

ADOLESCENT PERCEPTIONS OF OVERALL FAMILY
QUALITIES, PARENTING BEHAVIORS, EMPATHETIC
ORIENTATION, AND SELF-ESTEEM: A SYMBOLIC
INTERACTION PERSPECTIVE

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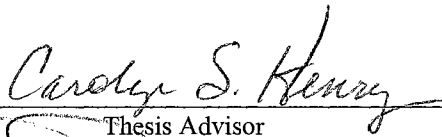
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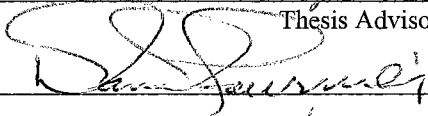
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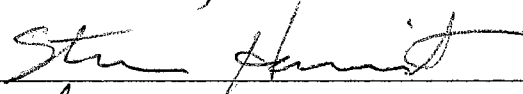
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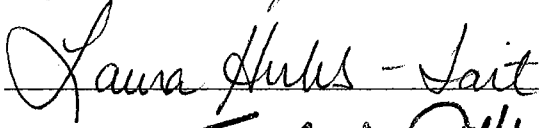
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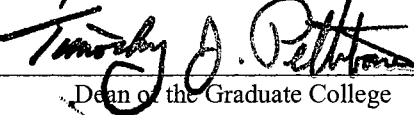


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This dissertation is mainly about how positive personal perceptions of family and parents relate to the emotions associated with the self and others. And if I can be permitted to extend the definitions of family and parents beyond normal ideas of kith and kin, then this first page is about some of the people who joined my family along the way and some that were already there. But before I go any further, let me say to all of you, thank you.

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CHAPTER I

Introduction

If persistence and volume of related literature are any indication of academic importance, then there are two topics that are very important. The first topic concerns the relation between humans and their social contexts. The second topic concerns the relation between individuals' previous experiences and observations and their current and future social interactions. However, these two topics contain a single assumption that individuals through experiencing life develop their abilities to relate with others. In current research and theories, the ability to relate to others is often termed social competency, or the individual's ability to behave in socially desirable manners.

In contrast, in the majority of the work examining the influence of families and parents on social competency development, adolescent agency is ignored. More specifically, most of the research neglects to examine how adolescents' perceptions of their families and parents behaviors influence their social social competency development. *Therefore, this project focuses on how adolescents' perceptions of overall family functioning qualities and parenting behaviors relate to self-reported individual qualities of self-esteem and empathic orientation.*

Unresolved Issues: The Problem's Background

In many theories, the development of social competencies is closely associated with adolescence, or a child is assuming the social roles expected of adult members in society (Holmbeck, Paikoff, & Brooks-Gunn, 1995; G. W. Peterson, 1987, 1995; Simmons, 1987; Steinberg, 2001; Steinmetz, 1999). Thus, adolescence is generally conceived as a transition from childhood to adulthood (Jessor & Jessor, 1977; Steinmetz, 1999). The core emphasis is that a child becomes a socially competent adult through developing a sense of "who" and "what" he or she is (Côté, 1996; Erikson, 1950; Harter, 1999; Marcia, 1966, 1993), balancing his or her personal desires with those of others (Barber & Erickson, 2001; Baumrind, 1978; Garnezy, 1971; G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987), and becoming capable of

maintaining social relationships over time (Colby, Kohlberg, & Gibbs, 1983; Grotevant & Cooper, 1998; Inhelder & Piaget, 1958; Kroger, 2000; G. W. Peterson & Rollins, 1987). Thus, social competence is essentially a complex collection of a person's abilities to function within long-term relationships in manners characterized as effective, adaptive, and healthy (Barber & Erickson, 2001; G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987). In short, a socially competent individual is an individual that is able to balance caring for his or her self while caring for others (Damon & Hart, 1992; G. W. Peterson & Leigh, 1990).

In most societies families are ascribed a primary role for the development of socially competent individuals (Cox & Paley, 1997; Erikson, 1950; Gecas & Schwalbe, 1986; Lerner & Walls, 1999; Minuchin, 1974; Olson, McCubbin, Barnes, Larsen, Muxem, & Wilson, 1983; Sprey, 2000). Traditionally, this role has been examined in terms of socialization, the parent-child relationship, and parenting behaviors. With *socialization*, for example, the primary concern is the influence of parents and other family members on the development of habits and behaviors that constrain or enable the child's behaviors with others (e.g., Erikson, 1950; James, 1890; Mead, 1934). Alternately, the *parent child relationship* constitutes the interactions between the parent and child that influence both individuals over time (G. W. Peterson & Rollins, 1987). In contrast, *parenting behaviors*, or more simply parenting, refers to a series of intentional and unintentional behaviors and decisions enacted by mothers and fathers that may influence their children's behaviors and development (G. W. Peterson & Hann, 1999; G. W. Peterson & Leigh, 1990). Because parenting occurs within parent-child relationships, the relational dynamics reciprocally, or bidirectionally, influence both the child and the parent. However, socialization, the parent-child relationship, and parenting, are embedded within a larger system of ongoing relationships (Cox & Paley, 1997; Gecas & Schwalbe, 1986; Lerner & Walls, 1999; Minuchin, 1974; Sprey, 2000). Thus, in considering the development of social competency a child's perceptions of both parenting behaviors and family relationships should be considered because each relate to socialization (Brändstädter, 1999; Bronfenbrenner, 1979; Gecas & Schwalbe, 1986; Lerner & Walls, 1999). This is because the child's perceptions of their relationships within the family influences later development of socially competent behaviors (Bretherton, 1988; Saarni, 1988; Markiewicz, Doyle, & Brendgen, 2001; Rice & Cummins, 1996), while much of the situational influence of parenting on the socialization of social competency is

based on the previous parent-child relationship (Gecas & Mortimer, 1987; Gecas & Schwalbe, 1986; Hoffman, 1970, 1982; Mitsch-Bush & Simmons, 1981; G. W. Peterson & Hann, 1999; G. W. Peterson & Leigh, 1990).

However, the popularity of this topic has created a large volume of literature on the relation between family and parenting factors and varied facets of social competency. Further, this literature is distributed across multiple social science disciplines that approach the topic from a myriad of differing theoretical perspectives. Yet, three basic premises exist that are consistent across much of the literature. First, humans are capable of reflexive thought (e.g., Gergen, 1971, 1991; Harter, 1999; Marsh & Hattie, 1996; Rosenberg, 1986). Second, relationships are important for both individuals and society (e.g., Bretherton, 1988; Cox & Paley, 1997; Mead, 1934; Saarni, 1988; Weigert, Teitge & Teitge, 1986). Third, people shape and are shaped by their relationships over their life-span (e.g., Baltes, 1987; Brändstädter, 1998, 2000; Bronfenbrenner, 1979; Bronfenbrenner & Morris, 1998; Elder, 1999; Hartup & Laursen, 1986; 1999; Lerner & Walls, 1999; Parke, 1988; Sears, 1951). Yet, the variety of disciplines and theories using these premises yield a range of terminology and ideas that are field specific. Thus, often the literature on the family and parenting in relation to social competency tends to reflect the traditions of a particular discipline without considering the ideas contained across other disciplines and traditions.

Assumptions

Based on the previous literature, this project assumes that adolescence represents one key time period in the life-span for an individual's formation of social competency. Thus, it is assumed that an adolescent's current phenomenology should represent a meaningful construct for future socially competent interactions. Moreover, an adolescent's reports of family factors are assumed to represent current internalized perceptions of his or her family and parental behaviors.

Further, the individual's conceptualization of the self in part guides his or her external actions and reactions, personal goals, changes in emotions on feelings (Case, 1991; Damon & Hart, 1988; Harter, 1999; Gergen, 1971; Magai & McFadden, 1995; Markus & Wurf, 1987). In relation to adolescent development, the central thrust across the varied theories is that adolescence involves the individual's construction of personal theories regarding "who" and "what" the person believes himself or herself to be (Epstein, 1973, 1991; Erikson, 1950; Kroger, 2000; Harter, 1999; Inhelder & Piaget, 1958). In addition to the developmental theories, though, there is another set of theories that focuses broadly on the importance of the self in relation to society based on socializing interactions is found in social psychology, symbolic interaction theories (e.g., Cooley, 1902; Mead, 1934; G. W. Peterson & Rollins, 1987; Rosenberg, 1979; Stryker, 1980).

Symbolic Interaction Perspectives

One of the most widely used theoretical perspectives within social psychology, symbolic interaction, typically bridges the multiple domains theorizing and research by expressly dealing with concepts of the self, socialization, and social competency, is symbolic interaction (Blumer, 1969; Harter, 1999; LaRossa & Reitzes, 1993; Stryker, 1964; J.H. Turner, 1991). Symbolic interaction involves understanding social behaviors by focusing on the connection between symbols and interactions to explain the interplay between individuals and society (Stryker, 1964, 1980). In this theoretical orientation, symbols are social objects used by the individual for representing information (Blumer, 1969). Information is obtained and embedded in the use of symbols during interactions between individuals and their social contexts (Blumer, 1969; Cooley, 1902; Mead, 1934). A symbol's meaning then arises from the individual's use and its refinement of meaning based on exchanging information with others. Therefore, interactions are attempts at exchanging information between the individuals and his or her social contexts (Blumer, 1969; Stryker, 1980; Mead, 1934). Thus, the primary interests of symbolic interaction theorizing are how a person's symbolic representations develop, and how the process of developing symbols organizes the person's behavior (Stryker, 1964).

LaRossa and Reitzes' (1993) work simplifies this discussion by conceptually framing symbolic interaction into a series of three interrelated themes relating meanings of symbols to social behavior. One

theme asserts that what symbols represent, the meanings people attach to objects, have important implications for human behavior. Next, a second theme asserts that the most important object an individual defines is the self, or self-related symbols. Finally, a third theme asserts that perceived meanings from previous interactions gain complexity and are refined over time as the meanings are “used” by an individual.

Building from this framework, there are two key ideas that frame this project. First, symbols are perceptions formed from interactions and used by a person in organizing and motivating current and future behaviors based on perceived meanings. Social competencies represent symbols of information internalized by the child. By saying internalization, what is meant is that an individual acquires information and construct meanings based on his or her current observations and remembered interactions (Harter, 1999; Mead, 1934; Rosenberg, 1981; Stryker, 1980, 1981). Second, family functioning and parenting represent influential social contexts and interactions that provide social information that influences the formation of social competency. Thus, interactions are attempts at exchanging information between the individuals and their contexts (Blumer, 1969; Stryker, 1980; Mead, 1934).

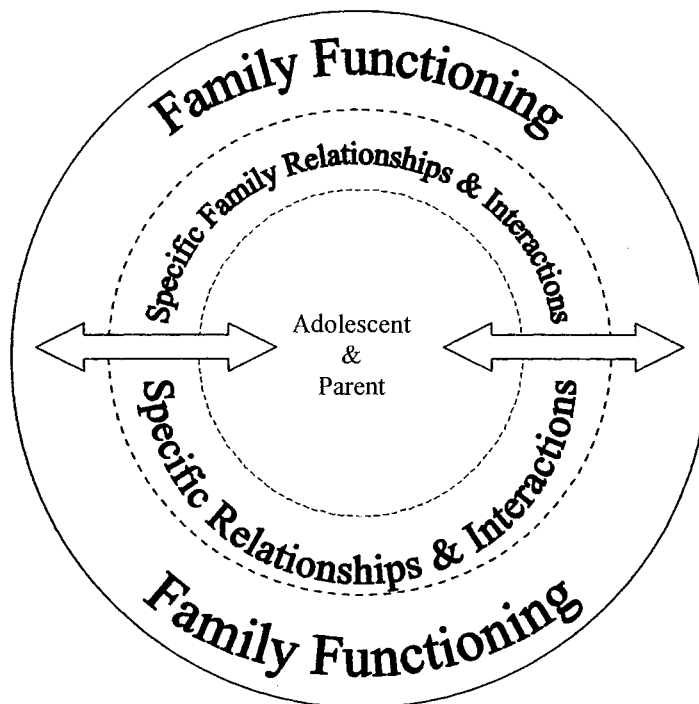


Figure 1. Generic conceptual model of nested systems (adapted from Henry, Huey, Robinson, & Neal, 2001)

Therefore, families serve as a social context that influences the development of social competency, while parenting serves as a mechanism that directly communicates the information pertaining to social competency development, or socializes social competencies. Also, this means that socialization is the direct provision of information by an individual's contexts and parents that influences his or her internalization of social symbols (Gecas & Schwalbe, 1986; Gecas & Mortimer, 1987; Grusec & Lytton, 1988; James, 1890; Mead, 1934; Simmons, 1987; Stryker, 1980, 1981; Weigert, Teitge, & Teitge, 1986). Thus, three key ideas for framing and synthesizing information relating individual's perceptions of family and parenting to the foundations of social competencies are: (a) The internalized symbols of social competency, (b) The influence of the family as a social context, and 3) The socializing mechanisms of parenting.

