediators of the relationship between parental support and adolescent social initiative, between parental support and adolescent depression, between parental psychological control and adolescent depression, and between parental psychological control and adolescent antisocial behavior. I further

4

hypothesized that neither self-esteem nor self-derogation would mediate the relationship between parental behavioral control and adolescent antisocial behavior.

Chapter III presents the methodology of the dissertation, including details about the data set that was used. The data came from the Ogden Youth and Family Project, a longitudinal, cohort-sequential design funded by the National Institute of Mental Health (NIMH). Nine hundred thirty-three families with adolescent children were surveyed between 1994 and 1997. This dissertation utilized adolescents' reports of parenting from 1996 (Year 3 of the project) and adolescents' self-esteem and outcome measures from 1997 (Year 4 of the project).

Chapter III also provides information about the specific measures used in the study. All items from each measure used in the study are presented. Analyses included exploratory factor analysis of Rosenberg's (1965) global self-esteem scale, as well as the testing of direct effects and mediating effects of the proposed model via structural equation modeling.

Chapter IV provides further details of the analyses performed in the present study. After a section describing how the data were prepared for the analyses, the four main sections of analyses are presented: (a) confirmation of the Barber et al. (2005) parenting model, (b) factor analysis of the Rosenberg (1965) global self-esteem measure, (c) satisfaction of conditions required for testing a mediational model, and (d) modeling self as a mediator between parenting and adolescent outcomes.

Chapter V includes a discussion of the findings. It was found that self-derogation was an appropriate measure of the adolescent self; it mediated the effects of parenting and explained a portion of the variance in youth outcomes. Self-derogation (the negative component of global self-esteem) mediated the association between parental psychological control and adolescent depression, and it mediated the association between parental psychological control and

adolescent antisocial behavior. In Chapter V, I discuss the implications of (a) self-derogation as an effective measure of self, (b) bivariate findings related to parenting, self, and outcomes, and (c) self as a mediator of parenting effects.

At the end of the chapter, limitations of the study are discussed. Also, a summary of the study's contributions is provided along with suggestions for future research and implications for parents of adolescents and educators working with parents.

CHAPTER II: LITERATURE REVIEW

Across many disciplines, scholars have worked to document the importance of parenting for the development and well-being of children and adolescents. Effective parenting has been linked with multiple positive outcomes for children and adolescents, while ineffective parenting has been shown to predict maladaptation in several forms. Maccoby and Martin (1983) reviewed much of the parenting literature and concluded that parents play a crucial role in the socialization of their children. Specifically, Maccoby and Martin proposed a four-fold classification of parenting patterns and noted that the optimal parenting style would include high demandingness and high responsiveness. Voluminous bodies of literature have been devoted to such topics as establishing the parent-child relationship (e.g., Ainsworth & Bell, 1974; Bowlby, 1969a, 1969b), theorizing dimensions of parenting (e.g., Schaefer's (1959) warmth/ hostility and control/ autonomy; Baumrind's (1971) demandingness and responsiveness), and noting the specific contributions of fathers and mothers (e.g., Lamb (1976); Amato (1994)). Many researchers have found that positive parenting (often characterized by high levels of support and behavioral control, and low levels of psychological control, as noted in Barber et al., 2005) is predictive of positive youth outcomes.

The Connection Between Parenting and Adolescent Psychosocial Functioning

The parent-adolescent relationship, in particular, has received attention from researchers because of developmental changes that are experienced by both parents and children during this stage of the life cycle. Many parents have described adolescence as the most difficult stage of parenting (Gecas & Seff, 1990). Though scholars have historically characterized adolescence as a time of storm and stress for adolescents and their parents (e.g., Hall, 1904; Freud, 1958), more

7

recent work has challenged this viewpoint and found that most families of adolescents cope successfully with this time of transition (cf. Offer, Ostrov, Howard, & Atkinson, 1988). Scholars and clinicians agree that adolescents undergo significant physical, emotional, and socio-cognitive changes, and researchers have demonstrated that there are certain parental behaviors that promote healthy adjustment to the changes of adolescence.

Of the research that has focused on behavioral dimensions of parenting, the two most widely researched dimensions are "support" and "control" (cf. Darling & Steinberg, 1993; Gecas & Seff, 1990; Rollins & Thomas, 1979; Steinberg, 1990). The "support" dimension includes warmth, nurturance, and affection offered to the child, while the "control" dimension includes disciplinary and regulatory behaviors. Investigating effects of parental support, Rollins and Thomas reviewed studies that included several child outcome variables; findings indicated that parental support was associated with positive outcomes (e.g., greater self-esteem, greater instrumental competence, less antisocial aggression, less drug abuse, and less social incompetence). When discussing the second, widely researched dimension of parenting (i.e., control), Rollins and Thomas highlighted the multidimensional nature of the construct. The authors mention the work of Schaefer (1965a, 1965b), who drew attention to this need for distinction in two articles describing his attempt to separate psychological control (i.e., manipulative, intrusive parenting) from behavioral control (i.e., monitoring children's activities).

Despite the need for refinement of the construct, several components of parental control have been identified as influential. For example, researchers have noted that such components as protectiveness, supervision, surveillance and monitoring, and clarity of rules have been linked to positive adolescent outcomes (Gecas & Seff, 1990; Maccoby & Martin, 1983). These components measure behavioral control, a construct which has consistently been viewed as

positive. Further research has demonstrated that psychological control (i.e., manipulative, intrusive parenting) typically produces negative outcomes, such as adolescent depression and antisocial behavior (Barber, 1996; Barber et al., 2005).

Recently, Barber et al. (2005) conducted a study of over 10,000 adolescents in 10 nations or ethnic groups in Africa, Asia, Europe, the Middle East, and North and South America in which they studied the effects of parenting on the psychosocial well-being of adolescents. The dual purposes of the study were (a) to identify the commonly measured dimensions of parenting and (b) to specify the effects of the parenting dimensions on discrete aspects of adolescents' functioning. The researchers used multivariate modeling for the study, which allowed them to test for unique/specialized effects of the parenting dimensions rather than assuming that all parenting dimensions were associated with all adolescent outcomes. Results included both US longitudinal data and cross-sectional data from ten cultures and were remarkably consistent. The findings indicated that at fundamental levels parent-adolescent relationships function similarly across multiple cultures. Specifically, in all cultures more parental support (i.e., warmth, nurturance) was linked to higher adolescent social competence and lower depression; higher levels of parental psychological control (i.e., manipulative, intrusive parenting) were associated with higher rates of depression and antisocial behavior among adolescents; and more behavioral control (i.e., monitoring children's activities) was linked to lower rates of adolescent antisocial behavior. A graphic representation of Barber et al.'s findings is presented in Figure 1.

Despite the strength of the Barber et al. (2005) work in terms of number and diversity of adolescents studied and the commonality of the findings across cultures, important questions remain. In particular, what their model did not attempt was an explanation of why or how

9
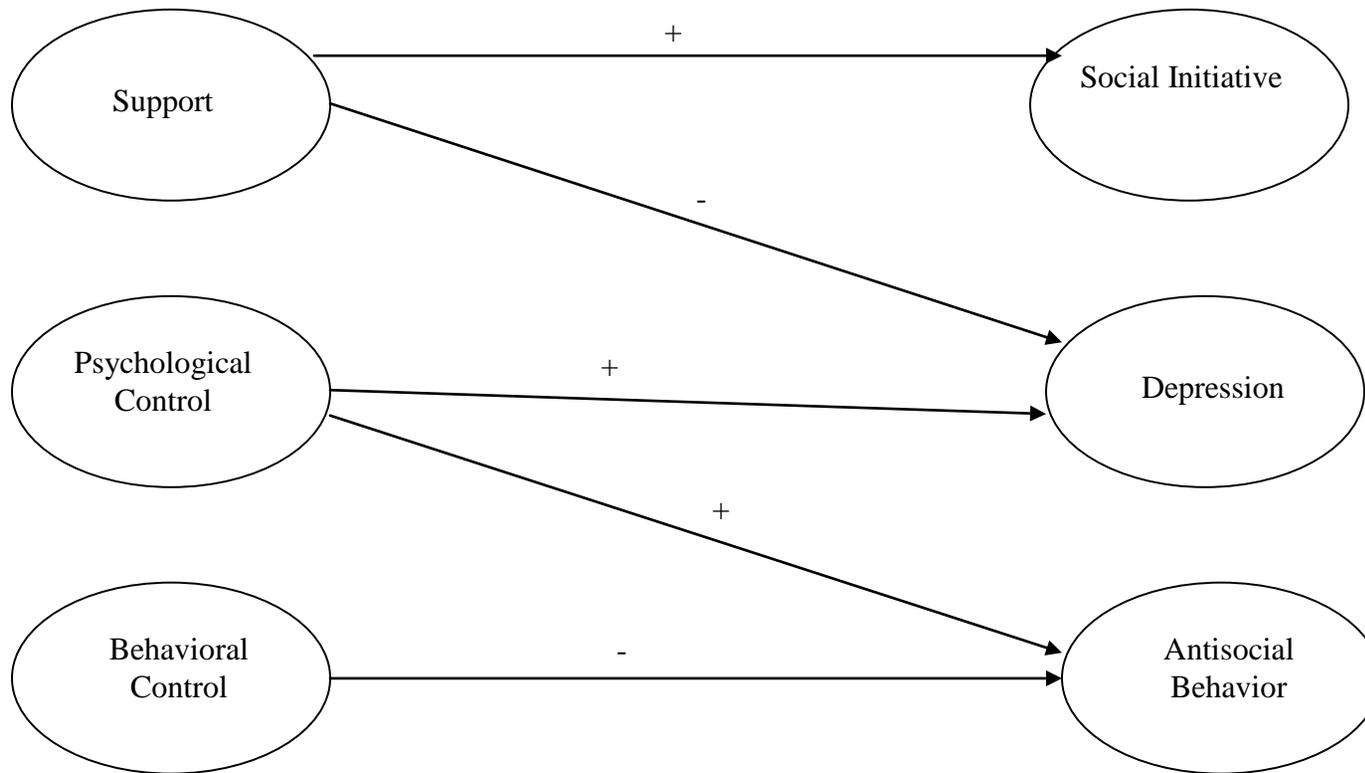
Figure 1. *Barber, Stolz, and Olsen's (2005) Model of Parent-Adolescent Relations*

Note. A + denotes a positive relationship between two variables, while a – denotes a negative relationship.

experiences with parents facilitate positive development. For example, does effective parenting

directly impact adolescents' individual characteristics, such as their sense of self, which in turn

equips adolescents to function more effectively psychologically and socially? Identification of

such mediators is important because it will allow us to better understand the mechanisms through

which dimensions of parenting operate. This dissertation focuses specifically on self as a

mediator of the effects of parenting dimensions on adolescent functioning.

<center>Conceptualizations of Self-Concept and Self-Esteem</center>

Scholars have been documenting the importance of the self-concept for over 100 years.

Early writings about the self-concept were published by James (1890), Cooley (1902), and Mead

(1934). These early theorists worked to distinguish between the "I" and the "me," and each

examined the world through a social-psychological perspective. Noting the importance of others'

behaviors and particular reactions to us, they hypothesized that while one embarks upon an

individual journey to develop the self, there are major parts of the self which are socially

constructed. In 1982, Viktor Gecas reviewed much of the published work on the self-concept. In

discussing the relationship among several "self"-terms, Gecas noted that each person is engaged

in the *process* of reflexivity, or developing the self. The self-concept is the *product* of one's

reflective process. According to Gecas's (1982) review, there are three motives associated with

the self-concept. We are motivated to maintain a view of the self as active and agentic (the self-

efficacy motive), to maintain a positive conception of the self (the self-esteem motive), and to

maintain consistency and continuity in the self-conception (the consistency motive). While all

three of these motives have been documented as integral to the self-concept, Gecas proposed

self-esteem as the principal evaluative component of the self-concept. In other words, the way in

<center>11</center>

which one's self is conceptualized at a given moment can be best captured by measuring one's level of self-esteem.

Rosenberg's (1965) Global Self-Esteem

One scholar who has been instrumental in advancing the construct of self-esteem is Morris Rosenberg. Rosenberg's (1965) 10-item scale, which measures global self-esteem, is one of the most reliable, valid, and widely used measures of self-esteem available to researchers today. Rosenberg (1979) conceptualized self-esteem as the most important single aspect of the self-concept and noted self-esteem's (positive) correlations to psychological well-being and (negative) correlations to psychological disturbances. In a chapter dedicated to defining the meaning of self-esteem, Rosenberg (1989) reflected that when one has high self-esteem, one perceives the self as "good enough" rather than "very good" (p. 30). Thus, high self-esteem is not to be equated with feeling superior to others, but rather high self-esteem indicates a perception of oneself as a person of worth. As Rosenberg (1989) stated,

> When we speak of high self-esteem, then, we shall simply mean that the individual respects himself, considers himself worthy; he does not necessarily consider himself better than others, but he definitely does not consider himself worse; he does not feel that he is the ultimate in perfection but, on the contrary, recognizes his limitations and expects to grow and improve. Low self-esteem, on the other hand, implies self-rejection, self-dissatisfaction, self-contempt. The individual lacks respect for the self he observes. The self-picture is disagreeable, and he wishes it were otherwise (p. 31).

Though Rosenberg's work on measuring and theorizing about the self-concept has been extensive, he is certainly not the only scholar dedicated to this pursuit. Susan Harter (1982), who designed the widely used Perceived Competence Scale for Children, hypothesized that all

12

persons (including children as young as eight years) develop a type of self-theory, which includes not only one's self-esteem, but also one's levels of competence in different skill domains. Harter proposed that individuals have the capacity to keep separate their judgments about specific abilities and their feelings of general self-worth. Though Harter advocated the importance of both perceived competencies and general self-worth, she clearly stated that self-esteem is the one, superordinate construct which represents one's overall judgment about one's self.

Theories of Self-Esteem

Many modern theorists are in agreement with Harter about the importance of the self-esteem construct. In reviewing the extensive body of self-esteem research, I found four fully articulated theories dedicated to modeling the nature and functions of self-esteem. I present here a brief review of each of those four theories, followed by a discussion of how dimensions of parenting have been shown to influence adolescents' self-esteem and how adolescents' self-esteem predicts certain psychosocial outcomes.

Self-Evaluation Theory

Sedikides and Strube (1997) proposed that the self-concept is socially negotiated and modified through the process of self-evaluation. The product of one's self-evaluation, as noted by Gecas (1982), may be observed by one's level of global self-esteem. Sedikides and Strube's Self-Evaluation Theory provided four motives for this evaluation of self. First, the researchers proposed that people are motivated to elevate positivity and decrease negativity in the conception of self (the self-enhancement motive). Second, they proposed that people are motivated to preserve consistency between their current self-conception and any newly acquired information that is self-relevant (the self-verification motive). Third, people are motivated to augment the

13

level of certainty that they have in their knowledge of self (the self-assessment motive). And fourth, people are motivated to focus on changing the self for the better (the self-improvement motive). If the processes of self-enhancement, self-verification, self-assessment, and self-improvement are successful, then one will have a positive self-evaluation, also manifested as a high level of self-esteem.

After documenting evidence in support of each of the four motives for self-evaluation, Sedikides and Strube (1997) proposed a theoretical model, the Self-Concept Enhancing Tactician (SCENT) model. The SCENT model assumes that the four motives for self-evaluation can be integrated into one model because each motive is adaptive for the self-concept. An underlying postulate of the model is that the majority of the functions of self-evaluation are served by the self-enhancement motive. In fact, the authors even suggested that each of the three other motives (self-verification, self-assessment, and self-improvement) serve the ultimate purpose of enhancing the self. Through maintaining consistency, reducing uncertainty, and creating a sense of progress and improvement, people ultimately increase levels of self-esteem (thus enhancing the self). Sedikides and Strube maintained that each of the four motives is active at differing times, based on moderating variables such as task diagnosticity and consequentiality of outcomes.

In summary, the theory suggests that the quest for higher self-esteem is motivated in different ways based on time or situation, but that ultimately all people seek to enhance their self-esteem as part of the process of establishing a healthy self-concept. Because adolescence is a time of heightened self-awareness, and adolescents spend much psychic energy developing the self, it follows that adolescents would be particularly interested in self-enhancement and perhaps particularly vulnerable to the appraisals of family members and peers.

Specific implications of Self-Evaluation Theory for parenting adolescents can be drawn based on careful consideration of the proposed motives for self-esteem. For example, the self-enhancement motive points to the importance of elevating positive self-views and decreasing negativity. As parental support (i.e., warm and supportive parenting) has regularly been shown to positively influence adolescents' selves (a detailed review of empirical studies is presented later in the paper), one can conclude based on those studies and Self-Evaluation Theory that higher levels of parental support for adolescents would be important for self-enhancement and thus greater self-esteem. As parental psychological control (i.e., controlling, manipulative parenting) has been shown to predict depression and negativity among adolescents (again, a detailed review of this body of work follows later in the paper), both empirical work and the self-enhancement motive of the Self-Evaluation theory would suggest that less parental psychological control would be in the best interests of adolescents who are trying to decrease negativity on the way to achieving higher self-esteem. The other three motives presented in the Self-Evaluation Theory (i.e., self-verification, self-assessment, and self-improvement) could also quite naturally be assisted or thwarted by parents of adolescents; for instance, a parent who attempts to influence his or her child by inducing shame and guilt would certainly negate the progress the adolescent might have been making with respect to self-verification and self-improvement.

As to implications of the Self-Evaluation Theory for adolescent outcomes, Sedikides and Strube noted that children develop the ability to examine their own permanent qualities or dispositional characteristics between the ages of nine and eleven years. By mid-adolescence, children are able to self-evaluate while also being carefully attuned to others' evaluations of them. According to Self-Evaluation Theory, adolescents are especially concerned with self-assessment and self-improvement, and they explore these motives through social interactions.

15

Thus, an adolescent who experienced positive peer relationships would be likely to perceive himself or herself positively, while an adolescent who experienced many difficulties with peers might feel depressed.

Self-Esteem Maintenance Theory

Tesser's (1988, 2000) Self-Esteem Maintenance (SEM) theory has similar assumptions to Self-Evaluation Theory, also hypothesizing that people are motivated to maintain higher levels of self-esteem. The basic premise of SEM theory is that task performance in the presence of other individuals has the ability to increase or decrease self-esteem, and produce either positive or negative affect, based on the self-relevant nature of the task. On highly self-relevant tasks, being outperformed by a friend or colleague causes lowered self-esteem and negative affect; while on tasks that are low in self-relevance, being outperformed can enhance self-esteem and positive affect. According to the theory, the reason that one may be able to increase self-esteem and positive affect in the midst of being outperformed is that, when the task is low is self-relevance; one is "free" to celebrate a friend's accomplishments. The mechanisms of self-esteem maintenance, which include (a) social comparison, (b) cognitive dissonance, and (c) self-affirmation, are quite similar to the motives for self-evaluation proposed by Sedikides and Strube (1997).

Thus, both theories affirm that it is important to people that self-esteem is maintained and even heightened, and that the maintenance and enhancement of self-esteem can be achieved through a variety of motives or mechanisms. As the majority of adolescents reside with their parents, there is great potential for parents to observe (and appraise) adolescents' task performance; thus, according to Self-Esteem Maintenance theory, there is great potential for parents to influence adolescents' overall self-esteem via voicing opinions about adolescents

16

ability (or lack of ability) relative to a given task performed in their presence. Parents who are supportive of their children during and after task performance are likely to boost the adolescents' self-esteem. On the other hand, parents who are critical and who try to control adolescents' thoughts and feelings during the task performance process are at high risk for damaging adolescents' self-esteem, particularly when this parental behavior occurs in conjunction with tasks that are high in self-relevance.

Regarding implications of SEM theory for adolescent outcomes, because of the theory's emphasis on task performance as a determinant of higher or lower self-esteem, adolescents (who are typically enrolled in school, and thus constantly performing tasks in the presence of others) are of particular interest. According to SEM theory, it is likely that adolescents who are regularly successful in task performance would feel better about themselves and thus more comfortable initiating social relationships with peers. However, adolescents who perform tasks poorly (and especially those who perform poorly with some regularity) would be at risk for negative psychosocial outcomes, such as a lack of psychological well-being and/or an inability to relate well to peers.

Sociometer Theory

Leary and Baumeister's (2000) Sociometer Theory states that humans are "strongly and pervasively concerned with self-esteem" (p. 1). According to Leary and Baumeister, the reason for this concern is that self-esteem operates as an internal, psychological monitor of one's level of social belongingness. The authors acknowledge Sedikides and Strube's (1997) view that people seek consistent and self-enhancing feedback, and they emphasize that higher self-esteem has been shown by developmental psychologists to be adaptive in a variety of ways. However, Leary and Baumeister propose that the function of self-esteem is not to promote positive

17

outcomes, but rather to act as a gauge or monitor of one's acceptance by other people. In this view, having high self-esteem would mean that one views the self as desirable for inclusion into groups and close relationships, while having low self-esteem would mean that one views that self as ineligible for inclusion in social groups. The authors suggest that this need to belong may even be traced back to evolutionary selection, in which the young who are members of a family or group have much higher survival odds than those who are alone.

The main premise of the Sociometer Theory is that one's level of self-esteem is indicative of the quality of one's actual and potential relationships. Leary and Baumeister do not suggest that this process of monitoring others' reactions to them occurs at a conscious level, but rather that the process is automatic or pre-conscious. Thus, what is likely to be manifest is a concern about self-esteem, rather than a concern for social belongingness. Recognition of the larger implications of one's self-esteem concerns (i.e., one's internal sociometer) is that which is most important to Leary and Baumeister's theory.

Parents of adolescents have the opportunity to play a particularly important role in bolstering their children's internal sociometers; according to the principles of Sociometer Theory, parents who offer unconditional acceptance and inclusion to their adolescents may significantly increase the likelihood that the adolescents will develop a positive view of themselves as desirable for inclusion (i.e., increasing self-esteem). Conversely, those parents who do not freely offer inclusion, or who induce guilt and try to manipulate adolescents' thoughts about with whom they belong, would make it likely that adolescents develop a negative view of themselves and feel unaccepted and unloved.

With respect to implications of the Sociometer Theory for adolescent outcomes, Leary and Baumeister noted that changes in self-esteem are typically accompanied by affective

changes. The theorists reviewed empirical research demonstrating that both real and imagined relational devaluation have been associated with anxiety, loneliness, and depression. On the other hand, belongingness and social support have been shown to act as buffers against negative psychological outcomes and even to promote psychological well-being. According to this body of work, adolescents who have a well-developed and positive sociometer (i.e., good feelings about one's actual and potential relationships) would be more likely to have higher overall well-being and less depression. It is likely that adolescents who are happier, and who have fewer depressive symptoms, would relate in more positive ways with their families and peers.

Self-Esteem Hypothesis

Taking Leary and Baumeister's (2000) notion of the desire for social belongingness one step further, Abrams and Hogg's (1988) Self-Esteem Hypothesis (SEH) maintains that people are so concerned with the need for self-esteem that they engage in intergroup discrimination. In other words, not only do people want to belong to a social group; they also want their group to be superior to other social groups. The SEH is based on research which uses the minimal group paradigm. In this body of literature, research participants are divided into an in-group or an out-group, and researchers then simulate social relations in this context. Scholars using the minimal group paradigm have learned that the motives for self-evaluation and self-enhancement are quite prevalent when participants are divided into these groups. Research participants desire for their group to be both cohesive and distinctive, thus elevating each group member's self-esteem by clarifying his or her social identification. Though Abrams and Hogg acknowledge that further research needs to be conducted with real social groups, the SEH does provide support for the notion that the desire for high self-esteem can partially explain discriminatory behavior.

Implications for parents of adolescents from this Self-Esteem Hypothesis might be similar to the implications of the Sociometer Theory; it is important for parents to offer their children inclusion into the family in-group so that there is not a need for children to prove themselves worthy, while perhaps feeling worthless in the process. Warm and supportive parents would likely find it quite natural to include their children in family processes. Alternately, parents who engage in psychological control of their adolescents may threaten exclusion of children from the family in-group as a strategy for increasing family loyalty; this strategy is psychologically unhealthy and potentially very damaging for adolescents' selves.

As to implications of the Self-Esteem Hypothesis for adolescent outcomes, one potential outcome of negative experiences with in-groups and out-groups would be engagement in antisocial behavior. Peer groups are extremely important to adolescents, and feeling excluded from an in-group could lead to actions that are destructive to other people (e.g., attempts to get revenge on those who have excluded the adolescent from the in-group). It is also likely that feeling excluded from an in-group would cause an adolescent to have feelings of depression and loneliness.

Summary of Self-Esteem Theories

In summary, each of the four theories of self-esteem helps to elucidate the importance of the self-esteem construct for gaining a better understanding of how self is understood, evaluated, and enhanced by the individual. The Self-Concept Enhancing Tactician model of the Self-Evaluation Theory (Sedikides & Strube, 1997) advocated that, although people may seek higher self-esteem with differing motivations in different situations, ultimately all seek self-enhancement as part of the process of establishing a healthy self-concept. The Self-Esteem Maintenance model (Tesser, 1988, 2000) proposed that people seek to maintain or enhance self-

esteem, and also acknowledged that people are involved in this process based on varying motives. Sociometer Theory (Leary & Baumeister, 2000) hypothesized that this quest for self-esteem is linked to the desire for social belongingness, and the Self-Esteem Hypothesis (Abrams & Hogg, 1988) stated that this desire for belongingness can extend even to the exclusion of and discrimination against others.

Implications of Self-Esteem Theories for Parenting

As to implications of these four theories for parents of adolescents, each of the theories made clear the importance of others' appraisals for the development of higher self-esteem. Parents are naturally situated in a position to offer frequent appraisals of their adolescents' behaviors and attitudes. Supportive parents are able to offer their children warmth, encouragement, and inclusion into the family in-group, thus enhancing children's levels of self-esteem. On the other hand, parents who use psychological control to convince adolescents to ignore their own developing selves and instead succumb to parents' wishes are likely to damage the self that is being formed by the adolescent. By being mindful that adolescents are in the process of determining the person they want to be, and also considering the importance of reflected appraisals for this task, parents can have a strong positive effect on the self that is developed by the adolescent.

Implications of Self-Esteem Theories for Adolescent Functioning

Regarding the implications of the self-esteem theories for adolescent outcomes, it is noteworthy that adolescents develop the self primarily through social interactions. Positive experiences with family groups and peer groups are likely to lead to increased overall well-being and less likelihood of depression or dissatisfaction with the self. Alternately, negative experiences with family and peers could cause an adolescent to feel inadequate in social

21

relations, as well as feeling depressed and being more likely to engage in destructive and/ or antisocial behaviors.

Upon review of these four self-esteem theories, the importance of self-esteem becomes quite clear. Perhaps because of the construct's importance and prevalence, some scholars have dedicated themselves to asserting the need for accountability in the use of the self-esteem construct.

Accountability in the Use of the Self-Esteem Construct

Guindon (2002) conducted a review of self-esteem research and noted that, though scientists and practitioners from a variety of disciplines have researched self-esteem, there has been a lack of attention to consistency in use of the self-esteem construct. Guindon cautioned that because self-esteem is conceptualized and operationalized in several different ways, it is unwise to draw conclusions across studies without revisiting each individual study's assumptions. Guindon provided a listing of commonly used self-esteem assessments, and a comparison showed that the assessments varied with respect to (a) whether global self-esteem or selective self-esteem was measured, (b) whether response format was forced-choice (e.g., yes/no) or structured along a Likert-type scale, and (c) whether the scale was subject to social desirability of responses and/ or skewed in a particular direction. At the conclusion of the work, Guindon's primary recommendation was that researchers and practitioners work toward consistency and responsibility in the definition and assessment of self-esteem so that self-esteem interventions might be more effective.

Like Guindon (2002), Rosenberg, Schooler, Schoenbach, and Rosenberg (1995) drew attention to the nuances in the measurement of self-esteem. Rosenberg et al. argued that global self-esteem and specific self-esteem are different concepts, and that the outcomes related to each

concept offer evidential support of their differences. The authors demonstrated in a longitudinal study of 2,213 tenth-grade boys in the US that global self-esteem was more strongly related to measures of psychological well-being, while specific (academic) self-esteem was the better predictor of performance at school. In other words, global self-esteem is most relevant to overall psychological well-being, while specific self-esteem is more likely to predict specific behaviors. Because my interest lies in adolescents' overall psychological well-being, I used Rosenberg's (1965) measure of global self-esteem in the present study. Responses to the Rosenberg self-esteem items are structured along a 5-point Likert-type scale, which allows participants to provide feedback that is more expansive and nuanced than a forced-choice response. Half of the items on the scale are worded positively, while the others are worded negatively, such that a person with higher self-esteem would not always choose "strongly agree."

Self-Esteem versus Self-Derogation

Importantly, further research has shown that Rosenberg's (1965) measure of global self-esteem can be broken down into two dimensions: positive self-esteem (i.e., an overall positive evaluation of one's self) and self-derogation (i.e., a negative evaluation of one's self). Kaplan and Pokorny (1969) stated that, "major motivational goals of any individual are maintenance, restoration, or attainment of positive self-attitudes *and* the avoidance of negative self-feelings" (p. 421, emphasis added). Indeed, the four self-esteem theories reviewed earlier alluded to this same principle: by seeking to enhance one's self-esteem, one is necessarily also suppressing the negative aspects of one's self. Kaplan and Pokorny's study of 500 US adults indicated that higher levels of self-derogation were directly and consistently associated with reported psychophysiological symptoms such as more anxiety and more depressive affect. Additionally, several more recent studies have confirmed Kaplan and Pokorny's findings.

23

Openshaw, Thomas, and Rollins (1981) conducted a study of 184 US families with adolescents and used varimax-rotated factor analysis to determine that five items from the Rosenberg Self-Esteem Scale loaded onto one, positive self-esteem factor, while three items from the Rosenberg Self-Esteem Scale loaded onto another, self-derogation factor. Data from other studies (e.g., Barber, 1987; Barber, Chadwick, & Oerter, 1992; Shagle & Barber, 1993) supported Openshaw et al.'s factor loadings for positive self-esteem and self-derogation. Shagle and Barber's (1995) study of 473 US White fifth, eighth, and tenth graders demonstrated that self-derogation was the strongest predictor of adolescent suicidal ideation when put into a model with general family conflict, parent-child conflict, and parental acceptance. As noted in Chapter I, because the aforementioned term "positive self-esteem" is somewhat redundant, simply "self-esteem" is used throughout the balance of the dissertation.

Owens (1994) re-examined data from Bachman's (1974) study of 2,213 US tenth-grade males using structural equation modeling to separately compare the effects of positive self-worth and self-derogation on grades, depression, and delinquency. Owens found a positive reciprocal association between grades and positive self-worth, while grades had only a one-way association with global self-esteem (specifically, higher grades predicted higher self-esteem, but higher self-esteem did not predict higher grades). Regarding depression, Owens found that global self-esteem had a negative reciprocal relationship and self-derogation had a positive reciprocal relationship with depression; depression also had a negative effect on positive self-worth (but level of positive self-worth did not predict depression). Regarding delinquency, Owens found that both higher global self-esteem and higher positive self-worth predicted less delinquency, and that less self-derogation predicted less delinquency. The level of delinquency did not predict any of the measures of self-esteem. In sum, researchers who use Rosenberg's (1965) measure of

global self-esteem should seriously consider breaking down the scale into its component parts, because different (and conceivably, more accurate) results may be obtained as a result of this decision. Given the consistency of the findings of the two-dimensional structure of the Rosenberg Global Self-Esteem scale, I chose to consider this distinction in the formation of hypotheses. (At the beginning of the analyses, a factor analysis was conducted to confirm the appropriateness of the two-dimensional structure in the data set used for this study.)