Systemically speaking, these two can be generically modeled by structurally organizing the systemic levels from individual family members out to the overall family functioning qualities (Brändstädter, 1999; Bronfenbrenner, 1979; Minuchin, 1974; Olson et al., 1983). A generic model of the structural organization adapted from work by Carolyn Henry, Erron Huey, Linda Robinson and Rachel Neal (2001) is presented in Figure 1. Following this conceptual line, nested within the systemic patterns of the overall family functioning are specific dyadic relationships and interactions. Examples of these dyads are the relationships between the mother and father, father and adolescent, and mother and adolescent. In turn, individuals participating within each relationship are nested with in both the relationship and the overall family system. Thus, nested within specific dyadic relationships are the both the parents and adolescent.

General Conceptualizations: Rationale and Research Questions

Since the general thesis of this project is that individuals' perceptions are significant and related to the foundations of social competencies, this project proposes that during adolescence perceptions of family and parents are significantly related to the foundations of social competency. More precisely, the thesis of this project is that during adolescence perceptions of family relationships and parenting behaviors relate significantly to the foundations of social competency. Further, a symbolic interaction framework synthesizes previous theories and research findings on the relation between adolescent perceptions of the family and parenting to antecedents and should highlight variables that are salient to social competency.

Additionally, it is likely that adolescent perceptions of the family and parenting demonstrate different relations to the development of these foundations of social competency. Thus, perceptions of the family and parenting should demonstrate varied significant relations to antecedents of socially competent behaviors.

Therefore, the goal of this proposed study is to examine combinations of variables related to the family and parenting for their relation to social competency. So, the conceptual questions of this project are: (a) how are perceptions of family and parenting behaviors related to social competency; and (b) does the relation between adolescent perceptions of family and parenting when considered simultaneously differ when considering facets of social competency related to emotional perceptions of the self and others?

Research Variables: Conceptual Definition and Relations

Social Competency

In general, research indicates that social competency is positively related to individual well-being and negatively related to individual psychopathology and social deviance (for reviews see A. C. Petersen & Leffert, 1995; A. C. Petersen & Leffert, 1987; G. W. Peterson & Leigh, 1990; Steinberg, 2001; Steinmetz, 1999). Within the empirical research a socially competent adolescent is someone who: is involved responsibly in their social world; acts in socially appropriate manners; has an achievement orientation; is friendly and facilitates relationships between themselves and others; has a sense of personal agency; and is learning to effectively balance personal goals and needs with those of others (Barber & Erickson, 2001; Baumrind, 1978; Garmezy, 1971; G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987).

Social Competency Antecedents

A key for identifying antecedents of social competency and socially competent behaviors seems to lay in understanding that the affective nature of how an individual feels about him or her self in relation to how she or he feels for others (Batson, 1990, 1998; Damon & Hart, 1992). Support for this is based on research and theory indicating how individuals perceive and feel about themselves is related to how they personally adapt and behave socially (Bandura, 1986; Brown, 1998; Coopersmith, 1967; Damon & Hart, 1988; Gergen, 1971; Harter, 1999; Hartup, 1999; G. W. Peterson & Rollins, 1987; Rosenberg, 1979, 1981, 1986; Stryker, 1980; Lerner & Walls, 1999; Lerner & Busch-Rossnagel, 1981). Assumed in this line of

reasoning is that individuals cognitively adjust both their behavior and perceptions based upon how they perceive the self in relation to others (Bracken, 1996a; Byrne, 1996; Cooley, 1902; Harter, 1999; Marsh & Hattie, 1996; Rosenberg, 1981; Shavelson, Hubner, & Stanton, 1976). The majority this research has occurred under a rubric of moral development research and theory because, "In some ways morality represents the abnegation of one's self-interest in favor of the welfare of others" (Damon & Hart, 1992; p. 444-445: see also Eisenberg, Carlo, Murphy, & Van Court, 1995; Rest, 1984). Based on this research and theory, individuals' abilities to balance and regulate their perceptions and behaviors for the betterment of others relate to how their socially competent behaviors manifest. Some manifestations appear in how individuals cognitively reason and reacts to moral dilemmas and social rules, laws, authorities' dictates, and formal and social obligations (Damon, 1988; Damon & Hart, 1992; Eisenberg, 1986; Eisenberg & Fabes, 1991; Gilligan, 1982; Grusec, 1991; Hoffman, 1970, 1982; Kohlberg, 1981; Magai & McFadden, 1995; Piaget, 1965; Saarni, 1999; Selman, 1980, 1981; Strayer, 1989; Turiel, 1998). Therefore, two key affective dimensions that should be examined in relation to social competency are how the individual feels reflexively about the self and how the individual feels for others.

The Self and Self-Esteem

Within this body of literature pertaining to individual perceptions about the self, it is important to note what the self is and its emotional content. Conceptually, *the self* is an aggregated total of all the ideas, feelings, and conceptions, a human can personally claim (Damon & Hart, 1988; James, 1890; Harter, 1999; Hume, 1739; Inhelder & Piaget, 1958; Mead, 1934). The contents of an individual's self is based on his or her memories and autobiographical narrative from previous social interactions and the individual's personal reflection on the contents of the interactions (Case, 1991, 1996; Crittenden, 1994; Fivush, 1987; Harter, 1999; Hudson, 1990; Nelson, 1993; Snow, 1990). Thus, how an individual evaluates the contents of the self is based on his or her perceptions of the individual's capabilities, capacities, and characteristics, in relation to his or her social contexts (Brown, 1998; Gecas & Mortimer, 1987; Rosenberg, 1979, 1981, 1986; Simmons, 1987; Simmons, Rosenberg, & Rosenberg, 1973). Therefore, the level of worth assigned and evidenced in the attitudes an individual has of his or her personal characteristics, the esteem they have for the self has implications for how he or she relates to others (Brown, 1998; Byrne, 1996; Coopersmith,

1967; Gecas & Mortimer, 1987; Harter, 1999; Rosenberg, 1979, 1981, 1986; Simmons, 1987; Simmons et al., 1973). The emotional content of these evaluations is normally termed self-esteem. Thus, *self-esteem* refers to the feelings and affections that a person has for the self that relates to evaluations of their personal attributes and abilities (Brown, 1998; Rosenberg, 1979, 1981, 1986; Wylie, 1979).

Empathy and Sympathy

The second part of socially competent caring, expressive caring, relates to the individual's actions on behalf of others. Within research on behaviors related to promoting other's well-being and continued social relationships there substantial findings indicating that the vicarious experience of emotions, whether sympathy or empathy, are significant (Batson, 1987; Batson, Fultz, & Schoenrade, 1987; Batson & Oleson, 1991; Eisenberg, 1986, 1991; Eisenberg et al., 1989; Eisenberg, & Miller, 1987; Eisenberg, Miller, & Schuller et al., 1989; Eisenberg & Strayer, 1987; Grusec, 1991; Grusec & Lytton, 1988; Staub, 1978; see also Zahn-Waxler & Radke-Yarrow, 1990; Radke-Yarrow, Zahn-Waxler, & Chapman, 1983).

Empathy and sympathy in modern usage derives from Titchener's (1909) translation of Lipp's (1903, 1905) earlier work in German (Davis, 1996; Gladstein, 1984; Wispé, 1987; Magai & McFadden, 1995). Lipp's conceptualization of sympathetic response was divided into two terms: *einfihlung*, or feeling with the same emotion, and *mitfihlung*, or to feel along with someone else without sharing the emotional experience (Gladstein, 1984; Wispé, 1987).

This conceptualization of *einfihlung* has become empathy, while *mitfihlung* has become what is termed sympathy (Davis, 1996; Gladstein, 1984; Wispé, 1987). Central to this distinction is distinguishing between affective versus cognitive responses. *Empathy*, by definition, is an emotional reaction that matches another person's experiences, it does not directly involve the individual's feeling the stimulus, or understanding its importance to the other person (Davis, 1996; Hoffman 1982). *Sympathy*, in contrast, is a cognitive state allowing an individual to understand how another is experiencing an emotion, but does not require matching the experience with personal emotions (Davis, 1996; Eisenberg & Miller, 1987; Mead, 1934; Stryker, 1981). This means that by nature empathy is the vicarious emotional experience, while sympathy is cognitive experience of the emotional alteration. This requires individuals clearly delineate

between the internal states of themselves and of others, or self-other relations (Baldwin, 1906a; Stryker, 1980).

The empathetic, affective arousal is likely to be experienced by the self as either personal distress such as self-oriented feelings, anxiety, and worry regarding one's own welfare, or experienced as sympathy such as cognitive awareness and concern oriented towards others (Batson, 1990, 1998; Eisenberg & Miller, 1987). Thus, what delineates the differences between sympathetic and empathetic responses is that one involves an individual's capacity for perspective taking and the other the individual's application of perspective taking skills. Perspective taking refers a person's "tendency to spontaneously adopt the psychological view of others in everyday life" (Davis, 1996; pg. 57). Thus, sympathy refers to a person cognitively "imagining" what another person is emotionally experiencing. Alternately, empathy refers to a person's experience of a vicarious shift to the emotional state of the other person (Eisenberg & Miller, 1987; Selman, 1980, 1981).

Empathetic Orientation

One theoretical construct that that simplifies and captures the influence of emotions on social competency is Nancy Eisenberg's empathetic orientation, (Eisenberg-Berg, 1979; 1982). *Empathetic orientation* refers to a person's abilities for having an emotional response congruent with another (empathize), while being aware of both the emotional states of others and the influence of his or her actions on the emotional state of others (sympathize). Thus, empathetic orientation requires discernment on the part of the individual in delineating between his or her own and others' internal states. Therefore, the concept of empathetic orientation allows an individual's affective arousal to be experienced as either self-oriented feelings or simple cognitively based concerns for others (Eisenberg & Miller, 1987). Thus, an empathetic orientation operates based on preserving and maintaining the self while clarifying and facilitating social relationships (Harter, 1999). Thus, within relationships an empathetic orientation involves a dynamic process with cognitive and affective features joining subjective experiences with mutual understanding between individuals and promoting continued relationships (Jordan, 1997; Miller, 1986). In essence, then, empathetic orientation would represent a foundation for expressive caring.

The Social Context: Family and Parenting

Family. For each individual, parent and child, an important social context for socializing processes is the family (Erikson, 1950; Gecas & Schwalbe, 1986; Lerner & Walls, 1999; Minuchin, 1974; Olson et al., 1983). From family systems perspective, the family constitutes an entity of relationships organized hierarchically over time between individuals (e.g., Bowen 1988; Brändstädter, 1998, 2000; Bronfenbrenner, 1979; Bronfenbrenner & Morris; 1998; Kerr & Bowen, 1988; Lerner & Walls, 1999; Minuchin, 1974). At the heart of this system are individuals and their perceptions of the self (Bowen 1988; Brändstädter, 1999; Bronfenbrenner, 1979; Kerr & Bowen, 1988; Minuchin, 1974; Sullivan, 1953). These subsystems, or smaller modes organizational units, are embedded within larger systems that are composed of collections of multiple sub-systems. This larger system then is termed suprasystems (Whitechurch & Constantine, 1993). Therefore, the influence of parents and the parent-child sub-systems on individual social competency development should be considered in relation to the overall suprasystem of relationships within the family (Brändstädter, 1999; Bronfenbrenner, 1979; Gecas & Schwalbe, 1986; Lerner & Walls, 1999).

Therefore, any examination of socialization of social competency that is divorced from the overall context of the relationships embedded in the family would be incomplete (Cox & Paley, 1997; Sroufe, 1989), because neither parent-child relationships nor the parenting processes exist independently of the relationships between all family members (Brandtstaedter & Lerner, 1999; Bronfenbrenner, 1979; Sprey, 2000). Therefore, parent-child relationships and parenting behaviors occur embedded within an overall network of ongoing family relationships (Cox & Paley, 1997; Minuchin, 1974; Whitechurch & Constantine, 1993). Thus, discussing parental influence on social competency requires consideration of the social context where it occurs (Brändstädter, 1999; Bronfenbrenner, 1979; Cox & Paley, 1997; Gecas & Schwalbe, 1986; Lerner & Walls, 1999).

However, much of the research on the influence of families and parents on social competency development is divided based on the level of systemic inquiry about the parent-child relationship in relation to the influence of the overall family (Cox & Paley, 1997). On one side, the relationships of all the members of the family have been generalized as the overall family context where relationships such as the parent-child dyad represent only a portion of the influence a family has on development. On the other side,

some research has limited its focus to parent-child dyadic relationships. However, both sides tend to represent these generalizations and foci as the influence of familial socialization factors on the child's development, which have led to numerous calls for simultaneously studying influence of both the overall family relationships and the parent-child relationship on the development of social competency (Cox & Paley, 1997; Bartle, Anderson, & Sabatelli, 1989; Gorman-Smith, Tolan, Zelli, & Huesmann, 1996; Henry, 1994; Henry, Sager, & Plunkett, 1996; G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987; Steinmetz, 1999).