Influence of Parenting on Adolescents' Sense of Self

While some have focused their studies on defining and clarifying the constructs related to the self, others have taken an interest in whether and how certain aspects of parenting can contribute to or detract from adolescents' sense of self. As noted above in the implications of the four self-esteem theories, parents of adolescents are uniquely situated in a position to offer myriad reflected appraisals and thus greatly contribute to (or detract from) adolescents' sense of self. The most common outcome variable in the research on parenting and the adolescent self is self-esteem, as many researchers acknowledge that self-esteem is the evaluative component of adolescents' self-concept (see Gecas, 1982).

Scholars have used a variety of approaches to study the effects of parenting on adolescents' self esteem. While some researchers have documented positive effects of greater parent-child relationship quality (e.g., Ackard, Neumark-Sztainer, Story, & Perry, 2006; Barber et al., 1992; Bynum & Kotchick, 2006; Sturkie & Flanzer, 1987), and others have noted positive effects of the authoritative parenting style (e.g., Carlson, Uppal, & Prosser, 2000; Martinez & Garcia, 2008; Milevsky, Schlechter, Netter, & Keehn, 2007), the following review will focus attention on the three dimensions of parenting studied in the Barber et al. (2005) model (i.e., support, psychological control, and behavioral control).

25

Parental Support

Research has been relatively consistent in finding that more parental support (i.e., warm, nurturing parenting) is predictive of higher adolescent self-esteem. The connection between higher parental support and greater adolescent self-esteem has been documented among several samples of US adolescents (Barber et al., 1992; Driscoll, Russell, & Crockett, 2008; Gecas & Schwalbe, 1986; Govender & Moodley, 2004; Mayhew & Lempers, 1998; Parker & Benson, 2004; Plunkett, Henry, Robinson, Behnke, & Falcon, 2007), including minority (e.g., Latino) adolescents (Bamaca, Umaña-Taylor, Shin, & Alfaro, 2005), as well as adolescents in China (Shek, 2002; Stewart, Rao, Bond, McBride-Chang, Fielding, & Kennard, 1998) and Singapore (Sim, 2000). Laible and Carlo (2004) had a similar finding with US middle and high school students, but their variable of interest was self-worth, rather than self-esteem.

However, not all researchers have found a positive relationship between parental support and adolescents' sense of self. For example, in a survey of Chinese adolescents from Beijing, Bush, Peterson, Cobas, and Supple (2002) found that parental support did not uniquely predict self-esteem when entered simultaneously with the other parenting variables; instead, it was parents' monitoring, autonomy-granting, and reasoning that enhanced adolescents' self-esteem. Further, Bean, Bush, McKenry, and Wilson (2003) found that maternal support was uniquely predictive of higher self-esteem (when controlling for behavioral control and psychological control) only among US African-American teenagers (and *not* among their European-American counterparts). Though many researchers have found that adolescent self-esteem was enhanced by parental support, it is important to remember that other aspects of parenting may also play a role in influencing adolescent self-esteem, and that results may differ by culture

Parental Behavioral Control

Another dimension of parenting that has been linked to adolescent self-esteem is parental behavioral control, or the degree to which parents are involved in and aware of their adolescents' behavior. Two studies (Barber et al., 1992; Bean et al., 2003) explicitly examined parental behavioral control and documented that more parental behavioral control led to higher adolescent self-esteem among US adolescents. Laible and Carlo (2004) studied a stricter version of behavioral control, which they termed "rigid control," and noted that less rigid control linked to higher adolescent self-worth. Some researchers have operationalized parental behavioral control as parental monitoring (i.e., active surveillance or tracking children's behavior), and their findings have also been positive. For example, Bush et al. (2002) found a positive link between parental monitoring and self-esteem, and their findings held for maternal and paternal monitoring among a sample of Chinese adolescents. Parker and Benson (2004) replicated the finding in a longitudinal study of US adolescents. Bamaca et al. (2005) found that mothers' monitoring was positively correlated with boys' and girls' self-esteem, while higher levels of fathers' monitoring linked to higher self-esteem in boys only. Murry, Brody, McNair, Luo, Gibbons, Gerard, and Wills (2005) conducted an intervention for rural US African-American parents, and the post-test showed that adolescents' sense of self was strengthened as a result of increased parental involvement in their lives. A study of 128 families with US late adolescents (ages 17-19) found that parental control (conceptualized as directing children's activities and limiting autonomy) was positively related to boys', but not girls', self-esteem (Gecas & Schwalbe, 1986). In sum, most of the studies found parental monitoring and behavioral control to be positive influences on adolescent self-esteem.

Parental Psychological Control

Parental psychological control of adolescents (i.e., manipulative, guilt-inducing parenting) has also been linked to adolescent self-esteem, though typically the relationship is negative. For instance, Bean et al. (2003) found that higher psychological control was associated with lower self-esteem among both US African-American and European-American teenagers. Finkenauer, Engels, and Baumeister (2005) used hierarchical regression analyses to demonstrate that parental psychological control predicted lower self-esteem in a large sample of Dutch adolescents. Stewart et al. (1998) studied parental restrictive control among Hong Kong Chinese late adolescent girls, defining parental restrictive control as "high demand without democratic exchange or negotiation" (p. 350). Items from the Stewart et al. restrictive control scale were strikingly similar to items from the Barber (1996) psychological control scale (e.g., "my parent is critical of me;" "I worry that my parent will stop loving me if I do not live up to his/her expectations"), and Stewart et al. found that more restrictive control linked to lower self-esteem. Further, Barber et al. (1992) found an association between negative parental control (operationalized as a combination of two "inconsistent control" items and two "coercion" items, p. 135) and lower self-esteem. In each of these studies, higher levels of psychological or restrictive control had negative implications for adolescents' self-esteem.

In summary, there are several aspects of parenting which have been shown to have an influence on adolescent self-esteem. Scholars have examined parental support, parental behavioral control, and parental psychological control as predictors of adolescent self-esteem, in addition to the research documenting the benefits of parent-child relationship quality and authoritative parenting. Specific findings indicated that parental support and parental behavioral control were associated with higher adolescent self-esteem. Further, parental psychological

28

control has been found to be associated with lower adolescent self-esteem. According to self-esteem theorists, higher levels of self-esteem are desirable for all people, and for adolescents in particular. However, it is important to consider the specific ways in which self-esteem contributes to adolescents' well-being.

<center>Adolescent Outcomes Related to Self-Esteem</center>

In addition to the literature on self-esteem as an outcome of positive parenting, there is a voluminous body of work describing aspects of adolescent functioning that are predicted by self-esteem. This work spans several decades, and though scholars have researched multiple domains, the following review will focus primarily on the outcome variables to be examined in this study. After a brief acknowledgement of the more peripheral self-esteem outcomes, I will review the effects of self esteem on (a) internalizing problems, such as anxiety and depression, (b) externalizing problems, such as aggression and antisocial behavior, and (c) social competence.

Scholars have examined the effects of self-esteem in several domains of adolescents' lives. For example, the effects of self-esteem on adolescent academic achievement have been reviewed by Hansford and Hattie (1982), who examining 128 studies, found that higher self-esteem was associated with higher grades and better overall performance at school, while lower self-esteem was associated with poor academic outcomes. Several more recent studies of self-esteem and academics supported Hansford and Hattie's findings (e.g., Hair & Graziano, 2003; Hay, Ashman, & van Kraayenoord 1998; Owens, 1994; Trzesniewski, Donnellan, Moffitt, Robins, Poulton, & Caspi, 2006). Additionally, two studies have documented the association between higher self-esteem and better physical health (i.e., Trzesniewski et al., 2006; Yarcheski, Mahon, & Yarcheski, 2003), and a few studies have shown that higher self-esteem is associated with greater happiness/ well-being (e.g., Campbell, Converse, & Rogers, 1976; Diener, 1984,

<center>29</center>

1999; Diener & Diener, 1995; Kwan, Bond, & Singelis, 1997). The following paragraphs present a detailed review of the effects of self-esteem on outcome variables included in the theoretical model to be extended by the present study (i.e., Barber et al.'s (2005) model).

Self-Esteem and Internalizing Problems

Research has been fairly consistent in the conclusion that higher self-esteem is predictive of fewer internalizing problems. Cheng and Furnham (2003), for example, studied 234 late-adolescents in the UK and found that higher levels of self-esteem had a direct predictive relationship with less depression. With a sample of 98 Australian fifth-graders, Hay et al. (1998) asked students to complete a self-description questionnaire while teachers rated the students on school achievement, social interactions, and evident levels of anxiety. The teachers reported that students with higher self-esteem showed less anxiety in the classroom. Henry, Sager, and Plunkett (1996) also found that higher self-esteem correlated with less anxiety in their sample of 149 adolescents in the southwestern US. Kuperminc, Blatt, Shahar, Henrich and Leadbetter (2004) noted that ratings of self-worth and self-efficacy performed similarly in children of differing ethnicities. Their short-term longitudinal study found that lower self-worth predicted more internalizing problems among 448 US White, Black, and Latino adolescents ages 11-14. In a recent set of studies of two large US longitudinal datasets spanning six and four years, respectively, Orth, Robins, and Roberts (2008) showed that lower self-esteem predicted more depression in later years. Orth et al. also tested the data for a possible reciprocal relationship between depression and self-esteem, but they did not find support in this direction. In Owens' (1994) study of 2,213 US 10th and 11th grade boys, the researcher split self-esteem into two dimensions (positive self-worth and self-derogation) in addition to testing the effects of global self-esteem. He found that both global self-esteem and positive self-worth had negative

30

relationships with depression, suggesting that higher self-esteem was associated with less depression. Trzesniewski et al. (2006) surveyed 978 US adolescents at age 11, 13, 15 and 26. In this rare long-term longitudinal study, the researchers found support for the findings of the cross-sectional and short-term studies on the same topic in documenting that lower adolescent self-esteem predicted more depression and anxiety in adulthood.

A few studies examined depressive reactions to stressful events, in the context of high or low self-esteem. Abela (2002) studied 136 US high school seniors applying for entrance to a major university. Surveying the adolescents before an admissions decision was made by the university (Time 1), shortly after the admissions decision (Time 2), and four days later (Time 3), the researchers demonstrated that lower self-esteem led to more depressive reactions to not being admitted to the university. Southall and Roberts (2002) conducted a similar study over 14 weeks with 115 US adolescents and also found that lower self-esteem predicted depressive reactions to stressful life events. In Baumeister, Campbell, Krueger, and Vohs' (2003) extensive review of the consequences of self-esteem, they noted that the relationship between lower self-esteem and more depression has been well-supported. In summary, higher self-esteem has been shown to predict less depression and anxiety, while lower self-esteem predicts more depression and anxiety, among diverse samples and study designs.

Self-Esteem and Externalizing Problems

Research has also consistently linked (lower) self-esteem to various externalizing problems. For instance, in a set of three studies, Donnellan, Trzesniewski, Robins, Moffitt, and Caspi (2005) demonstrated that among early adolescents in the US and New Zealand lower self-esteem predicted delinquency - a relationship that could not be explained by supportive parenting, academic achievement, socioeconomic status or IQ – and for the US students, self-

esteem predicted aggressive thoughts and aggressive behaviors. DuBois and Silverthorn (2004) found that direct paths from self-esteem to problem behavior were mediated by associations with deviant peers among US Midwest adolescents. In other words, adolescents with lower self-esteem sought out deviant peers, who then aided the adolescents in becoming involved in problem behaviors.

Several studies reported that lower self-esteem was associated with more delinquency and externalizing problems in the US (i.e., Baumeister et al., 2003; Kuperminc et al., 2004; Owens, 1994; Rudolph, Hammen, & Burge, 1995) and Singapore (i.e., Kee, Sim, Tian, & Ng, 2003). Further, Owens specifically noted that higher levels of self-derogation (i.e., the negative component of self-esteem) led to more delinquency. Summarizing the literature on self-esteem and externalizing problems, there has been research among different age groups and cultures, and research using differing methodologies, but scholars are in agreement that lower self-esteem has negative consequences with respect to externalizing behaviors.

Self-Esteem and Social Competence

Less attention has been given to the relationship between self-esteem and adolescent social competence, but two studies have noted a positive association between the two variables. For example, Luthar's (1995) study examined school-based social competence (i.e., academic performance, peer relations, and behavior patterns in the classroom) among US inner-city 9th graders and found that a stronger sense of self was positively associated with school-based social competence. Additionally, Barber and Erickson (2001) conducted a longitudinal study of adolescent social initiative (i.e., a form of adolescent social competence measuring the degree to which adolescents initiate social contacts outside the home) among US youth and reported that higher self-esteem was predictive of more social initiative in both older and younger adolescents.

32

The results of these two studies suggest that higher self-esteem is positively related to adolescent social competence.

Summary of Self-Esteem Outcomes

Overall, with respect to outcomes of self-esteem, the literature has been clear that higher self-esteem predicts fewer internalizing and externalizing problems among adolescents. There has been little work done regarding the association between higher self-esteem and more adolescent social competence, but two studies indicate the likelihood of the link. Because parenting has been shown to affect self-esteem, and self-esteem has been shown to be a positive influence on adolescents' well-being, some scholars have begun to examine self-esteem as a potential mediating variable in the relationship between parenting and adolescent outcomes.

Self-Esteem as a Mediator between Parenting and Adolescent Outcomes

The following group of studies presents research using self-esteem as a mediator between parenting and adolescent outcomes. The majority of the studies investigating self-esteem as a potential mediator between parenting and adolescent outcomes focused on the relationship between parental support and adolescent psychological well-being (commonly operationalized as "depression" or "overall well-being"). In addition to studying parental support as a predictor variable, a few scholars have researched parental psychological control (i.e., Plunkett et al., 2007; Stewart, Rao, Bond, McBride-Chang, Fielding, & Kennard, 1998) and parental behavioral control (i.e., Pflieger & Vazsonyi, 2006; Slicker, Patton, & Fuller, 2004) as potential influences on adolescent outcomes via self-esteem. While the studies of parental support/ warmth/ parent-child attachment consistently found that more support predicted higher self-esteem which predicted better adolescent outcomes; and the studies of parental psychological control consistently found that more psychological control led to lower self-esteem which predicted

poorer adolescent outcomes; the two studies on behavioral control did *not* find support for their

hypotheses that self-esteem would serve as a mediator. A detailed presentation of these studies'

results follows.

Self-Esteem as a Mediator between Parental Support and Adolescent Outcomes

Some researchers have examined self-esteem as a mediator of "social support" (i.e., the

combined support adolescents receive from parents and peers), and findings from these studies

indicated that more social support was predictive of higher self-esteem, which led to fewer

emotional and behavioral problems (DuBois, Felner, Sherman, & Bull, 1994; DuBois, Burk-

Braxton, Swenson, Tevendale, Lockerd, & Moran, 2002; Gaylord-Harden, Ragsdale, Mendara,

Richards, & Petersen, 2007; Yarcheski, Mahon, & Yarcheski, 2001). Because the focus of the

present paper is specifically *parental* support (i.e., warmth and nurturance given by parents to

their adolescent children), the following paragraphs present results of studies dedicated to that

particular type of support. The Barber et al. (2005) model noted direct effects between parental

support and adolescent social initiative, and between parental support and (less) adolescent

depression; the model did not report an association between parental support and the third

outcome variable (i.e., adolescent antisocial behavior). Thus the following paragraphs on

parental support focus solely on adolescent social competence (i.e., social initiative) and

depression as outcome variables.