Overall family functioning. One reason for considering overall family functioning is based on a central idea that families provide healthy contexts for developing socially competent individuals by maintaining relationships over time through adapting to changes. Support for this is found in the research showing the overall family system provides a base for parent-child relationships, which in turn acts as a buffer for negative events (Bartle, Anderson, & Sabatelli, 1989; Cooper et al., 1983; Wentzel & Feldman, 1996; Youniss & Smollar, 1985). This is due to the potential for multiple dyadic relationships existing within the family that may offset, ameliorate, or magnify, effects of problems in a single relationship (Bowen, 1988, Holmbeck et al., 1995; Kerr & Bowen 1988; Lamborn & Steinberg, 1993; Minuchin, 1974; G. W. Peterson & Leigh, 1990; Sabatelli & Mazor, 1985; Whitechurch & Constantine, 1993).

The family's abilities to maintain relationships and adapt are most often conceptualized by the terms adaptability and cohesion (Beavers & Voeller, 1985; Olson, 1994; Hampson, Hulgus, & Beavers, 1991; Whitechurch & Constantine, 1993). *Cohesion* refers to the general level connectedness from emotional bonding that exists between family members (Olson et al., 1983; Olson, 1994; G. W. Peterson & Hann, 1999; G. W. Peterson & Leigh, 1990). *Adaptability*, then, describes the abilities of families for changing and allows for variety in family roles or relationships (Olson et al., 1983; Olson, 1994; G. W. Peterson & Hann, 1999; G. W. Peterson & Leigh, 1990). When considered together, cohesive and flexible family functioning facilitate the interactions between family members at different levels developmental and functioning levels (Bowen, 1988; Sabatelli & Mazor, 1985).

Parenting. Based on everything presented thus far, facets of social competency such as empathetic orientation and self-esteem should be influenced by two general factors: the child's perception of the overall family context and the parent-child relationship. This is because as the individual works out the

details of how he or she relates to his or her social context, he or she is socialized into societal roles based on how that definition is gradually transforms, transfers, and transitions, over time (Stryker, 1981).

Using a textbook definition, parenting is the socializing the child over time by through the implementations of decisions and boundaries by the adults in the family responsible for socialization (Berns, 2001). Negative parenting is constituted lack of attunement to the child's needs, empathetic failure, lack of validation, threats of harm, maltreatment, coercion, and enforced compliance, that influence negative developmental outcomes (Baumrind, 1978; Harter, Bresnick, Bouchey, & Whitesell, 1997; Sattler, 1998; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987; Maccoby, 1999; Winnicott, 1965). In contrast, positive parenting is a balance of power-assertion and affection communicating validation to the child (Amato & Ochilree, 1986; Baumrind, 1978; Hoffman, 1970, 1982; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987). Based on these definitions, *parenting* is the use of an asymmetrical relationship of power in the parent-child relationship where adults facilitate social and developmental outcomes through socialization in the family. However, asymmetrical nature of these parenting definitions neglects that the child's role in the relationship.

In the theory and research concerning how parents influence the development of social competency the majority of the parenting literature can be organized around two inquiry areas parenting behaviors and parenting styles (G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990; Maccoby, 1999). *Parenting behavior* research and theories often attempts to isolate distinct parental behaviors and relate each separately with developmental social development (Maccoby, 1999; Maccoby & Martin, 1983; G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987). Alternately, *parenting styles* are conceptualized as a “complex collection or blends of control attempts, communication patterns, and nurturance” used in raising children (G. W. Peterson & Leigh, 1990; p. 108). Thus, parenting behaviors are distinct methods used by parents to socialize children, while parenting styles are descriptions of the how the parenting behaviors are combined.

Despite the conceptual differences in between parenting behaviors and styles, their overlap has produced a consistent trend in research findings related to social competency. This trend is that positive parenting styles and behaviors are positively related to social competencies (Cassidy, 1990; Eisenberg &

Murphy, 1995; Gecas & Mortimer, 1987; Gecas & Schwalbe, 1986; Grusec & Lytton, 1988; Hoffman, 1970; Holmbeck et al., 1995; LaFreniere & Sroufe, 1985; Markiewicz et al., 2001; Mitsch-Bush & Simmons, 1981; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987; Rollins & Thomas, 1979; Waters & Sroufe, 1983; Steinmetz, 1999). *Positive parenting* is described as a balance of power-assertion and affection that communicates a parent's validation and regard for the child (Amato & Ochilree, 1986; Baumrind, 1978; Hoffman, 1970, 1982; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987). Within the parenting styles literature, positive parenting is described by low power-assertiveness, high warmth, support, respect, monitoring, and communication, or as being *authoritative* (Baumrind, 1978; Lamborn, Mounts, Steinberg & Dornbusch, 1991; Maccoby & Martin; 1983). In contrast, the two parenting behaviors that are closely connected to authoritative parenting are inductive control and parental support (Eisenberg & Fabes, 1991; Hoffman, 1970, 1982; Holmbeck et al., 1995; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990; Steinmetz, 1999).

Parental support is defined as the provision of desired attention, affection, and material goods for the developing child (Hoffman, 1970; G. W. Peterson & Hann, 1999; G. W. Peterson & Leigh, 1990). However, for the child the key is whether, or not, the parent's provision of attention, affection, and material goods by the parent is in fact desired. Thus, a parent may provide any of these things but if these behaviors are perceived as invasive by the child, then the support may not prove beneficial for the child's development.

Parental support in empirical research has been conceptualized as physical affection, acceptance, and a myriad of other behaviors that convey parents desire to spend time with, and be connected, to the child (Barber & Thomas, 1986; Becker, 1964; Eisenberg & Fabes, 1999; Eisenberg & Murphy, 1995; G. W. Peterson & Rollins, 1987; Rollins & Thomas, 1979). Despite the variety in conceptualizations, empirical findings indicate significant positive relations between support and social competency. In particular, research has demonstrated positive relations between adolescent reports of parental support and involvement and self-esteem (Allen, Hauser, Bell, & O'Conner, 1994; Barber, Chadwick, & Oerter, 1992; Barber & Thomas, 1986; Gecas & Schwable, 1986; Isberg, Hauser, Jacobson, Powers, Noam, Weiss-Perry, & Follansbee, 1989; Richards, Gitelson, Peterson, 1995 & Hurting, 1991). However, the research on the

relation between support and empathetic orientation is not as clear as the research on support and self-esteem (Eisenberg & Murphy, 1995; Zahn-Waxler & Radke-Yarrow, 1990; Radke-Yarrow et al., 1983). The lack of clarity appears across studies where parental support and warmth in relation to empathetic orientations demonstrates no relations (for a review Eisenberg & Murphy, 1995; Eisenberg & Fabes, 1999), modest relations (Henry et al., 1996), or moderate to high relations (Davis 1994; Eisenberg et al. 1995). Yet there is some clarity in the research, when relations between parental support and empathetic orientation are found they are all positive.

Inductive control is an influence attempt by parents emphasizing the development of rational maturity by making non-coercive demands on the child, offering explanations, and making children aware that their actions have consequences for others (Hoffman, 1970; G. W. Peterson & Rollins, 1987; Rollins & Thomas, 1979). Thus, the parent is actively working with child to shape his or her perceptions of appropriate social behaviors.

In contrast to the research on parental support, research on inductive control demonstrates a relatively consistent positive relation to empathetic orientation and self-esteem (G. W. Peterson & Rollins, 1987). Apparently, parents who rely primarily on reasoning based behaviors like induction have children who are characterized by higher scores on measurements of social competencies like self-esteem and empathetic orientation (Eisenberg & Fabes, 1999; Eisenberg & Murphy, 1995; Grusec, 1991; Grusec & Lytton, 1988; Openshaw et al., 1984; G. W. Peterson & Rollins, 1987; Rollins & Thomas, 1979).

However, induction should not be considered independently of parental support (G. W. Peterson & Rollins, 1987; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990). One reason for this is found in the descriptions of effective parenting as involving a balance between induction and parental support (Eisenberg & Murphy, 1995; Grusec, 1991; Hoffman, 1994; G. W. Peterson & Rollins, 1987; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990). A second reason is that that inductive control attempts in combination with parental support facilitate children's ability to enact social roles, help to maintain a positive affective climate in the parent-child relationship, and promote the child's sense of well-being (G. W. Peterson & Rollins, 1987). Further, there is considerable evidence that the effectiveness of parenting control attempts, such as induction, are related to the affective environment of the parent-relationship existing before the control attempt (Demo, Small, & Savin-Williams, 1987; Diehl, Vicary, &

Deike, 1997; Gecas & Mortimer, 1987; Grusec, 1991; Mitsch-Bush & Simmons, 1981). Therefore, parents use of induction relates to a child's perceptions of support within the parent-child relationship.

Additionally, research findings also suggest that parenting support interacts with the child's self-esteem in promoting social competency behaviors (Allen et al., 1994; Davis, 1996; Mussen & Eisenberg, 2001; Harter, 1999). Thus, support should have a combinatorial effect with induction on social competency development (G. W. Peterson & Rollins, 1987).

Further, parenting induction and support are relevant to family cohesion and adaptability. Since cohesion concerns the connection between family members, the presence of support should relate to individual needs for connection (Peterson & Mathieson, 2000). Examples of this appear in the self-esteem literature where higher levels of perceived intimacy and closeness between parent and child demonstrate a consistent positive relation with positive self-evaluations (Amato & Ochiltree, 1986; Blyth & Traeger, 1988; Chubb, Fertman, & Ross, 1997; Cooper, Holman, & Brathwaite, 1983; Kawash & Kozeluk, 1990; Ketszis, Ryan, & Adams, 1998; Roberts & Bengtson, 1993). Moreover, adaptability relates to the ability for the system to accept new information and adapt, so induction should relate to maintaining the connections between parent and child. Additionally, more examples appear in research on empathy where parent's use of induction facilitates a child's empathetic and social competency development because it encourages the child's active consideration of others' feelings (Eisenberg & Fabes, 1991; Eisenberg & Murphy, 1995; Hoffman, 1994; G. W. Peterson & Rollins, 1987). Therefore, the overall family functioning provides the social context for the parent-child relationship and parenting.

Because the nature of support seems to communicate acceptance of the child by his or her parents, cutting off support could have developmental implications. Further, the relation of induction and support also imply that parents exhibit positive communication skills, and a degree of openness exists between the parent and child for exchanging information. This is because the parent must obtain information about the child's need in order to provide support. Evidence for this is seen in research where adolescent satisfaction with the level of support in the parent-child relationship is related to the level of communication within the parent-child relationship (Papini, Farmer, Clark, Micka, & Barnett, 1990). Therefore, the higher levels of support and induction should also provide positive affect in the parent-child relationship and positively

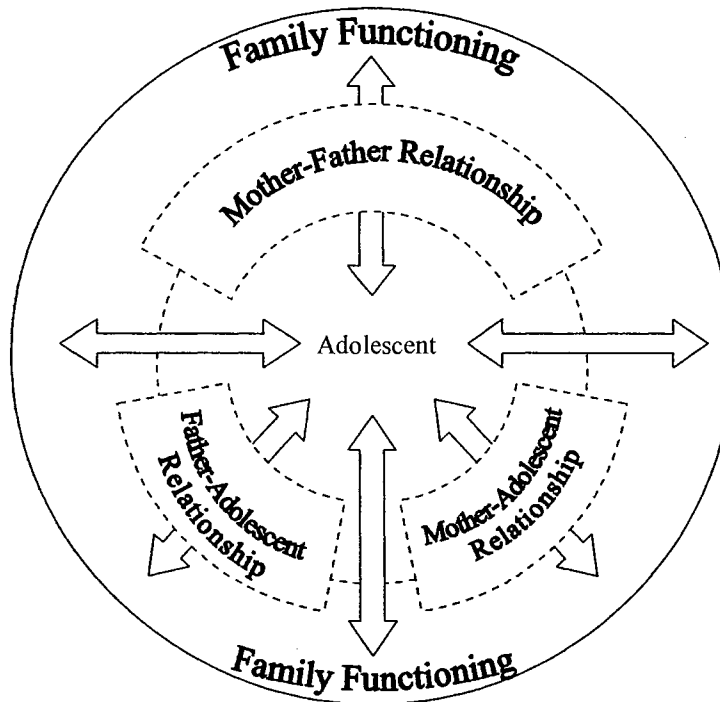


Figure 2. General Research Model (adapted from Henry et al., 2001)

contribute to personal growth during adolescence (Hauser, Borman, & Jacobson, 1991; Steinberg, 2001). In short, induction and support are parents' affective communication of acceptance and value to the child.