Mediating the Association between Parental Support and Adolescent Social Competence

As for the association between parental support and social competence (i.e., social

initiative), to date only one study has tested adolescent sense of self as a mediator of this

relationship. Dekovic and Meeus (1997) demonstrated in a large sample of Dutch adolescents

that self-concept fully mediated the link between maternal acceptance and adolescents'

involvement with peers. Specifically, more maternal acceptance led to a better adolescent self-concept, which in turn led to better relationships with peers. As noted earlier, the outcome variable adolescent social initiative is a measure of adolescents' initiating social relationships outside the home, thus the Dekovic and Meeus variable "peer relations" is quite similar and relevant.

Mediating the Association between Parental Support and Adolescent Depression

Regarding adolescent depression, Plunkett et al. (2007) demonstrated that, in a sample of US 9th and 10th graders, more parental support led to higher self-esteem, which led to less depression in adolescent boys and girls. Plunkett et al. also found a direct relationship between more parental support and less depression, which suggests that self-esteem was only a partial mediator. Further, DuBois et al. (1994) noted that self-esteem fully mediated the relationship between parental support and emotional problems, such that more parental support led to higher self-esteem which led to fewer emotional problems. Stewart et al. (1998) studied late-adolescent girls in Hong Kong and found that more paternal warmth predicted higher self-esteem which in turn predicted greater overall well-being; while self-esteem was a partial mediator of the relationship between maternal warmth and adolescent well-being, it fully mediated the relationship between paternal warmth and adolescent well-being. These three studies suggest that self-esteem is indeed a mechanism linking more parental support to less adolescent depression.

Hypotheses

The empirical studies reviewed above suggest that more parental support predicts higher adolescent self-esteem, which in turn predicts such outcomes as greater social initiative and less depression. The four self-esteem theories discussed earlier in the paper provide support for these empirical studies, as each of the four theories discussed the importance of positive and

supportive reflected appraisals from significant others (such as parents), as well as noting that self-esteem can contribute to such adolescent outcomes as better social relations, less depression, and fewer antisocial behaviors, while self-derogation can contribute to such adolescent outcomes as poor social relations and increased depression and antisocial behaviors. Thus, considering both empirical and theoretical work, I hypothesize the following:

Hypothesis 1a: Self-esteem will partially mediate the relationship between parental support and adolescent social initiative.

Hypothesis 1b: Self-derogation will partially mediate the relationship between parental support and adolescent social initiative.

Hypothesis 2a: Self-esteem will partially mediate the relationship between parental support and adolescent depression.

Hypothesis 2b: Self-derogation will partially mediate the relationship between parental support and adolescent depression.

Self-Esteem as a Mediator between Parental Psychological Control and Adolescent Outcomes

Few studies have been published which examine adolescent self-esteem as a mediator between parental psychological or restrictive control and adolescent outcomes. Although the Barber et al. (2005) model noted direct paths between parental psychological control and depression and antisocial behavior, researchers have examined self-esteem as a mediator only of the association between psychological control and depression. For example, Plunkett et al. (2007) noted that more parental psychological control led to lower-self esteem, which predicted greater depression among US 9th and 10th grade females. Because parental psychological control directly predicted depression, self-esteem was a partial mediator rather than a full mediator. Stewart et al. (1998) noted that self-esteem fully mediated the relationship between more

36

maternal restrictive control and less overall well-being among the adolescent females in Hong Kong. Though it is not wise to draw conclusions from just two studies, these studies do provide preliminary evidence that self-esteem may be involved in the relationship between parental psychological control and adolescents' psychological outcomes. To date, no published studies have investigated the potential relationships among parental psychological control, adolescent self-esteem, and adolescent antisocial behavior.

The self-esteem theories provide additional support for hypothesizing self-esteem as a mediator between parental psychological control and adolescent outcomes. For example, according to Self-Evaluation Theory, adolescents are particularly concerned with self-assessment and self-improvement. An adolescent with critical and demeaning parents would have a difficult time establishing a positive self, and the resulting negative self-assessment would likely lead in turn to poor psychosocial outcomes.

Hypotheses

On the basis of the empirical and theoretical work reviewed, I hypothesize the following:

Hypothesis 3a: Self-esteem will partially mediate the relationship between parental psychological control and adolescent depression.

Hypothesis 3b: Self-derogation will partially mediate the relationship between parental psychological control and adolescent depression.

Hypothesis 4a: Self-esteem will partially mediate the relationship between parental psychological control and adolescent antisocial behavior.

Hypothesis 4b: Self-derogation will partially mediate the relationship between parental psychological control and adolescent antisocial behavior.

Self-Esteem as a Mediator between Parental Behavioral Control and Adolescent Outcomes

Two studies have explicitly examined parental behavioral control as a potential predictor of adolescent self-esteem and adolescent outcomes, but both studies had null findings. Specifically, Pflieger and Vazsonyi (2006), studying a sample of US adolescents of low and high socioeconomic status and their mothers, hypothesized that adolescent self-esteem would mediate the relationship between parental monitoring and dating violence encountered by the adolescents. In the second study, Slicker and colleagues (2004) studied a sample of US college freshmen and hypothesized that the late adolescents' self-esteem would serve as a mediator between parental demandingness and substance use as well as early sexual behavior. Findings from both studies indicated that, while parental behavioral control was directly associated with adolescent outcomes, none of the variance could be explained by using adolescent self-esteem as a mediating variable.

Hypotheses

Based on the null findings of these two studies, and the fact that none of the four self-esteem theories mentioned parental behavioral control as a contributing factor to adolescent self-esteem, I hypothesize that self-esteem will not serve as a mediator of the relationship between parental behavioral control and adolescent antisocial behavior.

Hypothesis 5a: Self-esteem will not mediate the association between parental behavioral control and adolescent antisocial behavior.

Hypothesis 5b: Self-derogation will not mediate the association between parental behavioral control and adolescent antisocial behavior.

Summary of Chapter II

The preceding sections have documented the importance of positive parenting for positive adolescent psychosocial outcomes. It has been shown that more parental support, more behavioral control, and less psychological control lead to higher adolescent self-esteem. Additionally, four theories were reviewed, each of which demonstrated that people remain interested and engaged in the process of bolstering their self-esteem. The literature has also shown that the outcomes of higher self-esteem are almost universally positive, with higher self-esteem predicting fewer internalizing and externalizing problems and greater social initiative, among other positive outcomes. Further, self-esteem can function as a mediator between parenting variables and adolescent outcomes.

All hypotheses regarding expected findings of the present study are provided below. The direct effects between the parenting variables and the adolescent outcomes are not presented here, as those effects have already been documented in this dataset (i.e., by Barber et al., 2005).

Hypothesis 1a: Self-esteem will partially mediate the relationship between parental support and adolescent social initiative.

Hypothesis 1b: Self-derogation will partially mediate the relationship between parental support and adolescent social initiative.

Hypothesis 2a: Self-esteem will partially mediate the relationship between parental support and adolescent depression.

Hypothesis 2b: Self-derogation will partially mediate the relationship between parental support and adolescent depression.

Hypothesis 3a: Self-esteem will partially mediate the relationship between parental psychological control and adolescent depression.

Hypothesis 3b: Self-derogation will partially mediate the relationship between parental

psychological control and adolescent depression.

Hypothesis 4a: Self-esteem will partially mediate the relationship between parental

psychological control and adolescent antisocial behavior.

Hypothesis 4b: Self-derogation will partially mediate the relationship between parental

psychological control and adolescent antisocial behavior.

Hypothesis 5a: Self-esteem will not mediate the association between parental

behavioral control and adolescent antisocial behavior.

Hypothesis 5b: Self-derogation will not mediate the association between parental

behavioral control and adolescent antisocial behavior.

Figure 2 illustrates the proposed model to be tested.

<div align="center">Some Comments about Modeling</div>

Before proceeding with the methods chapter, some comments about modeling are

warranted that stem from the literatures just reviewed.

<div align="center">*Parent Gender*</div>

Many scholars who study the effects of parenting on adolescent outcomes have used

youth reports of both mother and father parenting; that is, the youth are asked about both parents

as a unit rather than being separately asked about their mother and their father. Day and Mackey

(1989) are among those researchers who have demonstrated that mothers and fathers have

qualitatively different roles, and that it is inappropriate to use a mother-only parenting measure

or a combined measure of parenting. Nevertheless, many parenting researchers choose to study

mothering only or fathering only (see Amato, 1998, for a review), rather than exploring the

(possibly unique) contributions of both parents in a family. Stolz, Barber, and Olsen (2005) used

<div align="center">40</div>
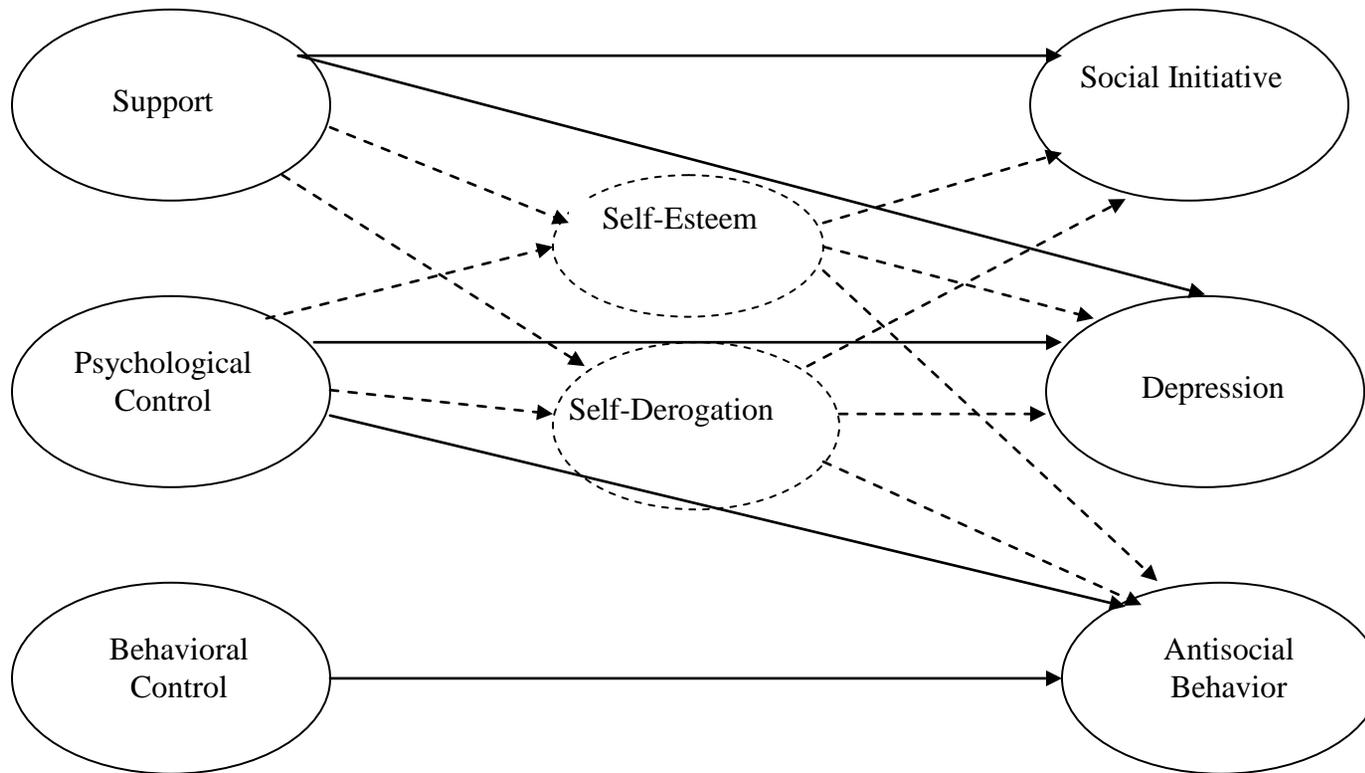
Figure 2. Theoretical Model of Parenting Dimensions on Adolescent Behavior: Both Direct Model (When Dotted Paths are Omitted) and Self-Esteem Mediated Model (When All Paths Present)

dominance analysis to explore the differences in effects of mothers' parenting versus fathers' parenting, constructing a model which allowed them to test the relative importance of mothering and fathering on adolescent outcomes. Their findings indicated that mothers' behavioral control and fathers' support were relatively more important in explaining specific adolescent outcomes (i.e., maternal support better explained adolescent antisocial behavior than paternal behavioral control, while paternal support better explained youth social initiative than maternal support). These findings and others suggest it is prudent to consider reports of mothering and fathering separately.

With respect to the particular influences of mothering and fathering on adolescents' self, Stephan and Maiano (2007) noted that late adolescents' global self-esteem was significantly associated with fathers' (but not mothers') reflected appraisals. Bulanda and Majumdar (2009) demonstrated that in a large sample of US adolescents supportive relationships with both mothers and fathers were associated with higher adolescent self-esteem, and that the effects of one parent's support grew stronger in the presence of another supportive parent. Gomez and McLaren (2007) found that in a sample of Australian late-adolescents self-esteem mediated the relationship between parental attachment and aggression for both mothers and fathers, but self-esteem acted as a moderator only for the relationship between maternal attachment and aggression. Taken together, these findings hint at the complexity of mothers' and fathers' contributions to the adolescent self and provide further support for examining separate models for mothers and fathers in the present study.

Regarding studies of self as a mediator of the specific parenting dimensions examined in the present study, some of the studies focused solely on mother-child relationships (i.e., Dekovic & Meeus, 1997; Pflieger & Vasonyi, 2006) or used a combined measure of mothers' and fathers'

42

reported parenting (i.e., DuBois et al., 1994; Slicker et al., 2004). Only two mediation studies examined mothers and fathers separately (i.e., Plunkett et al., 2007; Stewart et al., 1998). In one of these studies, Stewart et al. found that their model performed somewhat differently based on sex of parent; self fully mediated maternal warmth and only partially mediated paternal warmth when overall wellbeing was the outcome variable of interest. In the Plunkett et al. study (2007b), the difference found between the mother-model and the father-model was that self-esteem fully mediated the relationship between parental support and depression for mothers and fathers of adolescent boys, but there was also a direct link between paternal support and depression for adolescent girls (indicating partial mediation of the relationship). On the basis of the previous research that has shown differential effects of mothering and fathering (e.g., Stolz et al., 2005), and the Plunkett et al. and Stewart et al. findings of differing levels of mediation by self based on sex of parent, this study will test separate models for youth reports of mothers' parenting and youth reports of fathers' parenting. However, apart from the two studies referenced above (Plunkett et al., 2007; Stewart et al., 1998), there is insufficient empirical evidence or theoretical recommendation to hypothesize different patterns of the mediating role of self and thus the hypotheses of this study apply equally to youth reports of mothers' and of fathers' parenting.

Youth Gender

Regarding youth gender, as can be seen from the foregoing review of literature, the majority of studies in the body of literature investigating self as a mediator of parenting effects aggregated male and female youth. Two exceptions were Stewart et al. (1998), who studied adolescent females, and Plunkett et al. (2007), who documented mediation of the pathway from psychological control to depression only in females. The results of this one study (i.e., Plunkett et al.) suggest that separate analyses based on sex of youth would be prudent. On the other hand,

43

there were no obvious calls in the self-esteem theories for inspecting gender differences. Given the complexity of the model for the present study (i.e., separate models for fathers and mothers, tests of multiple self, parenting and outcome variables), attention will not be given to sex of youth in this dissertation. Additional comments on youth gender will be offered in the discussion section.

Age

As mentioned in the paragraph describing the sample for this study, the data was collected from two age cohorts (i.e., younger and older). Youth in the two waves of data used for the present study were approximately 14 and 17 years old. Barber et al. (2005) examined direct effects of parenting on youth outcomes separately for age of adolescent over time, and their findings indicated overall similar parenting effects. In the empirical work on self as a mediator of parenting effects, only one previous study (i.e., Dekovic & Meeus, 1997) tested for age differences. Dekovic and Meeus studied youth from 12-18 years, which they separated into early, middle, and late adolescence, and did not find any significant differences in mediation of parenting based on age of the adolescent. Further, none of the four self-esteem theories suggested that self would be affected by parenting differently in middle- versus late-adolescence. Thus, a decision was made to keep the age cohorts together in the analyses for this study.

Degree of Mediation

Another consideration during model construction was the degree of mediation to be hypothesized (i.e., partial mediation or full mediation). Adolescent functioning is very complex and not fully explained by the sets of socialization or other variables typically used in studies of adolescents. Thus, even though studies repeatedly find that parenting significantly predicts adolescent outcomes, for example, in the end only a portion of the variance in these outcomes is

ever explained by the parenting variables. The same is likely to be true for mediators, as well. That is, while theory has predicted self to mediate the effects of parenting (as hypothesized here), it would be unreasonable to assume that one mediator (i.e., self) would be the only explanation for a parenting effect. Thus, my hypotheses have predicted that an adolescent's sense of self partially mediates, but does not entirely explain, the direct effects of parenting on adolescent outcomes.

CHAPTER III: METHODOLOGY

Sample

Data for the present study came from the Ogden Youth and Family Project, a longitudinal study of families with adolescents in Ogden, Utah (Barber et al., 2005). The sample included randomly selected fifth- and eighth-grade classrooms in the Ogden City School District in 1994. This sample of classrooms was stratified to represent the percentage (15%) of Hispanic children in the school system. There were 933 students in the initial sample. It was split equally between male and female students and grade (5th and 8th grade), and was 71% White (16% Hispanic), 84% middle income, and 46% Mormon. In the first year, students completed in class an extensive self-report survey of family interaction, personality, youth behavior, and various aspects of the peer, school, religious, and neighborhood contexts. Subsequent waves of the survey were done by multiple mailings to the students' homes. Both 5th and 8th grade cohorts were followed for four subsequent years until 1997. The participation rate in the first year (in-class assessment) was over 90%. Those who did not participate in the first year were not contacted for subsequent waves of data collection. As suggested by Dillman (1978), multiple mailings were sent to the students in subsequent years in order to maximize response rates. Response rates for years 2-4 averaged 80%. Analyses revealed that respondents and non-respondents differed significantly only by way of a slightly higher percentage of Mormons represented among the respondents.

This study utilized adolescents' reports of parenting from 1996 (Year 3 of the project) and adolescents' self-esteem and outcome measures from 1997 (Year 4 of the project). Information about the construct validity and the predictive validity of the measures in multiple

years of the data set can be found in the Barber et al. (2005) study. The reason for analyzing

adolescents' reports of parenting from one year earlier than the self-esteem and outcome

measures was to establish directionality of effects. Adolescent-reported self-esteem data (both

self-esteem and self-derogation) was taken from the same year as the outcome measures because

adolescents' self-esteem may change during the course of a year, and the effects of self-esteem

on particular outcome measures at the same point in time are of interest for the present study. In

other words, if adolescent behavior is indeed affected by an adolescent's sense of self, then the

current behavior would likely be influenced by the current sense of self, rather than how the

adolescent felt about himself or herself one year earlier.

<center>*Parental Support*</center>

Parental support was measured using the 10-item Acceptance subscale from the revised

Child Report of Parent Behavior Inventory (CRPBI; Schaefer, 1965; Schludermann &

Schludermann, 1988, personal communication). Cronbach's alpha for reports of mother support

was .90 and .92 for reports of father support. Subjects responded on a 3-point Likert-type scale

from 1 = *not like her (him)* to 3 = *a lot like her (him)* as to how well items described their

mothers and fathers. Items are:

1. makes me feel better after talking over my worries with her/him.

2. smiles at me very often.

3. is able to make me feel better when I am upset.

4. enjoys doing things with me.

5. cheers me up when I am sad.

6. gives me a lot of care and attention.

7. makes me feel like the most important person in her/his life.

<center>47</center>

8.   believes in showing her/his love for me.

9.   often praises me.

10.   is easy to talk to.

Parental Psychological Control

Psychological control was measured by the 8-item Psychological Control Scale-Youth

Self-Report (PCS-YSR; Barber, 1996). This scale resulted from an analysis of the 10-items from

the psychological control/psychological autonomy subscale of the most recent revision of the

CRPBI, combined with another set of items written to more adequately tap the hypothesized

dimensions of parental psychological control (Barber, 1996). The resulting 8-item scale retains

three of the original CRPBI items and five of the newly written items. Cronbach's alpha was .81

for maternal psychological control and .83 for paternal psychological control. Subjects

responded on a 3-point Likert-type scale from 1 = *not like her (him)* to 3 = *a lot like her (him)* as

to how well items described their mothers and fathers. Items are:

1. is always trying to change how I feel or think about things.

2. changes the subject whenever I have something to say.

3. often interrupts me.

4. blames me for other family members' problems.

5. brings up past mistakes when s/he criticizes me.

6. is less friendly with me if I do not see things her/his way.

7. will avoid looking at me when I have disappointed her/him.

8. if I have hurt her/his feelings, stops talking to me until I please her/him again.

Parental Behavioral Control

A 5-item scale of parental behavioral control was used in the present study (e.g., Brown et al., 1993). Though the scale has been traditionally referred to as a measure of parental monitoring, it has been shown to more accurately measure parental *knowledge* of youth behavior and activities (Crouter & Head, 2002; Kerr & Stattin, 2000; Stattin & Kerr, 2000). Cronbach's alpha was .83 maternal behavioral control and .89 for paternal behavioral control.

Students responded on a 3-point Likert-type scale from 1 = *doesn't know* to 3 = *knows a lot* relative to how much their parents "really know": a) "where you go at night," b) "where you are most afternoons after school," c) "how you spend your money," d) "what you do with your free time," and e) "who your friends are." Higher scores indicated higher levels of monitoring.

Youth Self-Esteem

Self-esteem was measured with Rosenberg's (1965) measure of global self-esteem. Students responded to the 10 items on a 5-point Likert scale from 1 = *strongly agree* to 5 = *strongly disagree*. Cronbach's alpha for global self-esteem was .91; for the 5-item self-esteem subscale and the 5-item self-derogation subscale, alphas were .83 and .88, respectively. Items are:

1. On the whole, I am satisfied with myself.

2. At times, I think I am no good at all.

3. I feel that I have a number of good qualities.

4. I am able to do things as well as most other people.

5. I feel I do not have much to be proud of.

6. I certainly feel useless at times.

7. I feel that I'm a person of worth, at least on an equal plane with others.

8. I wish I could have more respect for myself.

9. All in all, I am inclined to feel that I am a failure.

10. I take a positive attitude toward myself.

Adolescent Social Initiative

Social initiative by youth was measured with a 13-item scale from the Monitoring the

Future Study (Bachman, Johnston, & O'Malley, 1993). Cronbach's alpha for social initiative was

.86. Subjects responded on a 5-item Likert-type scale from 1 = *never/almost never true* to 5 =

very often/always true. The set of items measures youth efforts to initiate social interaction with

peers and adults outside the home and in group settings. Items are:

1. I enjoy doing things and talking with peers.

2. I get into conversations with adults (e.g., teachers, staff) at the school.

3. I share feelings and ideas with peers.

4. I actively participate in topic clubs (e.g., political, history, Honor Society).

5. I talk to teachers and staff about things other than class.

6. I actively participate in the school newspaper or yearbook.

7. I help other students who might need assistance (e.g., lost in the building, sick or

    hurt).

8. I ask questions in class when I don't understand the material.

9. I actively participate in drama (e.g., school plays) or music (e.g., band).

10. I express liking and caring for my friends.

11. I actively participate in student government.

12. I join in class discussions.

13. I am comfortable joking with teachers and staff.

Adolescent Depression

Depression was measured using the 10-item version of the Child Depression Inventory (CDI; Kovacs, 1992). Cronbach's alpha for adolescent depression was .84. Respondents marked one of three sentences for each of the ten items. Items were:

1. I am sad once in a while.

    I am sad many times.

    I am sad all the time.

2. Nothing will ever work out for me.

    I am not sure if things will work out for me.

    Things will work out for me O.K.

3. I do most things O.K.

    I do many things O.K.

    I do everything wrong.

4. I hate myself.

    I do not like myself.

    I like myself.

5. I feel like crying every day.

    I feel like crying many days.

    I feel like crying once in awhile.

6. Things bother me all the time.

    Things bother me many times.

    Things bother me once in awhile.

7. I look O.K.

There are some bad things about my looks.

I look ugly.

8. I do not feel alone.

I feel alone many times.

I feel alone all the time.

9. I have plenty of friends.

I have some friends, but I wish I had more.

I do not have any friends.

10. Nobody really loves me.

I am not sure if anybody loves me.

I am sure that somebody loves me.

Adolescent Antisocial Behavior

Antisocial behavior was measured by six items from the Delinquent subscale of the Child Behavior Checklist-Youth Self-Report (Achenbach & Edelbrock, 1987). Cronbach's alpha for antisocial behavior was .80. Response categories ranged from 0 = *not true* to 2 = *very true or often true*. Items are:

1. I hang around with kids who get in trouble

2. I lie or cheat

3. I steal things from places other than home

4. I swear or use dirty language

5. I cut classes or skip school

6. I use alcohol or drugs for non-medical purposes.

CHAPTER IV: RESULTS

Four separate sets of analyses were conducted for the present study. These analyses are presented here under subheadings to make clear the systematic manner used to examine the data. First, a section is included which describes how the data were prepared for the analyses. Then, the four main sections of analyses are presented: (a) confirmation of the Barber et al. (2005) parenting model, (b) factor analysis of the Rosenberg (1965) global self-esteem measure, (c) satisfaction of conditions required for testing a mediational model, and (d) modeling self as a mediator between parenting and adolescent outcomes.

Data Preparation

As a first step in preparing the data, I selected only the cases in which the participant offered responses for both parents ($N = 523$). A count of the number of items answered for each scale revealed that there were participants who answered some (but not all) of the items on a given scale. Therefore, participants who answered less than 75% of the items on a scale ($N = 21$) were removed from the dataset. The EM procedure of SPSS was used to estimate missing data for those participants who answered 75% or more of the items on a scale, but did not complete the scale ($N = 33$ for paternal support; $N = 30$ for maternal support; $N = 34$ for paternal psychological control; $N = 25$ for maternal psychological control; $N = 1$ for paternal behavioral control; $N = 2$ for maternal behavioral control; $N = 17$ for social initiative; $N = 14$ for depression; $N = 5$ for antisocial behavior; and $N = 23$ for global self-esteem),. The final number of participants in this study was 502.

Confirming Barber et al. (2005) Parenting Model

Because the present study proposed to investigate higher-order effects of the Barber et al. (2005) parenting model, it was important to first confirm that the model performed as hypothesized for the Year 3 reports of parenting and the Year 4 adolescent self-esteem and adolescent outcome measures. Accordingly, I first conducted confirmatory factor analyses of all of the latent variables in order to find the best measurement model. For each scale (i.e., maternal support, paternal support, maternal psychological control, paternal psychological control, maternal behavioral control, paternal behavioral control, adolescent social initiative, adolescent depression, and adolescent antisocial behavior), all items had significant loadings on their respective latent constructs. However, the fit of the measurement models (i.e., separate models for reports of mothers' and reports of fathers' parenting) was inconsistent (e.g., inadequate CFI but adequate RMSEA): mother model: CMIN/df = 2680.76/1260, CFI = .857, and RMSEA = .047; father model: CMIN/df = 2627.74/1260, CFI = .874, and RMSEA = .047.

Because Barber et al. (2005) retained all items for all scales in the original model, it was important to do so as well in this replication to assure that any difference in findings would not be attributable to different measurement models. Hence, the modification indices were inspected to determine if model fit could be improved. The indices recommended the estimation of 21 correlations between the error terms for items within the same latent variable. Thus, for example, for both mothers and fathers, the index recommended correlating the error terms for two items of the parental support scale "makes me feel better after talking over my worries with her/him" and "is able to make me feel better when I am upset." Similarly, for both mothers and fathers, the index recommended correlating the error terms of two items from the adolescent social initiative scale: "I enjoy doing things and talking with peers" and "I share feelings and ideas with peers."

Estimating these "within construct" error term correlations resulted in improved and acceptable

fit of both models: mother model: CMIN/df = 1967.45/1239, CFI = .928, and RMSEA = .034;

father model: CMIN/df = 1957.33/1241, CFI = .935, and RMSEA = .034.

As for the structural model, the Barber et al. (2005) model estimated paths from parental

support to adolescent social initiative and depression, from parental psychological control to

adolescent depression and antisocial behavior, and from parental behavioral control to adolescent

antisocial behavior. Accordingly, the same paths were estimated in this replication using Year 3

data for adolescents' report of parenting, and Year 4 data for adolescent outcomes. For the father

model, each of the estimated paths was significant and in the expected direction. The fit of the

fathers' model was good: CMIN/df = 1984.18/1246, CFI = .933, and RMSEA = .034. The

structural model for fathers is presented in Figure 3. For the mother model, all estimated paths

were significant except for the path from parental support to adolescent depression (r = -.016, p

= .748). Thus, the decision was made to exclude this path from the final model for the present

study (i.e., because there was no direct effect from maternal support to adolescent depression, it

would not have been sensible to estimate mediation by the self constructs). The fit for this

revised mothers' model was also good: CMIN/df = 2012.12/1245, CFI = .924, and RMSEA =

.035. This model is presented in Figure 4.