General Research Model

The general research model (presented in Figure 2) extends the conceptual model of nested systems (see Figure 1) by delineating dyads within the level of specific relationships within the family and designating the targeted individual for the study. Again this model describes a series of nested levels within the family and is adapted from Henry and associates (2001). In this model, there are four sources of interactions providing information and influencing the adolescent's symbol formation: (a) the overall family functioning, (b) the mother-father relationship, (c) the father-adolescent relationship, and (d) the mother-adolescent relationship. Thus, the overall family functioning provides a series of symbols that influences the specific relationships within the family, and is influenced by the specific relationships. Further, the adolescent's experiences within the specific relationships, and his or her personal symbols, permeate through the entire context.

Specified Research Questions and Hypotheses

This study proposes to focus on two general questions pertaining to the general relations between perceptions of family and parenting to social competency. Specifically stated this study asks: (a) Are adolescent perceptions of self-esteem and empathetic orientation significantly related to their perceived family cohesion and adaptability, and parental support and induction; and (b) Do adolescent perceptions of family cohesion and adaptability, parental support and induction contribute uniquely to adolescent perceptions of self-esteem and empathetic orientation? From these questions, there are three sets of hypotheses, two related to directionality of the hypothesized relations and one concerning the model.

Hypothesis 1. Adolescent reported perceptions of family cohesion and adaptability are positively related to reports of self-esteem and empathetic orientation.

Hypothesis 2. Adolescent reported perceptions of parental support and induction are positively related to reports of self-esteem and empathetic orientation.

Hypothesis 3. Adolescents' reported perceptions of family cohesion and adaptability and parental support and induction explain more variance in reported self-esteem and empathetic orientation than when models analyze each set of variables independently.

Additionally, two exploratory research questions were asked. The first exploratory question, Research Question 3, examined the associations between perceptions of overall family characteristics and parents' induction and support for adolescents simultaneously reporting varying levels of empathetic orientation and self-esteem. The second exploratory question, Research Question 4, examined dissonance in adolescent perceptions of mothers' and fathers' parenting behaviors in relation to adolescent reports of empathetic orientation and self-esteem.

Scope and Limitations

The relation of adolescent's perceptions of their family and parents' behaviors is complex and has both influenced, and been influenced by, work from varying disciplines within the social sciences.

Therefore, it becomes necessary to impose limitations to the scope of the topic because: (a) there is not enough space in a single book, or probably set of books to synthesize all the relevant material, (b) there is not enough time for one person to adequately read, digest, and organize, all the research and theory that has been produced, and (c) it probably cannot be suitably accomplished for all interested parties. Thus, a more practical and pragmatic tack is taken here.

Because there is a large degree of overlap among the varied philosophies, theories and research, it is helpful to understand the basic “building blocks” of multiple theories. Thus, key features from several theories are necessary for dealing with topics such as the self, individual development, and influence of social contexts on development. Therefore, the scope needs to be limited to at least one social science discipline. However, a single social science discipline and a single theoretical framework are needed to provide form to this project.

To accomplish this, social psychology as a sub-discipline within social science has been selected because it explicitly examines these basic issues from two alternate perspectives, psychological or sociological (McGarty & Haslam, 1997). In the psychological view, the individual’s internal cognitive and emotional functioning is emphasized in examining the person’s role in relation to others and himself or herself. In the sociological view, the influence of social interactions is emphasized in examining that how relationships between individuals shapes, and is shaped, by each participant (Corsaro, 1997; Stryker, 1997). While neither perspective is mutually exclusive, there is a classic distinction made based on a singular core assumption the individual precedes society, or society precedes the individual (Stryker, 1997). Yet, differences in perspectives taken within social psychology do not negate the importance of research and theory examining the links between the individual and society; rather they serve to highlight the complexity of the issues presented above.

Further, by selecting this discipline an alternate position is allowed that is consistent with the proposed research questions: the individual and society form a system, which should not be separated either theoretically or empirically (Minuchin, 1974; Sullivan, 1947, 1953). Theoretically, this allows both psychological and sociological perspectives to inform empirical investigations, because society and individuals interact and define each the other (Cox & Paley, 1997; Lerner & Walls, 1999; Minuchin, 1974; Whitechurch & Constantine, 1993). Empirically, this interaction permits an examination of interactions of

between the individual, his or her social contexts, and the influential dynamics of the relationships between the individuals and social contexts (Brändstädter & Lerner, 1999).

Next, there needs to be some limitation of number and types of theories and research for synthesis of the literature. Based on the choice of a symbolic interaction as a theoretical framework, and the influence of symbolic interaction theorists during the early twentieth century, it is possible to limit the theories and research for synthesis in this project to those that have a partial base in symbolic-interaction thought.

Further, for reasons of practicality and ethics related to data collection the scope of this project should also be limited. It is proposed, then, that a sample should be drawn from volunteer participants in a survey format using self-report measures. The survey format is preferred for this study for several practical reasons. First, collecting census data is both prohibitive in terms of time and cost (Isaac & Michael, 1990; Kerlinger & Lee, 2000). Second, census data is also prone to participant exclusion based on sampling frame flaws.

Yet, a survey design using volunteer participants is also prone to several sources of bias and error (Kerlinger & Lee, 2000). The largest set of biases is related to data collection issues such as participant self-selection (Isaac & Michael, 1990), sampling errors (Isaac & Michael, 1990; Kerlinger & Lee, 2000), and the inability of standardized measurements to adequately capture individually nuanced responses. Additionally, self-reports are also prone to problems with respondents providing socially desirable responses. Another set of drawbacks to this methodology is that does not use multiple measures and methods in collecting the data. In turn, this means that only traits captured by one instrument, and reported by one participant, provide the one source of information. Therefore, inflated scores for both error and measured traits are both possibilities that cannot be controlled.

However, these limitations are offset in part by the ability for surveys to obtain responses from a larger sample in a time-effective manner and to generate estimations of errors associated with sampling and subject response (Kerlinger & Lee, 2000). Further, the use of survey measures also permits a degree of generalizability with findings from others studies using similar measurements, and the data obtained is often easily quantifiable.

Summary

Provided in Chapter I was an overview for the ideas developed in the later chapters. Included in this chapter was background information, general rationales for this study, definitions used in Chapter II, general research questions, and basic reasons for selecting the research methods detailed in Chapter III. Specifically, the purpose of this study is to examine adolescents' perceptions how their family functions and parents behave in relation to their perceptions of their feeling for the self and others. The two focal variables introduced in this chapter were self-esteem and empathetic orientation.

CHAPTER II

Chapter Overview

The literature review contained in Chapter II addresses three questions related to this project. First, how does adolescence relate to family relations and life-span development? Second, how does a symbolic interaction inform research on adolescence? Third, what are some selected demographic indicators that may relate to any research findings?

Chapter II is divided into six sections. The first section addresses adolescence as a transition from childhood and the role of family and parent-child relationships on this transition. The second section addresses symbolic-interaction theories. Then, sections three through five use the symbolic interaction framework presented in the second section to frame related research and theoretical arguments. Finally, in the sixth section two relevant categorical variables with demonstrated research and theoretical ties to empathetic orientation and self-esteem are presented.

Adolescence

The Adolescent Transition

In English, the term adolescence is derived from the Latin words meaning literally “to grow into adulthood” (Grotevant, 1998; Steinberg, 1999). At the core of most work on human development, adolescence is described as a time when a person transitions from being a child to being an adult (Steinmetz, 1999). The transition normally is said to begin with puberty, and continues until the child assumes social roles expected of adult members in his or her society (Holmbeck et al., 1995; G. W. Peterson, 1995, 1987; Simmons, 1987; Steinberg, 2001; Steinmetz, 1999). With the beginning of adolescence comes an almost comprehensive shift in the individual’s perceptions of his or her body, thoughts, values, and behavior, social relationships (Erikson, 1968; Grotevant, 1997; Holmbeck et al., 1995; Lerner, Lerner, & Tubman, 1989; G. W. Peterson & Hann, 1999). This shift leads to developmental challenges for both the adolescent and his or her parent because the perceptions and symbols built by the

child and parents during childhood undergo massive revisions. Thus, adolescence is marked by a biological change in the beginning and social change in status (e.g., adulthood), which makes it a social construct and idea (Holmbeck et al., 1995; Peterson & Leffert, 1987; Steinmetz, 1999).

Adolescence can be described as processes of re-defining and refining symbols relevant for adulthood based on the child's internalizations and societal revisions of behavioral expectations. In research on the process begins during infancy where the early parent-child relationship influences socially competent behaviors during preschool and kindergarten (Cassidy, 1990; Waters & Sroufe, 1983). Later, these relationships carry forward and are reinforced by interactions between the child and others such as teachers and peers (Bretherton, 1991, 1992; Stipek, 1992). Thus, interactions between the child and his or her primary caregivers influence the content and structure of childhood perceptions and influence (e.g., Bretherton, 1991, 1992). Moreover, the parent-child relationship is important for relationships outside the family (LaFreniere & Sroufe, 1985; Markiewicz et al., 2001). The influence of the parent-child relationship on individual development continues to relate with the individual's relationships outside of the family during both adolescence and young adulthood (Bartholomew & Horowitz, 1991; Brennan & Morris, 1997; Collins & Read, 1990; Feeney & Noller, 1990; Griffin & Bartolomew, 1994). However, during adolescence the revision and synthesis of childhood symbols precipitate a reorganization of the concepts of the how the individual is supposed to relate to others (Damon & Hart, 1982; Gergen, 1991; Harter, 1999; A. C. Petersen & Leffert, 1995; G. W. Peterson & Leigh, 1990; G. W. Peterson, 1995, 1987; Simmons, 1987; Steinberg & Silverberg, 1986).

Adolescence and the Parent-Child Relationship

Because the parent-child relationship is embedded in family and influenced by parent-child relationship, one developmental task for families with adolescents is allowing developmental changes while retaining the sense of connection to the family during adolescence (Sabatelli & Anderson, 1991, Sabatelli & Mazor, 1985). Examples of this process appear in research examining how stress and distance in the affective nature of the parent-adolescent relationship during adolescence are related to increases in expectations for mature, or adult, behavior based on the adolescent's physical changes and the appearance of physical maturity (Holmbeck & Hill, 1991; Holmbeck et al., 1995; McCubbin & Patterson, 1983;

Paikoff et al., 1991). Thus, higher levels of perceived family closeness and adaptability might be related to reduced adolescent needs for separating himself or herself from his or her parents' socializing influences (Holmbeck et al., 1995; Grotevant & Cooper, 1986; Hauser et al., 1991). Therefore, it is not surprising that in one current review of the adolescent development literature, the qualities of the parent-child relationship continue to influence the individual through and beyond adolescence (Steinmetz, 1999). Thus, the parent-child relationship and the family it is embedded both provide a base for adolescent development (Fuhrman & Holmbeck, 1995; G. W. Peterson & Leigh, 1990; Sabatelli & Anderson, 1991, Sabatelli & Mazor, 1985; Steinmetz, 1999).

Adolescence and Parenting

Within the literature related to the relationship between parent and child, affective parenting behaviors perceived by the child are invariably linked with the child's later development (Hoffman, 1970; Eisenberg & Murphy, 1995; G. W. Peterson & Hann, 1999). Essentially affective parenting describes parents as developing a relationship with the child over time (Hoffman, 1970, 1982). The influence of affective parenting is based on the premise that children's innate desires for belonging lead to close relationships with their parents. In turn, parents providing support for the child helps meet this desire. Highlighting the importance of affect in the parent-child relationship, research indicates that adolescent perceptions of negative affect within the parent-child relationship and may directly relate to adolescent development such as facilitating an arrest in development, or premature immature adaptations (Côté, 1996; Fuhrman & Holmbeck, 1995; Holmbeck et al., 1995; Marcia, 1966, 1993; Kroger, 2000). This is echoed in research findings where feeling emotionally supported by one's parents during adolescence and early adulthood seems to have substantive consequences up to twenty years later (Roberts & Bengtson, 1996).

Based on repeated findings within several literature reviews, two parenting behaviors are identified as influential to the affective nature of the parent-child relationship, inductive control and support (Becker, 1964; Hoffman, 1970, 1982; Holmbeck et al., 1995; Openshaw et al, 1983; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987; Rollins & Thomas, 1979; Steinmetz, 1999). Additionally, the perceived support in combination with inductive control appear to interact with the child's perceptions of who he or she is (Allen et al., 1994; Harter, 1996) and relate to

socially competent behaviors (Davis, 1996; Mussen & Eisenberg, 2001; Harter, 1999; G. W. Peterson & Rollins, 1987). A key element for this is child's appears to be the child's perceptions of his or her acceptance within the family (Simmons, 1987), which, in turn, contributes to development of social relationships outside the family (Kroger, 2000; Lempers & Clark-Lempers, 1992; Youniss & Smollar, 1985). Thus, social competence appears to be, in part, a function of the child's prior interpersonal history (Barber & Erickson, 2001).

Adolescence and Symbolic Interaction

Symbolic interaction as a theoretical perspective approaches concepts and variables related to social behavior by focusing on the connection between symbols and interactions in explaining the interplay between individual and society (Stryker, 1964, 1980). Thus, if adolescence truly involves the revision and synthesis of childhood symbols in relation to social behaviors, then symbolic interaction theorizing and research should be very salient. Support for this position is found in the robustness and longevity of symbolic interaction within the adolescent development literature (G. W. Peterson, 1987). The symbolic interaction perspective is especially salient for this study because it highlights two important levels for social competency development, the individual and relationships. Moreover, research using a symbolic interaction perspective has found evidence for the significance of parent-child relationships throughout adolescence (Demo et al., 1987; Diehl, Vicary, & Deike, 1997; Gecas & Mortimer, 1987; Gecas, & Schwalbe, 1986) where the relationships between family members are significant predictors of individual development (e.g., DuBois, Eitel, & Felner, 1994; Gecas & Mortimer, 1987; Mortimer & Lorence, 1981; Roberts & Bengston, 1993). This perspective means that both the overall family system and the parent-child relationship are important when considering the internalization and socialization of social behaviors. *However, these elements have are not usually examined simultaneously in previous research.*

Symbolic Interaction

Overview

Due to the evolution of symbolic interaction theory, no single monolithic symbolic interaction theory exists “whose tenets command universal acceptance” (Stryker, 1964, 1980, 1981; J. Turner, 1991). Throughout most of the last century, researchers using symbolic interaction have conceptualized their work by using symbolic interaction theories as either mid-range theories or a generalized framework (Stryker, 1964). These differences have led to multiple variations within symbolic theorizing. At the core of these variations is a general emphasis on describing and explaining the social and psychological processes relating to socialization and individual development. Therefore, many of the symbolic interaction theories present propositions that explain social and psychological processes involved in socialization and individual development. However, limitations of symbolic interaction theories arise from the theories and theorists that a researcher integrates into his or her theoretical framing (Stryker, 1964, 1980). This means that before presenting a symbolic interaction framework, the theorists and their ideas that are incorporated into the framework must be first established.

Early Theorists

In many chapters and articles reviewing symbolic interaction theories, four major theorists are identified as progenitors for modern theories and research (Harter, 1999; LaRossa & Reitzes, 1993; Stryker, 1980). These theorists are William James, John Mark Baldwin, Charles Horton Cooley, and George Herbert Mead. However, the varying theoretical bases stemming from these theorists and their related work often renders direct comparison of related ideas difficult because considerable variations exist between “theoretical lexicons” that have evolved (Byrne, 1996; Harter, 1996, 1999; Marsh & Hattie, 1996; Wylie, 1989). Returning to classical theorists first provides a common language between varied social science fields that permits a more inclusive conceptual theoretical framework (Harter, 1999). Because of the popularity of topic related to the self and relations with others the resurgence of interest in work by James, Baldwin, Mead, and Cooley is not surprising. Thus, to understand current work it is helpful to understand early symbolic interaction theoretical conceptualizations of the self, symbols, and interactions.

William James. As demonstrated in many articles, books, and chapters, about the self, William James is perhaps the most influential of early theorists on the self (e.g., Brown, 1998; Damon & Hart, 1988; Gergen, 1971; Harter, 1999; Peterson & Rollins, 1987; Rosenberg, 1979; Stryker, 1980). James' (1890) work on instinctual behaviors that modified historically concurrent theories about instinct and the person's place in nature and provides a foundation for much of the current theorizing about the self in current literature.

Essentially, James' synthesis of Charles Darwin's and Adam Smith's work in James' doctrine of instinct emphasized that animals and humans have behaviors that are biologically based, unlearned, and unmodifiable (James, 1890; Stryker, 1980). These instincts produce behavioral outcomes within interactions that are not based on foresight of what the action will gain for the individual (Stryker, 1980; pg. 21). However, instincts can be superseded by habit. Habits, then, are modifiable behaviors formed through the repeating of habits in respect to the individual attempting to obtain some desired end while interacting (Stryker, 1980). Thus, James theorized about behavioral motivations formed by socializing biological impulses into behaviors based on habits, interactions, and memories of previous interactions. This laid the groundwork for his seminal work on the development of "consciousness" and the self.

James' (1890) work on the self viewed consciousness as an aggregate of thoughts feelings and reflections formed over-time and through interacting with others (James, 1890). He theorized that individuals develop their ideas about the self and objects encountered within interactions and construct their responses to the external world based on these ideas (Stryker, 1980). In theorizing about the self, James reasoned that each person has two fundamental aspects, the objective and subjective self, or the "I" and the "Me." For James the "I" was the objective knower. Over-time, the self as a knower (the I-self) organizes and interpret the experiences with others based on its observations about the "Me", or the subject of introspection and interpretation. Alternately, what the I-self knows about the self (the Me-self) is constituted into three parts: (a) the material self, or the physical attributes a person deems important in defining their tangible "being"; (b) the social self, or how a person feels about the self in relation to others based on the physical self and the reflected appraisals of others concerning the physical self; and (c) the spiritual self, or the reflexive inner perceptions the individual posses about their abilities, cognitive styles, and behaviors, that he or she perceives as an enduring definition of who they are. Therefore, the self

represents an empirical aggregate of things the “I” objectively known about the “Me” hierarchically organized by the “I” over time (Harter, 1996; 1999).

James Mark Baldwin. While James Mark Baldwin is often not identified as a progenitor of symbolic interaction theories, he is important because of the influence his thoughts and research had on the work of Charles Horton Cooley, John Dewey, and Dewey’s subsequent influence on Mead (Stryker, 1980). Baldwin extended James’ conceptualization of the hierarchically organized and multifaceted self by theorizing that the process of producing the self happens entirely through social interaction. Thus, the self is a product of self-other interactions and relationships (Baldwin, 1906ab; Stryker, 1980). Baldwin further theorized that the individual develops the self through three stages. Initially the *projective stage* involves the child becoming aware of physical surroundings and differentiating between himself, or herself, and other objects (e.g., everything and everyone in the environment). Next, the *subjective stage* involves the child becoming conscious of the feelings and emotions associated with behaviors and experiences. Then, in the *ejective stage* the person becomes aware that other people possess some of the same feelings and emotions. This theorizing serves as a foundational piece for current theories about the internalization of symbols.

Charles Horton Cooley. Cooley (1902) extended the ideas of Baldwin and James by examining the mental and subjective nature of individual’s perception of self as it relates to social behavior. Some of his most noted ideas are self-sentiments, social mirrors, and the looking-glass self. Cooley referred to the individual’s reflexive ability to evaluate the self as self-sentiments. These self-sentiments are typically the associated feelings and thoughts attached to the self-related symbols by individual based on current and previous interactions. He further asserted that the evaluations a person made about “who” he or she is are among some of the most salient aspects of the self. Thus, self-sentiments were said to have motivating implications that are particularly important regarding how the individual acts in social situations based on how the individual has evaluated himself or herself.

In turn, an individual’s perceptions about the self are comprised of reflected appraisals from others. Thus, others constitute a significant “social mirror” for individuals to organize their self-perceptions because their reaction to the individual provides information about how they perceive him or her. These reactions, according to Cooley, consist of three separate dimensions, the physical appearance, other’s

judgments of the appearance, and a person's introspection and feelings about their appearance. Moreover, the importance of others reactions are based on the level of intimacy between the individual and those he or she interacts with over time. This means that groups such as the family serve as the "primary mirror" for the individual to organize his or her self-perceptions.

Finally, *the looking glass self*, according to Cooley is a person's imagination of how he or she appears to others and serves as a basis for how he or she in turns perceives the self. The looking-glass self, then, is formed from the individual's self-sentiments in response to others' reactions within relationships. From the looking-glass self the individual acquires the pieces that he or she fashions into the self. Thus, the self is developed through social interaction over time based on how the individual relates to his or her self and others, and has refined his or her perceptions within and across interactions with others. Therefore, relationships that stretch over long time-periods reflect images that become more complex and intricate based on the groups and other individuals that he or she deems as significant. Thus while, "the individual's view of himself may be internal, what he sees and feels when he thinks of himself is largely the product of social life" (Rosenberg, 1981; p. 593).

George Herbert Mead. In distinction to research and publications of James, Baldwin, and Cooley, classroom lectures by George Herbert Mead that were collected by his students serve as a pivotal point for symbolic interaction theorizing in several social science fields (J. H. Turner, 1991; Stryker, 1964, 1980; Blumer, 1969). Based on Mead's classroom lectures focused on his synthesis of two points from philosophy and early psychology: (a) the biological frailty of the human forces people to form groups for survival and cooperation; and (b) actions and behaviors that encourage and facilitate survival and cooperation will be retained over time (Stryker, 1980; J. H. Turner, 1991). These two points were then elaborated into Mead's conceptualization of how the society, mind, and self are formed.

In Mead's (1934) perspective, society precedes the individual. Accordingly, one must begin with observable behaviors and the ongoing social process in which they occur. From the social process both the individual's mind and self emerges. Building on earlier ideas from work in philosophy and psychology by Dewey, Smith, James, Baldwin, and Cooley, Mead theorized that close relationships form the base for the definition of the self and situations and behavioral motivations and patterns. Close relationships, then, serve to socialize language and symbols because they serve as the primary social contexts that the individual

refines their perceptions and behaviors over time. This refinement is brought about largely through communication between the individual and their context where behaviors gain significance as symbols of the person's interpretation of the situation. As the person interacts with others, certain behaviors assume significant meaning in communicating what each person perceives. Over time, the significant perceptions and their correlating behaviors truncate into words and gestures denoting complex perceptions, significant symbols. Shaping these significant symbols occurs through ongoing communications that adjust the perceptual meanings based on communication, conversations of gestures. Therefore, the individual and their environment reciprocally shape future interactions.

Mead (1934) conceptualized how a person's organizes his or her perceptions and definitions constitute the largest portion of what is called the mind. The mind, according to Mead, is essentially a repository of significant symbols and how their related behaviors correspond to outcomes within close relationships. This repository is structured based upon the individual's perceived salience of significant symbols. Structure of the mind emerges through the individual's organization of perceptions and behaviors based on their relevancy to situations, which the he or she regularly participates. In this perspective, the mind uses symbols to designate the meaning of objects within their context. Then, based on the designated meaning the person selects their actions toward the object. Through the selection of what the individual perceives as appropriate, behaviors are either constrained (e.g., inhibited) or enabled (e.g., facilitated). Therefore, the mind serves as a mediator and motivator for individual behavior within his or her current and future contexts. Mediation occurs because interpretation of stimulus guides the individual's selection of relevant symbols. Motivation occurs because of the individual's relating perceived salient symbols to behavior, and the behavior to the perceived outcome. For this project it is Meads work on the relation between the mind and motivation that represents his most important contribution to current theorizing because the mind appears to be an internalized structure that endures over time and both is shaped and shapes the individual's relationships.

Based on Mead's theorizing, the individual's create his or her symbols pertaining to the self, self-concepts and self-perceptions, based on what he or she *perceives* as being reflected by others in both previous and current interactions. As individuals synthesize their observations, their perceptions are organized, and reorganized, into the conceptualization of who and what they "are" (Damon & Hart, 1982;

Leffert & A. G. W. Peterson, 1995; G. Peterson & Leigh, 1990; G. W. Peterson, 1995, 1987; Simmons, 1987; Steinberg & Silverberg, 1986). *Self-perceptions*, then, are essentially an individual's subjectively constructed meanings from "sensing," organizing, and categorizing information obtained through interactions—creating an observation. So, the *self-concept* connotatively is a person's broad theoretical definition of "who" he or she "is" that includes cognitive, affective, and behavioral aspects (Byrne, 1996; Harter, 1999). This means that the self is created from how an individual perceives information to which they attribute relevancy for relating the self to others. These attributions are based on observation of behaviors enacted by the individual and others, and introspection on the observations attempting to discern how others perceive the individual (Gecas & Mortimer, 1987). However, the self-concept more than "reflected appraisals" of individual and relational attributes (Rosenberg, 1979; p. 63), it is also a person's self-perceptions formed through experience with and interpretations of his or her environment (Shavelson et al., 1976; Marsh & Hattie, 1996). Because of this, individuals integrate information by using "cognitive abilities that emerge across the course of development and allow the individual to construct higher-order generalizations about the self in the form of trait labels" (Harter, 1999; p. 9). Thus, the self and self-concept are created from internalized attributions, or inferences made by the individual, and about the individual.

Symbolic Interaction Framework

One conceptual framework that bridges early symbolic interaction theorists by using synthesizing empirical findings drawn from research conducted during the 1900's is offered by Ralph LaRossa and Donald C. Reitzes (1993). LaRossa and Reitzes core ideas for this framework stream from observations that individuals form symbols based on their perceptions of, and interactions with, others. These symbols are then used by individuals for organizing and motivating the individual's behavior with in interactions based on the symbol's perceived meanings. Three themes are conceptualized as framing these ideas, and relating the meanings of symbols for individuals to their social behaviors from previous research and theory.