Factor Analysis of the Rosenberg (1965) Global Self-Esteem Scale

Confirmatory factor analysis was conducted to ascertain the factor structure of the global

self-esteem scale (Rosenberg, 1965) given the evidence in some previous analyses of a dual

factor structure (self-esteem and self-derogation; Barber, 1987; Barber et al., 1992; Kaplan &

Pokorny, 1969; Openshaw et al., 1981; Shagle & Barber, 1993).
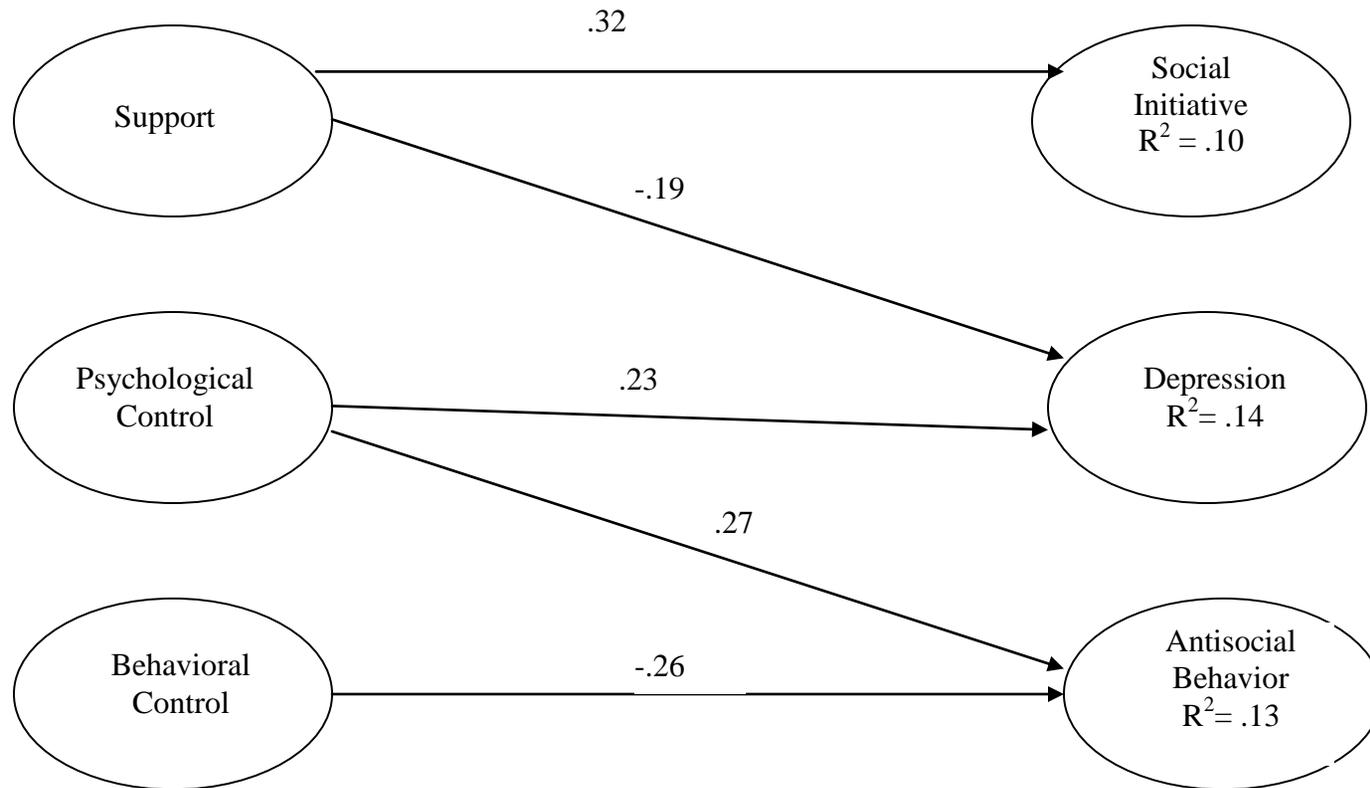
Figure 3. *Replication of Barber, Stolz, and Olsen (2005) for Reports of Fathers' Parenting, Utilizing Year 3 Paternal Data and Year 4 Adolescent Data.*
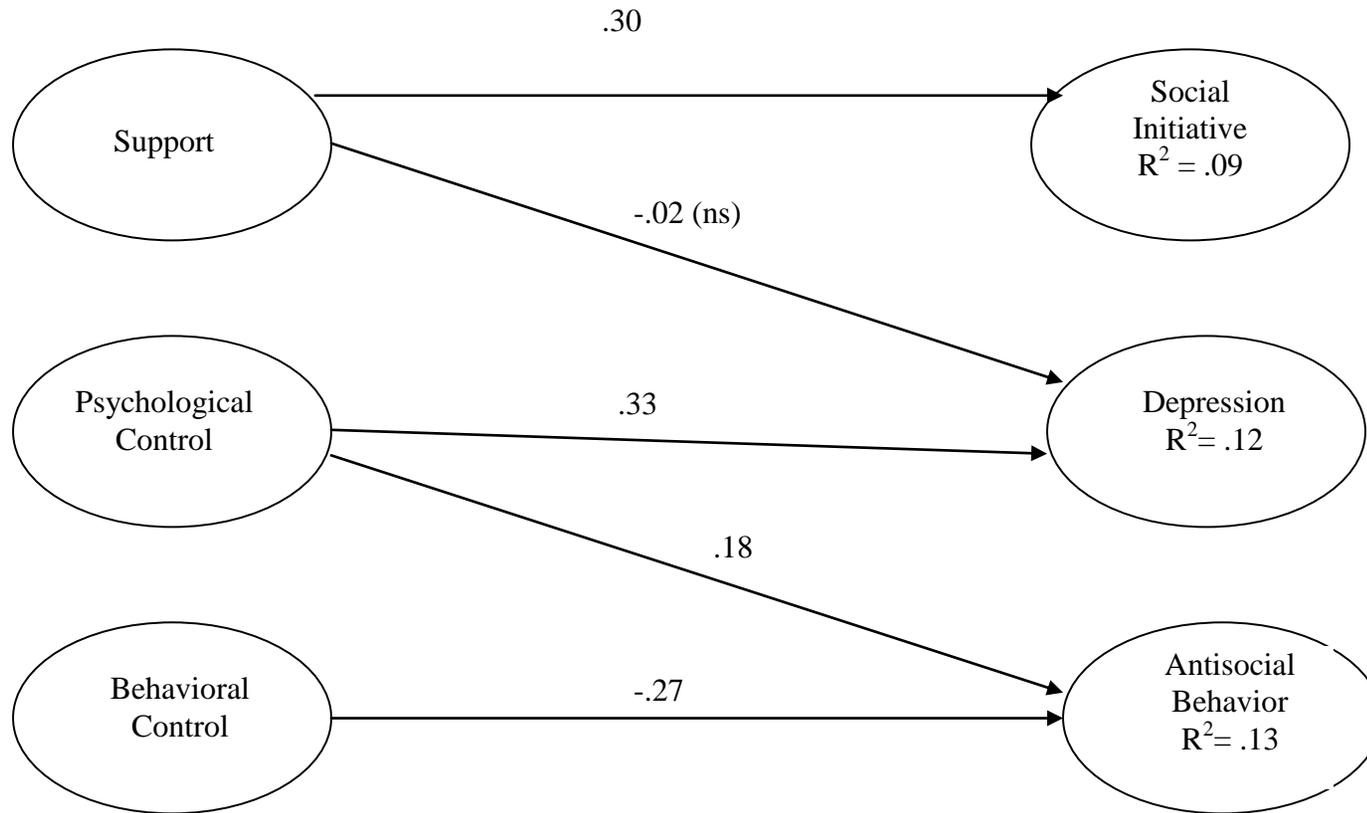
Figure 4. *Replication of Barber, Stolz, and Olsen (2005) for Reports of Mothers Parenting, Utilizing Year 3 Paternal Data and Year 4 Adolescent Data..*

First, a single factor model was estimated that had all 10 items of the global self-esteem scale set as indicators of the latent variable global self-esteem (GSE). The fit of that model was not good: CMIN/df = 355.24/35, CFI = .882, and RMSEA = .135. Next, a two-factor model was estimated that had the five positive self-esteem items set as indicators of the latent variable self-esteem (SE) and the five negative items set as indicators of the latent variable self-derogation (SD). Even though the two latent variables were correlated at .86, this model fit the data better than the single factor model: CMIN/df = 251.69/34, CFI = .920, and RMSEA = .113. Further, when tested, all of the versions of self-esteem had good reliability: GSE (Cronbach's α = .91), SE (Cronbach's α = .88) and SD (Cronbach's α = .83). Based on these analyses, it was decided that it was appropriate to separately consider all versions of self-esteem as potential mediators of the effects of parenting on adolescent psychosocial outcomes. That is, even though the two-factor model fit the data better, the very high correlation between the two factors might render their mediation as no different from the scale containing the full set of items.

Preparing to Introduce Self as a Mediating Variable

According to Baron and Kenny (1986), several conditions must be met prior to testing a mediational model. First, the independent variable(s) must be significantly associated with both the mediator and the dependent variable(s). Second, the mediator must be significantly associated with the dependent variable(s). In preparation for testing the proposed meditational model, bivariate correlations were calculated among the scale scores of all latent variables, including the global self-esteem scale and its two components, self-esteem and self-derogation. These correlations are presented in Table 1. For both mothers and fathers, all correlations were significant ($p < .01$) and in the expected direction.

Table 1. Bivariate Correlations among Latent Variables

	Support	PC	BC	GSE	SE	SD	SocInit	Depress	ASB
Support	1	-.568**	.483**	.234**	.200**	-.233**	.283**	-.211**	-.282**
PC	-.551**	1	-.363**	-.300**	-.266**	.288**	-.132**	.280**	.226**
BC	.521**	-.316**	1	.229**	.200**	-.224**	.272**	-.200**	-.285**
GSE	.265**	-.295**	.258**	1	.921**	-.931**	.314**	-.628**	-.300**
SE	.218**	-.266**	.212**	.921**	1	-.717**	.315**	-.529**	-.263**
SD	-.271**	.280**	-.264**	-.931**	-.717**	1	-.268**	.631**	.292**
SocInit	.310**	-.162**	.255**	.314**	.315**	-.268**	1	-.210**	-.298**
Depress	-.297**	.296**	-.262**	-.628**	-.529**	.631**	-.210**	1	.337**
ASB	-.270**	.256**	-.229**	-.300**	-.263**	.292**	-.298**	.337**	1

Note. Correlations for mothers are presented above the diagonal; correlations for fathers are below the diagonal.
** = Correlation is significant at the .01 level (2-tailed); Support = Parental Support; PC = Parental Psychological Control; BC = Parental Behavioral Control; GSE = Global Self-Esteem; SE = Self-Esteem; SD = Self-Derogation; SocInit = Social Initiative; Depress = Depression; ASB = Antisocial Behavior.

Parental support was positively associated with parental behavioral control, global self-esteem, self-esteem, and social initiative; parental support was negatively associated with parental psychological control, self-derogation, depression, and antisocial behavior. Parental psychological control was positively associated with self-derogation, depression and antisocial behavior; and negatively associated with parental support, parental behavioral control, global self-esteem, self-esteem, and social initiative. Parental behavioral control was positively associated with parental support, global self-esteem, self-esteem, and social initiative; and negatively associated with parental psychological control, self-derogation, depression, and antisocial behavior.

Because parental support and parental psychological control were directly associated with the adolescent outcomes and the potential mediating variables, and because all measures of the adolescent self (i.e., global self-esteem, self-esteem, and self-derogation) were directly associated with the adolescent outcomes, the data met the criteria for introduction of a potential mediating variable into the proposed model. Additionally, even though on the basis of theory and existing empirical studies mediation of parental behavioral control was not hypothesized, the bivariate correlations between behavioral control and measures of self, and between behavioral control and outcome measures, suggested that self had the potential to mediate behavioral control in these data. Thus, it was decided to empirically test the potential mediation of all three parenting dimensions (i.e., support, psychological control, and behavioral control).

Modeling Mediation

Self-esteem (SE) and self-derogation (SD) were first introduced as two separate mediators into the same model. The model fit the data well (youth report of fathers' parenting: CMIN/df = 2857.32/1785, CFI = .93, RMSEA = .04; youth report of mothers' parenting:

60

CMIN/df = 2980.51/1788, CFI = .91, RMSEA = .04). However, due to the high correlation

between SE and SD (-.88 in the father model, and -.84 in the mother model), colinearity was

suspected. The tolerance levels (i.e., the amount of variance in one independent variable not

accounted for by the other independent variables) were .12 and .16, respectively, both of which

were unacceptable and indicative of colinearity. This suspicion was further supported by the fact

that the paths from SD to antisocial behavior had substantial regression weights (i.e., .21 for the

father model, and .18 for the mother model) but were statistically non-significant. Thus, it was

suspected that adolescent self might be better represented by a one-mediator model.

In order to ascertain which measure of self would maximize the understanding of the role

of self in mediating parenting effects, three additional models were estimated, each with one

measure of self as the mediating variable (i.e., the 10-item GSE, the 5-item SE, and the 5-item

SD scales). Indirect effects were calculated for the three one-mediator models as well as the

model with both self-esteem and self-derogation using the Sobel test as performed by AMOS

software. As can be seen in Table 2, in all four models there were significant indirect effects

between parental psychological control and outcome measures, but none for the other two

parenting dimensions (i.e., support and behavioral control). The criteria for determining the level

of mediation were straightforward. If all three regression paths (i.e., the path from parenting

dimension to mediator, the path from mediator to youth outcome, and the path from parenting

dimension to youth outcome) remained significant at the $p < .05$ level, then there was partial

mediation. If, upon introduction of the mediator, the direct path from parenting dimension to

youth outcome became insignificant, the effect was said to be fully mediated. If either pathway

involving the mediator (i.e., parenting dimension to mediator, or mediator to youth outcome) was

insignificant, there was no mediation. Because AMOS did not calculate indirect effects

separately for each mediator in the two-mediator model, the indirect effects calculations were done by hand, and it was not possible to determine the significance of the indirect pathways in the two-mediator model. In the one-mediator models, significant indirect effects were very consistent (both in strength of the coefficient and in whether mediation was full, partial, or absent). However, in the model with both SE and SD, the indirect effect of parental psychological control on adolescent antisocial behavior was insignificant even though the indirect effects coefficients were similar to those of the other models (i.e., .08 for fathers and .06 for mothers).

The model with SD as the sole mediator appeared to fit the data well in explaining the role of the adolescent self in the relationship between parenting and youth outcomes. In that model, the association between parental psychological control and adolescent depression was fully mediated in the report of fathers data (indirect *Beta* = .16, $p < .001$) and partially mediated in the report of mothers data (indirect *Beta* = .19, $p < .001$). Further, the association between parental psychological control and antisocial behavior was partially mediated in the father data (indirect *Beta* = .06, $p < .01$) and fully mediated in the mother data (indirect *Beta*= .07, $p < .001$). While the other models did have similar patterns of mediation (e.g., none of the models showed mediation of support or behavioral control for either parent, and both the global self-esteem and the self-esteem models evidenced similar patterns of mediation of psychological control for fathers and mothers), it did appear that the SD-only model had a stronger indirect effect, at least when predicting depression (see Table 2).

Table 2. Standardized Indirect Effects, with Various Measures of Self as the Mediator

	GSE	SE (alone)	SD (alone)	SE (with SD)	SD (with SE)
Support--> SocInit					
Mothers	.003/not	.005/not	.003/not	.013	.0002
Fathers	.001/not	.005/not	.016/not	.034	.0078
Support--> Depress					
Mothers	n/a	n/a	n/a	n/a	n/a
Fathers	-.002/not	-.009/not	-.041/not	.014	-.148
Psyc Ctl -->Depress					
Mothers	.178/partial	.148/partial	.191/partial	.011	.226
Fathers	.155/full	.137/full	.161/full	-.033	.192
Psyc Ctl --> ASB					
Mothers	.066/full	.058/full	.068/full	.021	.057
Fathers	.057/partial	.051/partial	.058/partial	.008	.049
Beh Ctl --> ASB					
Mothers	-.029/not	-.025/not	-.032/not	-.008	-.023
Fathers	-.043/not	-.037/not	-.051/not	-.006	-.042

Note. Full = full mediation of the direct effect; partial = partial mediation; not = no mediation.

To further assist in determining which version of self to choose as a mediator, comparisons were made among the four models with respect to how much of the variance (i.e., R^2) in each endogenous variable (i.e., the self and outcome variables) was explained by the various models. While many of the R^2 levels were similar across the four models, the SD-only model appeared to explain more of the variance in depression ($R^2 = .57$ for fathers and .55 for mothers), compared, for example, to the SE-only model, which explained 44% and 41% of the variance in depression, respectively. However, no empirical tests were run to determine whether these differences were statistically significant. Because the SD-only model fit the data well and appeared in some instances to explain more of the outcome variance (in addition to the studies cited previously highlighting the particular value of self-derogation as a measure of self), it was decided that the model with self-derogation as the sole mediator provided an appropriate representation of adolescent self in terms of maximizing its mediation of parenting effects. The fit of the SD model for youth reports of fathers' parenting was CMIN/df = 2317.42/1504, CFI = .93, RMSEA = .03, and for youth reports of mothers' parenting: CMIN/df = 2386.25/1505, CFI = .92, RMSEA = .03.