Theme One emphasizes that symbols represent meanings attached by people to objects.

Essentially, this theme builds on Herbert Blumer's (1969) synthesis of earlier symbolic interaction theorists on "the importance of meanings for human behavior" (LaRossa & Reitzes, 1993; p. 143). Based on

Blumer's theorizing, a person's actions are predicated on what he or she believes an object to symbolize, or what the "thing" means. Therefore, much of a person's behaviors are based on how a person interprets information dealing with things he or she encounters. Additionally, as a person interacts, an object's meanings and symbolism are handled, manipulated, and subsequently modified, creating information that may be interpreted as relevant in future interactions (Blumer, 1969). Thus, meaning arises in the process of a person interacting and interpreting his or her social contexts and leads to the second theme (Cooley, 1902; Mead, 1934).

Theme Two emphasizes the importance and development of the self and self-concept within interactions (LaRossa & Reitzes, 1993). This theme is based largely on work by Mead (1934) and Cooley (1902). Asserted by this theme is that the individual develops a sense of "who" he or she is through social interaction because the self and self-concepts are essentially symbols of how the individual relates to himself or herself and relates the self to others (Cooley, 1902; Mead, 1934; Stryker, 1980). Thus, as the person develops his or her symbols pertaining to the self, he or she pursues can begin self-initiated (e.g., volitional) behaviors for confirming, or disconfirming, the interpretation of information pertaining to who he or she is (Cooley, 1902; Mead, 1934).

Theme Three emphasizes the influence of interactions from society and social processes on the definition of symbols in the individual's everyday life (LaRossa & Reitzes, 1993). Therefore, processes of interacting occurring "between individual freedom and societal constraint" (LaRossa & Reitzes, 1993; p. 144) providing information to the person on social and physical imitations associated with the symbols he or she has created. In constructing this theme LaRossa and Reitzes (1993) draw primarily from work by W. I. Thomas and his colleagues, as well as Jerome Manis and Bernard Meltzer. However, it is difficult to not include influential work from other theorists such as George Herbert Mead, Sheldon Stryker (1981), and Gary W. Peterson (1986, 1995).

Mead's (1934) synthesis of social science and philosophical theories emphasized that an individual's interaction with his or her environment influenced the formation of behaviors and perceptions important to social relationships. This synthesis was confirmed by sociological research during the early part of the 20th Century where larger cultural and societal processes appeared to influence individuals based on interactions occurring within small groups (Thomas & Znaniecki, 1918-1920, cited in LaRossa &

Reitzes, 1993). Stryker (1981) extended these ideas by asserting that it is within the structure of social interactions that individuals acquire information and symbols about who and what they are in relation to others. Peterson (1986,1995) expanded on these topics by asserting that mature social behaviors are based on an individual's ability to balance his or her needs of agency while remaining connected to the groups with which he or she interacts. This implies that healthy social development and future interactions are based on an individual learning how to simultaneously exercise personal volition while maintaining relationships over time (G. W. Peterson, 1986, 1995,; Stryker, 1981).

The Framework's Limitations

Since symbolic interaction theory lacks a universally accepted form (Stryker, 1964, 1980, 1981; J. Turner, 1991), the limitations of using symbolic interaction theories are usually based upon which specific theorists and theories are used (Stryker, 1980). Consistent with this thought when symbolic interaction is approached using narrow specialized theoretical orientations formal sets of propositions are often presented. These propositions are then used to explain social and psychological processes involved in socialization, social behaviors, and personality development. Some examples of this are seen in role theories (Linton, 1936; Moreno, 1953; J. Turner, 1991; R. Turner, 1962), dramaturgical theory (Goffman, 1956, 1961,), phenomenology (Goffman, 1974; Husserl, 1964), or identity theories (Stryker, 1980; Weigert et al., 1986). Alternately, when symbolic interaction is used as a general framework, explanations and descriptions become estimates addressing the general organization of information and behavior (Stryker, 1964). Thus, there are some behaviors and developmental outcomes that are typically not addressed in symbolic interaction such as abnormal development of persistent behavioral patterns related to gross physical and psychological defects and pathologies. This is not to say that symbolic interaction is only concerned with normative development, but that it renders development of persistent behavioral patterns into terms of organization and disorganization, and treats this organization as a continuum based upon the phenomenological experience of the individual (Stryker, 1964).

The Framework's Strengths: Symbolic Interaction and Social Competency

From using the framework presented above social competency reduces to two underlying points. First, a socially competent individual has a sense of “who” and “what” he or she is, sense of self, in relation to others. This first point is consistent with several literature reviews indicating an that there is an inverse relation between individual's with a more positive sense of self and negative developmental outcomes such as depression, psychological distress, anxiety, suicide, eating disorders, which are related to social outcomes such as negative and antisocial behaviors, delinquency, susceptibility to deviant peer pressure, and teen pregnancy (for reviews see: A. C. Petersen & Leffert, 1995; Mecca, Smelser, & Vasconellos, 1989; Peterson & Leigh, 1990; Rosenberg, 1986; Steinberg, 2001, Steinmetz, 1999). Second, a socially competent individual is able to maintain relationships over time while balancing his or her perceived personal needs with those of others.

This second point is consistent with research where an individual's sense of self is linked to competencies across multiple domains of social and psychological interaction such as academics, cognitive performance, or athletics (Bracken, 1996a; Harter, 1999; Marsh & Shavelson, 1985; Shavelson & Bolus, 1982; Marsh & Shavelson, 1985; Song & Hattie, 1984). Thus, a significant part of social competence is a function of an individual's perceptions and interpretations of prior interpersonal history, his or her sense of self, and social expectations. In symbolic interaction terms, a socially competent individual has developed symbols related to the self (self-symbols) through prior and current interactions that organize and give meaning to his or her experiences and regulate affect, motivate behavior, and are used to maintain social interactions over time (Baldwin, 1906a; Cooley, 1902; Damon & Hart, 1988; Harter, 1999; James, 1890; Mead, 1934). In turn, this leads to a third strength of this framework and its ability to address the adolescent's definition of the situation.

Conceptually, the *definition of the situation* means that if individuals perceive and the meaning they ascribe to an interaction, then the perception has implications for the interaction (LaRossa & Reitzes, 1993). This underscores the importance of the self in because how the individual perceive who and what he or she is in relation to others has implications for how he or she interacts with others (J. Turner, 1991). Therefore, the symbols that the adolescent derives from interacting with their parents and within the family

come to represent what the parents' and family means to the adolescent based on his or her perceptions. Then, as adolescents develop their symbols related to their social context, and social roles, how their definitions gradually transform over time come to characterize how they perceive about themselves and others (Stryker, 1981). In turn, this leads to adolescents ascribing to their symbols as defining "reality", and this reality influencing how the adolescent interacts with others. Therefore, the interactions between parent and adolescent that contribute to the adolescents' perceived reality gain significance over the lifespan and across social contexts.

Theme One: From Symbols and Meanings to Emotions and Empathy

Internalization

The processes an individual uses in interpreting and experiencing interactions have direct implications for how he or she subsequently modifies and interacts with others in the future (Harter, 1999; Mead, 1934; Inhelder & Piaget, 1958; Stryker, 1980). These processes are based on the internalization of information from previous and current interactions. Thus, internalization emphasizes symbol acquisition, construction, and manipulation. Therefore, the internalization process focuses on an individual's internal states and personal traits and what they symbolize for his or her interactions.

During childhood and adolescence, the internalized reflected appraisals from parents influence how the child feels and thinks about who and what he or she is because the parent-child relationship provides a primary source for psychological resources from childhood into adolescence (Bretherton, 1988; Roberts & Bengtson, 1996). The reason for this is that initial information for the individual's development of self is provided by the parent-child relationship (Bracken, 1996b; Harter, 1999). Over-time this information is generalized into the child's internal working model of the self in relation to others (Bretherton, 1988). It should be noted that the concept of the internal working model is not from symbolic interaction theorizing. However, the inclusion of the internal working model concept here is due to the fact that, the internal working model "serves as a filter for cognitive and affective attachment-relevant information" (Markiewicz et al., 2001; p. 430). Thus, conceptually this idea is closely related to symbolic interaction theories such as the looking-glass-self and self-concept because the internal working model of the self is essentially a symbol of the self that is related perceptions of the parent-child relationship.

Further, the individual prepares to enter the adult world and relationships based on the perceptual expansion and reorganization during adolescence (Erikson, 1959). Moreover, findings from attachment theory based research indicate that the transition from adolescence to young adulthood are related to the quality of a child's relationship with his or her parents (e.g., Bartholomew & Horowitz, 1991; Brennan & Morris, 1997; Collins & Read, 1990; Feeney & Noller, 1990; Griffin & Bartholomew, 1994; Roberts & Bengtson, 1996). Thus, the internal working model provides individuals with initial scripts and predictive expectations, which influence their social relationships (e.g., Crittenden, 1994; Fivush, 1987; Hudson, 1990; Nelson, 1993; Snow, 1990) and are formed from the internalization of information provided by others (Harter, 1996; Sullivan, 1947).

Two pieces of the internal working model are emotions and the self. *Emotions*, derived from sensations impinging on an individual's cognitive awareness, come from interacting within relationships and social contexts over time (Fabes, Eisenberg, McCormick, & Wilson, 1988; Hoffman, 1970, 1982; Izard & Kobak, 1991; Magai & McFadden, 1995; Saarni, 1988, 1993; Sroufe, 1979). Alternately, the self acts as a process for perceiving current actions and matching them previous symbols and evaluating previous symbols, such as emotions (Harter, 1999). In turn, emotions become systems where the responses to external stimuli found in interaction between systems are organized into complex patterns like the emotional content of the parent and child or the parental dyad and child (Kerr & Bowen 1988). Therefore, emotions influence, and are influenced, by an individual's interactions within relationships based on the approximations and subjective creations of what the individual feels is relevant for social interactions (Coopersmith, 1967; Harter, 1996; Rosenberg, 1981). Thus, as individuals organize their perceptions of interactions and their emotions, they form response patterns based on current situations and previous internalized information (Case & Okamoto, 1996).

Emotions: Interpreting and Internalizing Feelings

In relation to social competency, the importance of emotions is highlighted by research findings for emotional development during the grade school years (G. W. Peterson & Hann, 1999; Saarni, 1988, 1999; Stipek, 1992). First, research on the individual's personal awareness of emotional states emphasizes the child's need for discerning and communicating about his or her emotions and the emotions of others by

using a “vocabulary” of behaviors and terms based on a degree of consensus pertaining to the meaning of the behaviors and terms (Saarni, 1988, 1999). This requires an awareness of the rules and symbols present within a culture or sub-culture related to emotions and their expressions (Eisenberg & Morris, 2001; Hoffman, 1986, 1994). Subsequently, for the child to infer about the emotional state of the self and others requires him or her to have the abilities that include taking into account his or her unique personal information, applying this information, and realizing that inner emotional states do not always correspond to outer expressions (Saarni, 1988, 1990). Based on this, a person’s perception of self in relation to emotion is a personal theory of emotions that influences interactions. Then, based on this theory the child develops his or her capacities for adaptively coping with aversive or distressing emotions by using strategies through regulating, or ameliorating, the intensity and duration of emotional experiences on the self (Eisenberg & Miller, 1987ab).

Emotions in Relation to Others

Because empathy is an emotional reaction matching others experiences (Davis, 1996; Hoffman, 1982), the ability to empathize while simultaneously realizing that the emotional experience is more appropriate to the other person’s state becomes a key trait in the development of socially competent behaviors (Strayer, 1989). Because of this, empathy has been viewed as a fundamental social skill allowing individuals to anticipate, understand, and appreciate others’ points of view while interacting within relationships (Batson, 1990, 1998; Bohart & Stipek, 2001; Davis, 1996; Davis, & Franzoi, 1991; Eisenberg & Fabes, 1999; Riggio, Tucker, & Coffaro, 1989).

One of the more popular theories about empathy has been offered by Martin Hoffman (1970, 1977ab, 1982, 1990; see also Davis, 1996; Eisenberg & Morris, 2001; Eisenberg & Strayer, 1987). Hoffman proposes that development of empathic responses is based on earlier events and the child’s subsequent reactions, but does not necessarily follow a hierarchical stage progression (Magai & McFadden, 1995). He classifies empathic into six groups. First, *reactive or innate responses* are the least empathic because they involve a child (normally assessed in infants) a primary circular reaction where the child experienced a stimuli as being directly related to his or her internal state. Normally, this phenomena is called contagion where one infant begins crying and then others mimic the emotion through expressing

similar cues and come to experience and express the same emotions (Cohn & Tronick, 1983; Hatfield, Cacioppo, & Rapson, 1992, 1993; Izard & Malatesta, 1987; Sagi & Hoffman, 1976). The second component *classically conditioned responses*, occur through the experiences of the first component as emotional expressions become associated with emotional states (e.g., responding to others' crying by crying conditions a response associated with previous distress). The third component of *direct association* then begins to appear where identification of cues from emotional expressions are matched with personal memories of emotional states. The fourth component, *mimicry*, describes a child's ability to match other's expressions and gestures of emotion, which produces similar sensations due to the actual kinesthetic qualities of the expression. While most of the empirical research on these four components has largely examined infants and very young children, Hoffman (1990) and others (for a review see Magai & McFadden, 1995) have noted that each component is likely to occur anywhere during the lifespan. Therefore, some emotions develop based on interactions with others where the interactions serve to socialize physical and behavioral symbols related the emotional state of the child.

In contrast, the last two components of Hoffman's model largely require advances in cognitive development and use of abstract symbols for expressing and experiencing emotions. The fifth component, *language mediated or symbolic association responses* involves a child being able to abstract emotional expressions into symbols. Thus, as a child's linguistic and cognitive abilities develop his or her capacities for empathy are expanded as they become capable of having an emotional arousal associated with the abstractions, and without direct participation. The sixth component of *role taking* involves advances in perspective taking skills. Thus, the child's deliberate cognitive acts of imagining what it would feel like in another's place (see also Mehrabian & Epstein, 1972 and Selman, 1980).

In looking across these six components, Hoffman's empathy development model is primarily concerned with the developing capacities for empathy (Davis, & Franzoi, 1991), which emerge through relationships between the individual and others. Thus, empathy development possess both an empirical and theoretical link between with social competence (Saarni, 1999) and positive social behaviors (Eisenberg & Fabes, 1991; Eisenberg & Miller, 1987; Hoffman, 1982; Hume, 1739, 1777).

Social Competency and Empathy

During adolescence, the development of empathy becomes especially important for growth at both the individual and relationship levels (Adams, 1983; Chase-Lansdale, Wakschlag, & Brooks-Gunn, 1995; Eisenberg, Miller, & Shell, 1991). With individual development varying across developmental domains (e.g., cognitive, physical, and social) relationships this during transitions in the life course can vary also. Additionally, with puberty's comprehensive overhaul of experiential and perceptual observations the changes in adolescent perceptions of the self and others is also impacted. Thus, the experience and understanding of emotions is becomes intertwined intimately with the adolescent revising and expanding his or her definitions of what symbols mean relation to emotions and for interactions.

In relation to adolescent social competency development, however, positive adolescent development requires the adolescent learn to balance and discern differences between the dimensions of thoughts and emotions (G. W. Peterson, 1995; G. W. Peterson & Hann, 1999; G. W. Peterson & Leigh, 1990). This is because high levels of empathy, without the ability to discern the differences between personal emotions and those of others emotions appear to lead to lower levels of psychological well-being and higher levels of antisocial behavior (Ellis, 1982; Lee & Prentice, 1988; Magai & McFadden, 1995; Schreiber, 1992; Valdez, Kaplan, & Codina, 2000; Walker, Stieber, & Eisert, 1991). Thus, adolescent development of socially competent behaviors involve, "at least a minimal degree of differentiation between self and other" (Eisenberg & Fabes, 1991; p. 35). In doing this, individuals learn to separate each dimension while evolving their personal responsibility for their actions based on what they believe about the self and others (Bowen, 1988; Erikson, 1950, 1968; Gavazzi & Sabatelli, 1990; Sabatelli & Mazor, 1985).

In relation to the family and parent-child relationships, the development of adolescent empathy also involves relational dynamics where both participants affect and are effected as they come to know, and to be known (Jordan, 1997; Miller, 1986). Consequently, healthy adolescent emotional development requires processes for ensuring that the family provides a secure emotional base as the adolescent redefines his or her relationships within the family and expands to form intimate relationships beyond the family (Bowen, 1988; Burr et al., 1979; Grotevant, 1997; Holmbeck et al., 1995; Holmbeck & Hill, 1991; G. W.

Peterson & Hann, 1999; G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987; Steinmetz, 1999).

Therefore, the transition from childhood to adulthood orientations toward both self and others occurs, in part, in the context of the overall family system and the parent-child relationships.

Empathetic Orientation

Based on the perspective that emotions are important for interactions, the relation between emotions and social competency development during adolescence can be described as development of an empathetic orientation (Eisenberg-Berg, 1979; 1982; Eisenberg, & Miller, 1987). The concept of empathetic orientation involves an individuals simultaneously being able to match others' emotional states, while being aware of their actions related to these emotional state of others (Eisenberg-Berg, 1979; 1982). This concept is based on Nancy Eisenberg's incorporation of Hoffman's ideas and observations about empathy with Lawrence Kohlberg's stage development theory of moral development (Eisenberg-Berg, 1979; 1982; Grusec & Lytton, 1988). Thus, before discussing Eisenberg's theories and empirical findings it is helpful to briefly review Kohlberg's theory about the relation between moral development and social behaviors.

Kohlberg's theory of moral development. According to Kohlberg's stage theory, morals develop within the individual related to how an individual perceives and responds to social conventions (Colby & Kohlberg, 1987; Colby et al., 1983). This development is organized into three levels. First is the *Preconventional Level* where an individual's behaviors and cognitive reasoning are primarily concerned with the self and how rules and conventions external to the self effect the individual. Second is the *Conventional Level*, where the reasoning behind social behaviors is based on three points of concern: (a) social approval, (b) loyalty to authority of others and the groups the individual perceives belonging in, and (c) the welfare of others and society. Finally, during the *Postconventional Level* both social reasoning and behaviors are based on universal prescriptions and moral imperatives, or that there are general principles of moral behaviors that apply to all people.

The central idea of this work is that an individual's moral development is characterized by his or her coming to balance and regulate his or her desires with caring for others. Stated more simply; moral development involves a person balancing desires and needs of the self and others. Therefore, adolescent

development characterized as occurring during the Conventional Level relates to the expanding concerns for social connections. Thus, the shift in the individual's perceptions of self and behavior becomes related intrinsically to social relationships.

Eisenberg's Model. In Eisenberg's theory (Eisenberg-Berg, 1979; 1982), the first three stages of developing social behaviors stretch from birth to puberty. Stage 1 is characterized by a *hedonistic, pragmatic orientation*. During this orientation, appropriate behavior deemed as whatever satisfies the actor's personal needs and desires. Stage 2, *the needs of others orientation*, involves a shift where the is concerned with the physical, material, and psychological needs of others, but is able to only express these needs in simplistic terms. Stage 3, the *approval and interpersonal orientation and/or stereotyped orientation* involves the child being concerned with stereotyped images of good or bad people and the approval of others.

Adolescence, following puberty, marks the transition to the final stage of social behavior development based on the internalization of emotions and is divide into two sub-stages. This includes Stage 4a, *empathetic orientation*, involves the child's discernment in delineating between their own and other's internal states and a sympathetic response coupled with an awareness that his or her actions have consequences for others. Stage 4b, is a *transitional stage*, where the child lacks mature abilities for articulating justifications for his or her behaviors but bases behaviors on internalized norms, values, duties, or responsibilities, or perceived needs for protecting others rights and needs. Stage 5, the *strongly internalized stage*, marks the final developmental stage where the ideas formed during Stage 4b gain articulated and magnified meaning.

Therefore, in regards to developing social competency empathetic orientation involves an individual's discernment and delineation between internal states of themselves and other's (Eisenberg & Miller, 1987). Additionally, this would mean that the individual is able preserving and maintaining the self while clarifying and facilitating emotional relationships the individual is able preserving and maintaining the self (Harter, 1999). Thus, within relationships an empathetic orientation involves a dynamic process with cognitive and affective features that join each person's subjective experiences with mutual understanding (Miller, 1986). Therefore, empathy and empathetic orientations in terms of social competency are

important for individuals knowing and growing to know each other, without having to participate in all events influencing the emotions of each other (Jordan, 1997).

Empathic Orientation: Research and Implications

In light of the current project, there are several sets of findings from Eisenberg's work that merit attention. First, there is extensive empirical validation for both her model and by extension the importance of empathy and empathic orientation from numerous literature reviews (e.g., Eisenberg, 1991, 2000; Mussen & Eisenberg, 2001), longitudinal research (e.g., Eisenberg & McNally, 1993; Eisenberg et al., 1991; Eisenberg, Shell, & Pasternack, 1987), and meta-analyses (e.g., Eisenberg & Lennon, 1983; Eisenberg & Miller, 1987; Eisenberg & Murphy, 1995; Miller & Eisenberg 1988). Second, from meta-analyses and longitudinal studies it appears that as a child matures his or her empathic related behaviors are likely to increase (Eisenberg & Fabes, 1999; Eisenberg & Miller 1987ab). Third, findings from meta-analyses indicate that no significant differences in effect sizes for methods of measuring and reporting empathic development and responses (Eisenberg & Fabes, 1999).

Based on these findings there are two sets of conclusions relevant to this study. First, it has been repeatedly concluded that most research on development of socially competent behaviors have focused on younger children, and not adolescents, when studying empathy related reactions and development (e.g., Eisenberg, 2000; Eisenberg et al., 1991; Eisenberg, Fabes, & Murphy, 1995; Eisenberg, Carlo, & Murphy, 1995; Eisenberg & Miller, 1987; Eisenberg & Murphy, 1995), which is echoed by other researchers (Davis, 1996; Davis & Franzoi, 1991; Henry et al., 1996). Second, in comparisons of observational and self-report reports measures yielded no significant differences in the effect sizes when meta-analyzing the relations between measures of empathy based behaviors and reports for adolescents' positive social behaviors (Eisenberg & Fabes, 1999; Eisenberg & Miller 1987ab). These findings also fit with other research where adolescent self-reports of social competencies related to empathy were more significantly related to positive social outcomes than were ratings of the adolescents by their peers (Savin-Williams, Small, & Zeldin, 1981; Small, Zeldin, & Savin-Williams, 1983; Zeldin, Savin-Williams, & Small, 1984). Thus, it appears that research on adolescent empathy development merits attention, and that adolescent self-reports should be a valid method of assessment (Eisenberg et al., 1991).

Theme 2: Internalization, Symbols, the Self, and Self-Sentiments

Internalization and Self-Symbols

Recalling symbolic interaction theorizing presented earlier, the self is essentially a subjective interpretation of what a person believes about himself, or herself, based on interacting with others. In other words, the self is an epistemology about what an individual thinks he or she is (Harter, 1999; Inhelder & Piaget, 1958). This epistemology is essentially a theory based on the internalization of information from prior interactions that affects an individual's behaviors in current interactions. Therefore, the self is at its core a *cognitive construction* of symbols perceived by the individual as relevant to "who" and "what" an individual believes constitutes himself or herself (Harter, 1999; Rosenberg, 1986). In turn, this indicates that the information the child has internalized and organized about the self in relation to others is salient to how they will perceive themselves and others during adolescence.

Another way of looking at the self is as a type of internal working model providing the individual with initial scripts and predictive expectations for building autobiographical memories, defining the self, and creating social relationships (e.g., Crittenden, 1994; Fivush, 1987; Hudson, 1990; Nelson, 1993; Snow, 1990). Further, as the self organizes it interprets and gives meaning to experiences, it motivates social interaction and regulates affect. The process the self uses in doing this is often conceptualized as a system of interrelating pieces, or a self-system, that is constructed of multiple dimensions that is used by the individual in interacting with others (Harter, 1996; Kelly, 1955; Loevinger, 1976; Rosenberg, 1986; Sullivan, 1947). Thus, the self-system is characterized as a pattern of organized structures occupying the interior of the individual which constitutes a core of theoretical constructs which is used to define who he or she is. In turn, the self then develops in the individual, "to meet the needs of interpersonal relationships" (Rosenberg, 1986; p. 62) by internalizing information provided by others through interacting (Harter, 1996; Sullivan, 1947). Therefore, as the self organizes it interprets and gives meaning to experiences, regulates affect, and motivates social interaction (Baldwin, 1906ab; Cooley, 1902; Damon & Hart, 1988; James, 1890; Harter, 1999; Inhelder & Piaget, 1958; Mead, 1934) by perceiving current interactions, matching them previous symbols, and evaluating previous symbols that the individual believes represent pieces of the self (Harter, 1999).

One notable byproduct of describing the self as a symbol is that this conceptualization renders the self as a collection of approximations and subjective creations of what the individual feels is relevant for social interactions. This is because each are based on an individual's internalized perceptions that may, or may not, contain accurate reflections of personal attributes and their relation to social interactions (Coopersmith, 1967; Harter, 1996; Rosenberg, 1981). In part, this happens because most individuals desire to consistently think well of themselves (Rosenberg, 1979). This has led some to theorize that an innate motive exists, the self-esteem motive, to protect or increase the favorable perspectives of others (Gecas, 1982; Gecas & Mortimer, 1987; Kaplan, 1975; Rosenberg, 1979). Further, during adolescence the stability of the self-concept seems to stem from this self-esteem motive (Gecas & Mortimer, 1987). This suggests, then, that how an individual feels about the self, or the self-sentiments, is important because it influences how as an individual builds his or her enduring attitudes towards, and conceptualizations of, the self.