To summarize the results for this final model using self-derogation as the mediator, there was substantial evidence of mediation, but only of the effect of parental psychological control. First, as hypothesized, the over-time (i.e., one year lag) relationship between youth reports of parental psychological control and youth depression was fully mediated in the model using youths' reports of their fathers' parenting and partially mediated in the model using youths' reports of their mothers' parenting. Further, and also supporting the hypotheses of mediation, the relationship between parental psychological control and youth antisocial behavior was fully mediated in the reports of mother parenting data and partially mediated in the model of reports of

father parenting. Contrary to hypotheses, self-derogation did not mediate any of the effects of

parental support or parental behavioral control. A graphic representation of the SD mediational

model for fathers' data is provided in Figure 5 and for mothers' data in Figure 6.
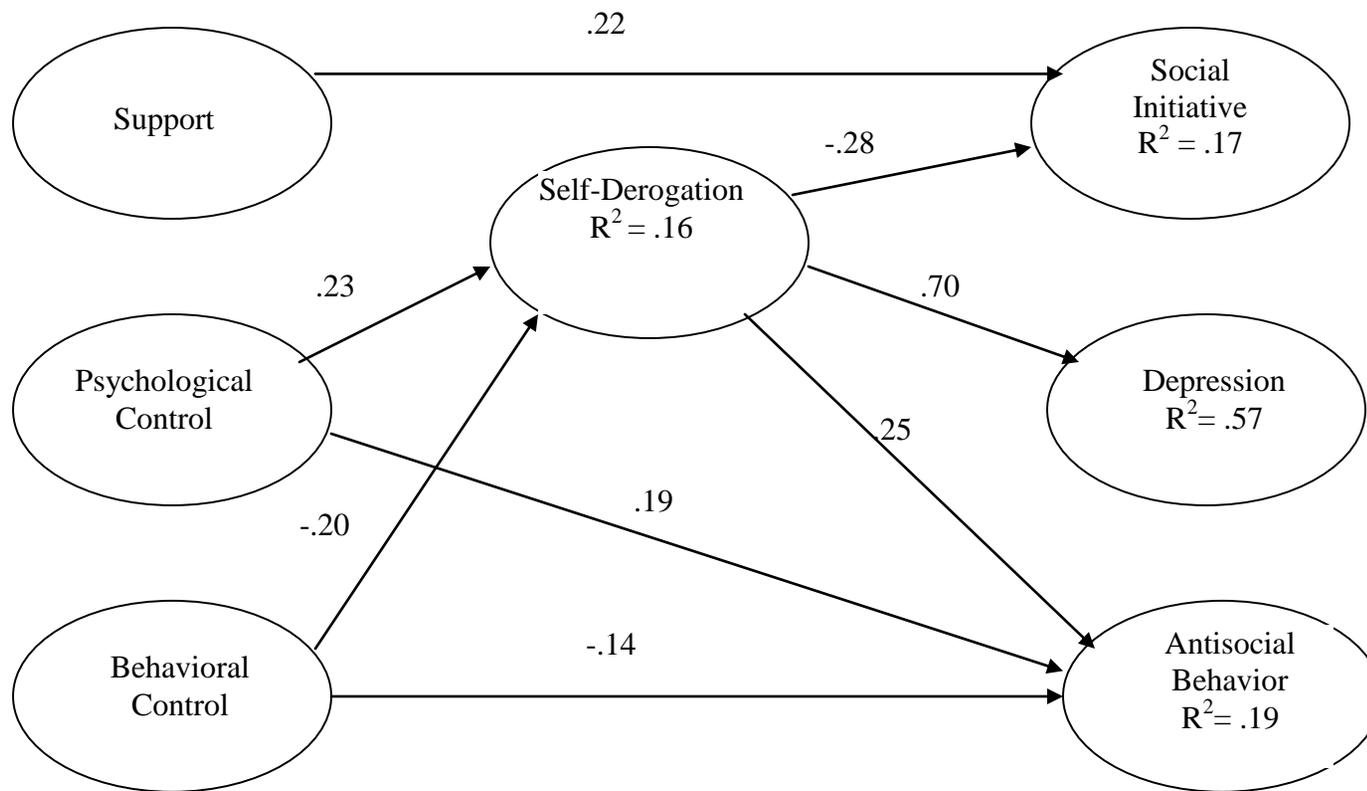
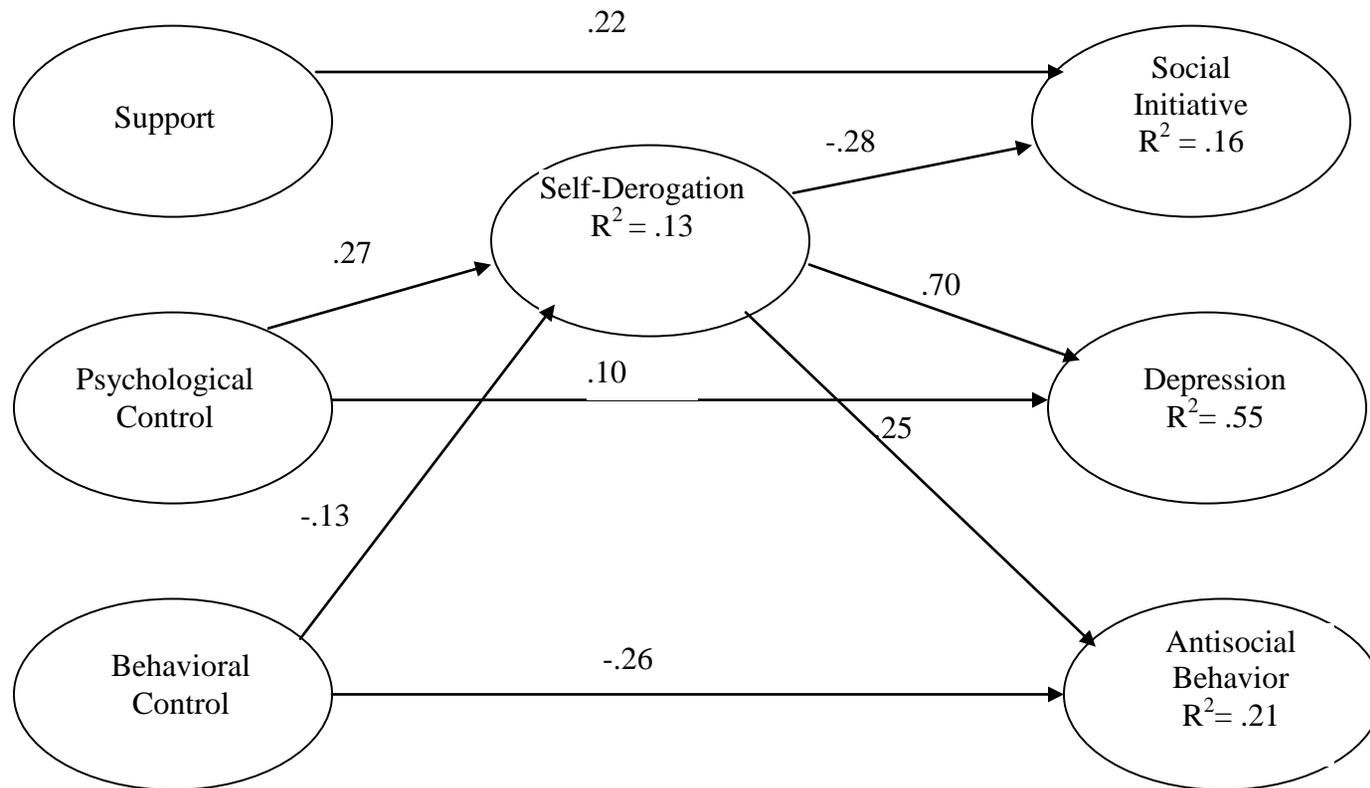Figure 5. *Self-Derogation Mediational Model for Fathers and Adolescents.*

Figure 6. *Self-Derogation Mediational Model for Mothers and Adolescents.*

CHAPTER V: DISCUSSION

The purpose of this study was to determine whether adolescent self explains the association between parenting and youth outcomes. A large, longitudinal dataset was used to explore higher-order effects of three parenting dimensions (i.e., support, psychological control, and behavioral control) on three adolescent outcomes (i.e., social initiative, depression, and antisocial behavior) in a sample of US adolescents. Using youth reports of parenting from Year 3 of the study, along with self-reported self and outcome data collected in Year 4 of the study, the hypotheses were tested with structural equation modeling.

A large volume of past theoretical work has suggested that the self is socially constructed and that "significant others" (Mead, 1934), such as parents, are well-situated to offer frequent reflected appraisals. Further, many have noted that adolescence is a time of particular importance for development of self and identities. In this study, it was hypothesized that the two dimensions of global self-esteem (i.e., self-esteem and self-derogation) would partially mediate the effects of parental support and parental psychological control on three adolescent outcomes (i.e., social initiative, depression, and antisocial behavior). A third parenting dimension, behavioral control, was included in the model, but initial hypotheses did not theorize mediation of this dimension.

As to the findings, consistent with previous research, this study has shown that the adolescent self did mediate some of the effects of parenting on adolescent behaviors. More specifically, adolescents' reported self-derogatory feelings (e.g., "At times, I think I am no good at all;" "All in all, I am inclined to feel that I am a failure;" etc.) mediated the over-time association between parental psychological control and both adolescent depression and antisocial behavior. However, no mediation was found for the hypothesized effects of parental support;

68

parental support continued to predict adolescent social initiative (mothers' and fathers' support) and depression (fathers' support only) regardless of the level of self. Further, no mediation was found for the effects of parental behavioral control, which continued to directly predict adolescent antisocial behavior. In the following paragraphs, I discuss the implications of (a) self-derogation as the most effective measure of self, (b) bivariate findings related to parenting, self, and outcomes, and (c) self as a mediator of parenting effects. At the conclusion of the chapter, I discuss limitations of the study and suggest possible directions for future research.

Measuring Self: The Predominance of Self-Derogation

Though several potential measures of adolescent self were investigated in the present study (i.e., global self-esteem, self-esteem alone, self-derogation alone, and self-esteem together with self-derogation), self-derogation appeared to be one appropriate measure of self. Self-derogation mediated the effects of parental psychological control for both mothers and fathers and also explained a substantial portion of the variance in youth outcomes. This is consistent with past research, including: Kaplan and Pokorny's (1969) finding that higher levels of self-derogation were strongly associated with depression and anxiety; Owens' (1994) finding that self-derogation was more strongly associated with depression and delinquency than was self-esteem; and Shagle and Barber's (1995) finding that self-derogation was the strongest predictor of adolescent suicidal ideation (in a model that also included the same measure of parental support studied here).

As to why it may be the case that self-derogation figures more prominently in studies, compared to self-esteem, an inspection of the specific items making up these subscales is instructive. For example, in contrasting the five self-esteem items with the five self-derogation items, it is apparent that the item sets differ in their intensity of self-evaluation. Specifically, the

69

self-derogation items are worded to be quite direct and strong in their self-condemnation (e.g., "I certainly feel useless at times;" "I feel I do not have much to be proud of"), In contrast, the self-esteem items are milder and actually infer just a sense of adequacy rather than strongly positive self-evaluations (e.g., "I am able to do things as well as most other people;" "I feel that I have a number of good qualities"). Thus, it may be that only the self-derogation items, not aggregated with the milder evaluations of adequacy, tap self-evaluation extremely enough to explain the effects of parenting. As will be discussed below, it is therefore sensible that self-derogation was able to explain the effects of rather severely negative parenting (e.g., psychological control).

Bivariate Associations between Self, Parenting, and Adolescent Outcomes

A necessary first step in testing self as a mediator of parenting effects was to determine that the potential mediator (i.e., self-derogation) was related to both elements of the effect it was intended to mediate. All three dimensions of parenting (i.e., support, psychological control, and behavioral control) were associated with self-derogation in the expected directions. These associations are consistent with the principles of the self-esteem theories, which assert that adolescents who receive high levels of support and low levels of psychological control from their parents are likely to have a positive self-assessment, resulting in low levels of self-derogation. Though the self-esteem theories did not specifically allude to behavioral control, the finding that behavioral control was negatively associated with self-derogation is consistent with previous empirical research which has found a positive association between behavioral control and self-esteem (e.g., Barber et al., 1992; Bean et al., 2003).

The bivariate results also showed that self-derogation was associated in the expected directions with the three adolescent outcome variables (i.e., social initiative, depression, and antisocial behavior). Given the principles of the self-esteem theories, and the volume of past

70

empirical work on the association between self and outcomes, it is not surprising that this study found that adolescents with a negative self-concept (as measured by high levels of self-derogation) were less likely to be socially competent and more likely to be depressed and/or engaged in antisocial behavior than their peers with a more positive sense of self. Overall, the bivariate results suggest that less parental support and behavioral control and more parental psychological control are strong negative influences on adolescent self, and adolescents with high levels of self-derogation have lower social initiative and greater depression and antisocial behavior.

Self as a Mediator of Parent Effects

The essence of this study was to investigate the degree to which self explains the effects of parenting on adolescent behaviors. The bivariate correlations discussed above demonstrated that testing mediation was a legitimate purpose to pursue. Following is a discussion of central focus of the study, that of the mediating role of self. The discussion is organized according to the sets of hypotheses.

Does Self Explain the Effects of Parental Support?

In the first set of hypotheses, it was theorized that self would mediate the relationship between parental support and adolescent social initiative. When the hypotheses were tested in multivariate models, separately for mothers and fathers, it was found that self-derogation did *not* mediate this effect for either parent. In other words, even though parental support was related across time with self-derogation, the derogatory self-evaluations did not explain why parental support is associated with higher self-competence.

In the second set of hypotheses, it was theorized that self would mediate the relationship between parental support and adolescent depression. This potential mediation was not tested for

71

mothers, because a direct association between maternal support and adolescent depression was not found in the data used to conduct this study. For fathers, the test of this hypothesis showed that the association between parental support and adolescent depression was *not* mediated by self (i.e., self-derogation). Thus, paternal support continued to predict less adolescent depression regardless of the adolescent's level of self-derogation, indicating again, that in these data the reason why youth reporting lower levels of parental support also reported higher depression, was not due to self-derogatory feelings.

It needs to be said that these results are not consistent with some past findings, including those of Dekovic and Meeus (1997), who found that self-concept mediated the association between maternal support and social initiative, as well as several previous studies that have found self to mediate the association between parental support and adolescent depression (i.e., DuBois et al., 1994; Plunkett et al., 2007; & Stewart et al., 1998), However, most of the above-mentioned studies examined parental support as the only parenting predictor variable in the model. Accordingly, it may be the case that, in a multivariate model with psychological control and behavioral control, the effects of parental support on self are overpowered by the comparatively stronger effects of psychological control on self. The exception to this is the study of Plunkett et al. (2007) that found mediation of both support and psychological control. However, that study assessed self with the full 10-item global self-esteem measure, not separating self-esteem from self-derogation. It is plausible, then, that the reason for the inconsistency of findings related to mediation of parental support is due to this difference in the measurement of self. Clearly, more research is needed to better understand the effects within a multivariate model.

Does Self Explain the Association between Parental Psychological Control and Adolescent

Depression?

In the third set of hypotheses, it was theorized that self would mediate the association between parental psychological control and adolescent depression. Tests of these hypotheses indicated that, in the final multivariate model, self-derogation fully mediated the effects of paternal psychological control and partially mediated the effects of maternal control on adolescent depression. In other words, for the youth in this data set, the reason parental psychological control was associated with adolescent depression one year later was explained by the fact that psychological control predicted higher levels of strongly negative self-criticism. This finding is consistent with past studies (not using self-derogation), such as Plunkett et al. (2007) who found self to mediate the impact of (parent aggregated) psychological control on levels of depression in US 9th and 10th graders, and Stewart et al. (1998) who found the self to fully mediate the association between mothers' psychological control and adolescent depression in Hong Kong.

Why was self-derogation such a strong mediator of the effects of parental psychological control as opposed to the other parenting constructs? When one considers the three parenting dimensions tested in this model, it is notable that only psychological control involves a parent actively trying to change the child's self. Parental support, by definition, is a process of affirmation for the person whom the child chooses to become; supportive parents offer unconditional acceptance to the child. Parents engaging in behavioral control monitor their children's behavior, but again the adolescent's own best interests are presumably kept in mind. In contrast to parents who offer high levels of support and behavioral control, psychological controlling parents engage in underhanded processes such as intrusion and manipulation to

73

invade the thought processes of their adolescent children. Indeed, some of the attempts to explain how psychological control injures children and adolescents suggested specifically that it would do damage to the self system of the child. For example, Barber and Harmon's (2002) review chapter of parental psychological control was titled *"Violating the Self: Psychological Control of Children and Adolescents"* in which they interpreted the empirical evidence of the impact of this intrusive type of parenting as impeding the child's or adolescent's self (e.g., self-will, self-reliance, and ego development and individuality). The results of the present study offer support for that interpretation of the harm to self that parental psychological control can effect by documenting that self-derogation substantially explained the link between psychological control and adolescent depression.

With respect to the differential levels of mediation for fathers and mothers, it is worth considering why paternal psychological control would be fully mediated by self-derogation when maternal psychological control retained a direct association with adolescent depression (in addition to its indirect effect on depression through self-derogation). Perhaps it is the case, as suggested by Stephan and Maiano (2007), that reflected appraisals from fathers carry relatively more weight than reflected appraisals from mothers. Another possibility for why paternal psychological control so strongly affects the adolescent self is that fathers have traditionally played more of an instrumental role in childrearing (cf. Amato, 1998), so the psychological/emotional interactions with adolescents are less frequent and therefore more influential for the developing self than are similar interactions with mothers. A third possibility concerns the maintenance of the direct association between maternal psychological control and depression; it is probable that the effect of mothers' psychological control on adolescent depression in this multivariate model was so strong that the effect could be maintained even in the presence of a

mediator. In other words, it is not the case that maternal psychological control is less strongly related to self-concept than paternal psychological control; rather maternal psychological control is simply more strongly associated with depression. An examination of the parenting model before adding the mediator potentially lends support for this interpretation. Although an empirical test would be required to verify the difference in effects, it appears as if the correlation between parental psychological control and adolescent depression might be stronger in the mother data (.33) than in the father data (.23) (see Figure 3). Whether the full mediation of the association between paternal psychological control and depression in the father data occurred for these reasons or for other reasons, the finding supports the need for more research on parent gender differences in the effects of psychological control.

A close examination of the self-derogation items alongside the depression items reveals that while the correlation between the two constructs is quite high, face validity suggests that the constructs are independent. While the self-derogation items focus more on feelings of incompetence and lack of accomplishment (e.g., "I certainly feel useless at times;" "I am inclined to think that I am a failure"), the depression items center on feelings of aloneness and being unloved (e.g., "I feel alone;" "Nobody really loves me"). It seems quite natural, then, that feelings of incompetence might lead to isolating oneself from others and feeling alone and unloved.

Does Self Explain the Association between Parental Psychological Control and Adolescent Antisocial Behavior?

In the fourth set of hypotheses, it was theorized that self would mediate the association between parental psychological control and adolescent antisocial behavior. Tests of these hypotheses indicated full mediation of the pathway for mothers and partial mediation of the

pathway for fathers. Thus, as was the case for adolescent depression (see above), the results suggest that the reason parental psychological control was associated with later adolescent antisocial behavior was the level of self-derogation that follows from parental psychological control.

With respect to differences in mediation levels in the mothers' model and the fathers' model, it is interesting to note that the situation was the reverse of that with psychological control and depression. In this instance, the association between maternal (not paternal) psychological control and antisocial behavior was fully mediated by self-derogation. Because the mediation was full for fathers when adolescent depression was the outcome, it is not feasible to argue that maternal psychological control is more strongly associated with the adolescent self than paternal psychological control. Perhaps it is the case, then, that the direct association between paternal psychological control and antisocial behavior is stronger than the link between maternal psychological control and antisocial behavior. In other words, regardless of their self-appraisals, adolescents' experience of paternal psychological control is more likely to lead them to rebel and engage in antisocial behavior than the experience of maternal psychological control. Again, while empirical verification would be necessary, it does appear that the association between psychological control and antisocial behavior might be stronger in the father data (.27) than in the mother data (.18) (see Figure 4.) Once again, these findings argue for future work that carefully attends to how and why, at least from the reports of youth, parenting effects are differentially mediated depending on the sex of parent and the type of outcome measure that is targeted.

Regarding reconciling this finding with previous work, to date, no other empirical research has assessed the associations among self, psychological control, and antisocial behavior.

76

However, Self-Esteem Hypothesis (SEH; Abrams & Hogg, 1988) proposes that people are motivated to become part of an in-group and, once included in the in-group, will engage in exclusionary behaviors in order to maintain in-group status. If one considers the family as the ultimate in-group, it is easy to see that exclusion or threatened exclusion from the family would be potentially damaging to the self. Because children have less positional power than parents, there are a limited number of ways for them to seek revenge on parents; perhaps engaging in antisocial behavior is one of the only options adolescents feel that they have for enacting revenge on parents who injure the self through the process of excluding them from the family in-group. By engaging in behaviors that are clearly defined as unacceptable by the parents, the adolescent may feel vindicated in some way. Thus, according to the principles of SEH, it may be prudent to further examine the associations among psychological control, self, and antisocial behavior. Research findings from the present study certainly add support for the suggestion that self, particularly self-derogation, is the vehicle through which parental psychological control acts on antisocial behavior.

Does Self Explain the Association between Parental Behavioral Control and Adolescent Antisocial Behavior?

In the final set of hypotheses, it was theorized that self would not mediate the relationship between parental behavioral control and adolescent antisocial behavior. However, upon examination of the bivariate correlations of all variables in the study, it was determined that an empirical test of this (null) hypothesis would be prudent. Tests of these hypotheses indicated that parental behavioral control was not mediated by self (i.e., self-derogation). Thus, parental behavioral control retained its direct effect on adolescent antisocial behavior; or, in other words, the overtime impact of (inadequate) behavioral control on antisocial behavior was not explained

by levels of self-derogation.

It may be the case, as is suspected with parental support, that the relationship between parental psychological control and self is so strong that the relationship between behavioral control and self is overwhelmed in a multivariate model. But, while self has been shown to mediate parental support in other empirical studies, this is not the case for parental behavioral control. Only two studies have tested for self as a mediator of behavioral control on adolescent antisocial behavior (i.e., Pflieger & Vazsonyi, 1996; Slicker et al., 2004), and neither of those studies found support for their mediation-related hypotheses. Additionally, when reviewing theory, it becomes apparent that there are no principles presented in the self-esteem theories suggesting that parental behavioral control (i.e., monitoring, knowledge) would influence adolescent self-concept. Therefore, the present study has supported the (lack of) empirical evidence and theory that behavioral control would be mediated by the self, as I found no mediation of the association between parental behavioral control and adolescent antisocial behavior.

Summary of Study Findings

In summary, the present study has met its objective of extending the Barber et al. (2005) parenting model by presenting evidence that some of the effects of parenting on adolescent behavior can be explained by their association with the self. More specifically, results of this study demonstrated that adolescent self mediated the relationship between parental psychological control and adolescent depression and the relationship between parental psychological control and adolescent antisocial behavior. Thus, the results of this study confirm the previously articulated expectation that the reason psychological control is injurious to youth is because it encourages strong self-criticism, which then leads youth to feel depressed or engage in socially

unacceptable behaviors. Because these findings occurred in the context of a multivariate

parenting model, and tests of mediation were also performed for parental support and parental

behavioral control (with no mediation found for support or behavioral control), the findings

relative to parental psychological control are particularly noteworthy. It seems that psychological

control, the negative component tested in this study, has a very strong and very detrimental

influence on an adolescent's developing self. Because this study was performed with

longitudinal data, there is greater support for the hypothesis that the parenting behaviors are

causing the adolescent behaviors, rather than the adolescent influencing the parents' behaviors.

Limitations of the Study

Though the study contributed in several ways to the growing body of research on self as a

mediator of parenting, there were also some noteworthy limitations. First, because I did not find

direct effects of maternal support on adolescent depression in the years of the dataset used for the

present study, it was not possible to test for mediation of this pathway. Though results suggest

that parental support was not mediated by self, it is unfortunate that the maternal support to

adolescent depression pathway was not able to be tested. Second, though I hypothesized that

self-derogation would be the stronger mediator of parental psychological control in a two-

mediator model, software program limitations prevented me from being able to empirically test

this hypothesis. So while hand calculations performed in the two-mediator model suggested that

self-derogation was the stronger mediator, this finding was not able to be confirmed by the

AMOS program.

Third, the correlation between self-derogation and adolescent depression was very high in

both the maternal model (-.84) and the paternal model (-.88). It is possible, then, that the two

constructs are not adequately independent. As noted above, I feel that the depression items focus

79

more on loneliness while the self-derogation items focus more on competence; however, this distinction may not be strong enough to separate the two constructs in the minds of the adolescent survey participants. A fourth limitation of the present study is that, though a large longitudinal dataset was used, all of the data were collected in the United States. Thus, these findings cannot be generalized to all adolescents. With the exception of studies by Dekovic and Meeus (1997) who documented mediation of parental support with a Dutch sample, and Stewart et al. (1998), who found self to mediate of the effects of parental psychological control in Hong Kong, most studies investigating the mediating role of adolescent self-evaluation have been conducted in the U.S. The work should be expanded to other cultures to help know the extent to which this mediating process is generalizable to the parent-adolescent relationship in various diverse groups.

A final limitation is that tests for youth gender differences were not conducted; thus, for the sake of thoroughness, future researchers should consider the possibility of gender differences in how or the degree to which self mediates parenting effects. However, my inspection of theory and research led me to expect that separating male and female youth would not yield significant differences. For example, the Barber et al. (2005) model that is the foundation for this study found very similar patterns of parenting effects for male and female youth; in other words, parental support, psychological control, and behavioral control had generally consistent effects on youth regardless of gender. (Note: there were isolated and non-systematic differences for effects of behavioral control). Further, the self-esteem theories reviewed for this dissertation did not suggest a gendered nature of self-esteem; on the contrary, each of the four theories suggested that the self-development processes are universal.

Implications of the Study for Parents and Practitioners

While contributing to the scholarly literature on parenting adolescents is a worthy goal in itself, it is perhaps even more important for such research to be translated so that it is applicable to parents and those who are charged with helping parents (e.g., interventionists and parent educators). In the case of the present study, the predominant finding is that parental psychological control is predictive of strongly self-derogatory feelings of adolescents, which in turn are associated with negative behavioral outcomes for adolescents. An examination of the psychological control measure that was used in the study offers insight into specific parenting behaviors that are harmful to adolescents. For example, the psychological control scale includes items such as, "[my parent] changes the subject whenever I have something to say," "[my parent] is less friendly with me if I do not see things her/his way," and "if I have hurt her/his feelings, [my parent] will stop talking to me until I please her/him again." These items reflect some of the general types of parental behaviors that have been thought to represent psychologically controlling parental behavior, including: constraining verbal expressions, invalidating feelings, personal attack, guilt induction, love withdrawal, and erratic emotional behavior (Barber, 1996). These psychologically controlling behaviors are disrespectful of the adolescent and it is therefore not surprising that the adolescent's self suffers as a result of such interactions with a parent.

A review of the self-derogation measure draws attention to the specific damage that is inflicted upon the adolescent self when parents engage in psychologically controlling behaviors. The results of this study suggest that when parents use psychological control, adolescents report agreement with statements including, "At times, I think I am no good at all," "I feel I do not have much to be proud of," and "I wish I could have more respect for myself." Statements such as

81

these demonstrate that adolescents are likely to internalize the negative psychological messages received from their parents.

Therefore, the results of this study lead to the recommendation that parents of adolescents should not engage in psychological control (as measured in the present study) when relating to their children. In other words, when interacting with their children parents should avoid as much as possible doing such things as changing the subject when their child is talking, discounting feelings expressed by their children, threatening withdrawal of attention and love based on the actions of the adolescent, etc. More generally, parents need to acknowledge that adolescents are in the process of developing a self-concept and recognize that repeated negative appraisals (e.g., inducing guilt, speaking in a condescending way to the adolescent) harm that process.

What can parents do instead of using psychological control as a means of relating to their adolescent children? Instead of engaging in such behaviors as those described above, it would be valuable for the parent to take time to reflect upon what might have been the intended goal in previous instances of their use of psychologically controlling behavior. For example, did the parent desire for the adolescent to spend more time with the family? If that is the case, then perhaps a more appropriate means of persuasion than attempts to make the adolescent feel guilty for spending time with his/her friends would be an explicit statement about what the parent desires and a willingness to reach a compromise (e.g., "You may hang out with your friends on one weekend evening, but we would like to reserve the other weekend evening for time together as a family").

Regarding the other dimensions of parenting, the findings of this study are consistent with findings from previous research which document the positive behavioral and self-related outcomes for adolescents who receive high levels of parental support and behavioral control.

Specific supportive behaviors as measured in the present study included, "[my parent] cheers me up when I am sad," "gives me a lot of care and attention," and "believes in showing her/his love for me." Specific items from the behavioral control scale indicated that the adolescent felt his/her parent had a high level of knowledge about, "where you go at night" and "who your friends are." Therefore, it is recommended that parents offer much warmth and affection to their adolescent children in addition to monitoring their behavior and having regular conversations about the activities (particularly those outside the home) in which the adolescent chooses to participate – while also avoiding psychologically controlling behavior. Reflective parents who are warm, loving, and attuned to their children's needs are likely to have children who develop a healthy self-concept and make good behavioral choices.

Regarding specific recommendations for practitioners, this study further validates the previous research it built on which has found evidence for three specific dimensions of parenting (i.e., support, psychological control, and behavioral control; see, e.g., Barber et al., 2005). While past work has shown that these parenting dimensions relate directly to youth outcomes, the results of the present study suggest that some of the effects of parenting (particularly those of psychological control) operate by impacting a child's sense of self, which then leads to certain types of internalized and externalized behavior. One way to make use of these findings in a parenting class might be to educate parents about these aspects of parenting and discuss specific ways in which parents can increase the use of supportive behaviors and behavioral control while decreasing the use of negative, psychologically controlling behaviors. Perhaps a couple of parents in the class could engage in role-play, and the other class members could critique them, therefore learning to recognize examples of positive and negative parenting behavior. Because empathy can be powerful, another strategy in a parenting class might be to ask parents, "how do

you feel when I interrupt you, change the subject, discount your feelings?" Allowing parents to experience self-derogation as a result of psychologically controlling behaviors could help them to realize how youth feel on the receiving end of such behaviors and to subsequently remove psychological control from their interactions.

<div align="center">Directions for Future Research</div>

Researchers who continue to study the self as a mediator of parenting should consider conducting similar studies in other cultures, particularly non-Western cultures. Though studies such as Barber et al. (2005) have documented consistent parenting effects on adolescent outcomes across cultures, it is plausible that parenting dimensions affect *self* differently based on whether the culture is individualist or collectivist. For example, there is a large body of research suggesting that the self that develops may be more self-oriented or other-oriented based on cultural context (e.g., Markus & Kitayama, 1991). Thus, perhaps the associations among parenting, self, and outcomes would be different in cultures that are more collectivist. Nevertheless, it is not immediately clear that such cultural differences would apply to self-derogatory feelings. Another suggestion for future research would be the use of multiple self-measures in the same study (that is, not just the Rosenberg scale), so that the measures might be compared. In the present study, support was shown for self-derogation as a representative of self (when compared with global self-esteem and self-esteem); however, it would be prudent to test self-derogation against other self-constructs (e.g., self-efficacy). Finally, as to gender of adolescent, future work should verify the expectation discussed above regarding the non-gendered nature of self-as-mediator of parenting effects by conducting thorough tests for gender differences.

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