Self-Symbol Distinctions

Conceptually there is a general agreement that there are distinct differences in the ideas behind terms like self-concept, self-esteem, and self-efficacy (e.g., Byrne, 1996; Hattie, 1992; Harter, 1999; Juhasz, 1985; Wylie, 1979). However, the distinctions between what the underlying differences and their emphases for each term is often not clear in the literature (Byrne, 1996; Hattie & Marsh, 1996; Harter, 1999; Wylie, 1979, 1989). Thus, precise comparison of related ideas is difficult because of there is often a lack of universally accepted definitions for each term, or assumed synonymy, between varying theories and research projects. This has been further exacerbated by ambiguous distinctions that leading to a "tendency to convey informal rather than formal (i.e. systematic) notions of self concept" (Byrne, 1996; pg.2). Based on this, there are two issues that to be resolved when discussing any topic related to symbols of the self: (a) What different self-sentiments represent and the terms that are being used for them, and (b) Conceptual differences between global and multidimensional models of the self-concept and their relation to conceptualizations of self-sentiments.

Self-evaluations and self-esteem. Key differences for distinguishing between types of self-sentiments are based on how the attributes of the self are considered (Byrne, 1996). The most commonly encountered self-sentiments, or self-evaluations, in research are self-esteem, self-worth, and self-efficacy.

Self-evaluations “refer to the way people evaluate or appraise their specific abilities and personality characteristics” (Brown, Dutton, & Cook, 2001; p. 616). Thus, self-evaluations differ across various domains of experience based on an individual’s emerging abilities, development, and his or her interactions (Harter, 1999). Thus, while both the self-concept and self-evaluations develop from internalized social cues across multiple contexts and experiences, self-esteem as a type of self-evaluation differs from self-concept based precisely on its evaluative dimension (Byrne, 1996; Harter, 1999; Wylie, 1979).

In relation to other self-evaluations, self-esteem is based the *emotional content* of self-evaluations made in relation to his or her capabilities, capacities, and characteristics, and his or her referent group (Brown, 1998; Harter, 1999). Thus, self-esteem refers to both to the way a person evaluates their own personal attributes and abilities, and to the feelings and affections that a person has for himself or herself (Brown, 1998; Byrne, 1996; Coopersmith, 1967; Gecas & Mortimer, 1987; Harter, 1999; Rosenberg, 1979, 1981, 1986; Simmons, 1987; Simmons et al., 1973). Moreover, this affective trait definition of self-esteem makes the most sense because it functions “as a lens through which people view their characteristics and experiences” (Brown, 1998; p. 225). In turn, the analogy of self-esteem as lens seems most apt based on research examining self-esteem indicating that once self-esteem is established, it becomes relatively resistant to change aside from what occurs over time (Brown et al., 2001; Chubb & Fertman, 1992; Chubb et al., 1997; Roberts & Bengtson, 1993, 1996). Further, an affective trait definition of self-esteem is also consistent with work by Epstein (1973) and a Neo-Piagetian assertions that an individual’s level of self-esteem is a higher order postulate of collected abstractions constituting theories about the self, or the epistemic- self (Simmons, 1987; Harter, 1999).

Self-evaluation differences. One problem with conceptualizing self-esteem in this manner is that self-esteem is often equated with self-worth and self-efficacy (e.g., Harter, 1999). This has led to confusion about whether self-esteem represents an individual’s general level of personal regard based on previous interactions, or contextually related level of personal regard based on current interactions. One example of this in the research idea of a barometric self-esteem, or self-esteem that fluctuates from situation to situation contrasted to baseline self-esteem, or the overall level of self-evaluations an individual carries across situations (Rosenberg, 1986; Savin-Williams, & Demo 1984). Further adding to the confusion, the term *self-worth* also describes momentary emotional states based on the outcomes of the current

interactions like the barometric self-esteem (Brown, 1998; Harter, 1999), which also means that self-worth is an interaction dependent *state* demonstrates volatility across contexts (Brown, 1998). Therefore, self-esteem and self-worth are related terms because as an individual perceives his or her value across contexts, they then construct generalize their feelings of worth into higher order abstractions of self-esteem (Harter et al., 1997). However, there is a difference between self-worth and self-esteem based on whether self-esteem is conceived as a persistent or transitory (Brown, 1998).

In looking at self-esteem and self-efficacy, the key difference is how the then found distinguishing the individual's self-evaluations of abilities across separate interactions and social contexts (Byrne, 1996). *Self-efficacy* essentially refers more to a sense of agency and ability to effect one's environment (Gecas & Mortimer, 1987). Thus, self-efficacy is a person's judgment of their capabilities of organizing and executing plans related to actions required for attain designated types of performances and individual desires (Bandura, 1977; Harter, 1996; Hattie & Marsh, 1996). Therefore, the self-efficacy of the child relates to the self-esteem because as child develops competence within one domain it reinforces and validates the overall self-esteem (Saarni, 1988).

Based on this, self-esteem can be reduced into four basic factors based on socialization in relation to what the term self-esteem is supposed to represent (Coopersmith, 1967). First, self-esteem represents the amount of "respect, accepting, and concerned treatment that an individual receives from significant others in his life" (Coopersmith, 1967; p. 37). Second, self-esteem represents a history of success and the status and position we hold relative to others. Third, self-esteem represents the interpretation of experiences that are modified according to an individual's values and aspirations. Fourth, self-esteem also represents an individual's manner of response to devaluations occurring within interactions. So, self-esteem can be said to represent in essence the information internalized from socialization, or an "overarching construct" for integrating varied sub-domains in a nested hierarchy (Harter et al., 1998), or a global assessment of the self-evaluations across.

Therefore, an individual's overall attitude toward his or her self typically contain a global component with either positive or negative valences in regards to his or her self-evaluations (Rosenberg, 1979). Often, this overall acceptance of the worth pertaining to himself or herself based on prior interactions is termed the global self-esteem (Simmons, 1987). This is because people essentially evaluate

themselves based on various criteria, and the evaluations have "experiential consequences" (Gecas & Mortimer, 1987). Therefore, experiential consequences are that the evaluations of self have motivational influence for social behavior because people appear to adjust both behavior and perceptions based upon how they perceive themselves (Harter et al., 1997; Rosenberg, 1981). However, research on the self as a multidimensional construct has challenged notions about the usefulness of global self-evaluations in general, and global self-esteem in particular.

Multidimensional and global models. The stage for this was set by work done by James' theorizing that while self-evaluations have aspects that are global in nature, they also have distinct dimensionality (Harter, 1999). The current theorizing and research this point has been expanded on based on a heuristic models that propose separate self-concept domains based on a reviewing self-concept literature and research methodologies (e.g., Bracken & Mills, 1994; Damon & Hart, 1988, 1992; Shavelson et al., 1976). Of these models, the largest body of work the dimensionality of the self-concept stems from one model the divides the self into two broad conceptual categories based on reflexive evaluations of the person in varying contexts: (a) performance-based components relating to individual performance in academic and work related environments; and (b) personal referent components divided based on physical, emotional, social, attributes (Harter, 1996, 1999; Harter et al., 1998; Shavelson & Bolus, 1982; Marsh & Shavelson, 1985; Marsh & Shavelson, 1985; Song & Hattie, 1984). A separate model developed in work William Damon and Daniel Hart (1988, 1992) emphasizes that the self is formed by an interplay of self-as-subject and self-as-object across time and context and multiple self-concept dimensions. Further, this model asserts that it is the individual's cognitive understanding of who he or she is subjectively and objectively that forms the basis of the individual's identity.

However, these models each reduce to several distinct points. First, the self as experienced by an individual is a theory of who he or she is. Second, people perceive themselves differently across contexts. Third, the self has a hierarchical organization with a relatively stable and global integration of perception across various individual level domains and interpersonal contexts. Fourth, the self has both descriptive and evaluative capacities and functions. What this means is that the self is aggregated into a unitary construct based on an individual's reflexive definitions, personal beliefs and values, previous experiences, and emotions (Gecas & Mortimer, 1987; Damon & Hart, 1992). Thus, the self is organized into a supra-system

comprised of multiple sub-systems based on the individual's conceptualizations of what he or she "knows" about himself or herself (Gecas & Mortimer, 1987; Harter, 1999; Marsh & Hattie, 1996; Rosenberg, 1986; Shavelson et al., 1976). So, at some level the totality of an individual's conceptualizations of the self should relate to their social behavior, not only their domain specific perceptions (Bracken, 1996b; Byrne, 1996; Damon & Hart, 1992; Harter, 1999; Shavelson et al., 1976).

This interpretation is also consistent with work by Brown, Dutton, and Cook (2001) that asserts both multidimensional and global models are essentially looking at a similar phenomena from differing angles. In their estimation most theories about self-esteem can be described as either "bottom-up" or "top-down" approaches. In distinguishing *bottom-up theories* (e.g., Harter, 1986; Marsh, 1990) each possesses an assumption that global self-esteem is constructed from self-perceptions in varied dimensions (Brown, 1998; Brown et al., 2001). Contrasting bottom-up theories, *top-down theories* assume that the global sense of self-esteem influences the self-perceptions nested in the individual's self-system and across varying dimensions. Thus, while there is a seemingly inductive "bottom-up" approach that can be used in describing self-esteem, it is also likely that self-esteem also involves a top-down component where self-esteem also influences other self-evaluations (Brown et al., 2001). Therefore, the self can be viewed as a reflexive experiential process involving knowledge and emotion shaping an individual's roles and social position over multiple domains (Weigert et al., 1986). Additionally, this conceptualization does not negate research indicating that domain specific self-evaluations are better predictors of behavior within the specified domain, and retains the usefulness and empirical findings of previous work using global self-esteem measures and conceptualization. So, despite the current popularity in research and theory on multidimensional models of the self and self-esteem, both global and multi-dimensional constructs are distinguishable parts of the individual's phenomenal field (Harter, 1999; Rosenberg, 1979).

Therefore, even with the trend to segment global self-esteem into sub-domains, there is nothing to logically preclude that these are also aggregated into a global entity (Simmons, 1987). Moreover, support for this appears in research findings where a global sense of self-esteem has been empirically linked to the individual's phenomenological abstractions across contextual domains (Harter et al., 1997). So, the shift to multidimensional models on the self should not preclude the existence and meaningfulness of global self-esteem conceptualization (Harter, 1996), since it seems to exist as part of an individual's phenomenal field

(Harter et al., 1997; Rosenberg, 1979). Additionally, this conceptualization is consistent with work from others scholars placing a major emphasis on the an individual's integrated and unified self where the self includes all personality (e.g., Allport, 1961; Horney, 1950; Jung, 1928; Kelly, 1955; Lecky, 1945; Marcia, 1966; Rogers, 1951). However, this is not to say that global self-esteem is in itself the apex of the integrated self-hierarchy, but rather an overall adaptive scheme to handle domain specific self-evaluations.

Research Describing Self-Esteem

Essentially, what is left after conceptualizing self-esteem thus far is self-esteem as it signifies an individual's positive or negative orientation toward himself or herself as an object (Coopersmith, 1967; Gecas & Mortimer, 1987; Rosenberg, 1979). However, it is helpful to describe precisely what this looks like in everyday life. By saying a person has a high level of self-esteem what is meant is that the person is characterized as having a general fondness for himself or herself (Brown, 1998; Gecas & Mortimer, 1987; Rosenberg, 1979). By extension, then, when person has high self-esteem he or she considers himself or herself as having "worth" (Rosenberg, 1965, 1979). However, this does not mean he or she feels superior to others, but merely appreciates his or her personal strengths and shortcomings. In contrast, by saying a person has a low level of self-esteem we are characterizing the person as having a mildly positive or ambivalent feelings toward himself or herself (Brown, 1998). Additionally, higher scores of global self-esteem are normally predictors of overall psychological well-being (Brown, 1998; Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995), and are generally related to higher levels of social well-being and behavior (Barber & Erickson, 2001; Brown, 1998; Coopersmith, 1967, Harter, 1999; Gecas & Mortimer, 1987; Gecas & Seff, 1990; Rosenberg, 1979).

Alternately, when a person has low self-esteem he or she perceives himself or herself as having little personal worth or serious deficiencies as a person (Rosenberg, 1965, 1979). Example of this are seen in the historical inclusion of negative self-evaluations in social science research starting with Freud's (1968) observations of the low self-esteem in relation to adults depressive disorders (Harter, 1993). Based on this line of research, it has been noted that in extreme cases found in clinical populations people with low self-esteem seem to have higher levels of hatred and self-loathing (Baumeister, Tice, & Hutton, 1989; Brown, 1998). In other work, low self-esteem has demonstrated an association with numerous indices of

psychological disturbance like depression (Beck, 1967); and self-derogation, depressive affect, and use of psychiatric services (Kaplan & Pokorny, 1969). Further, low self-esteem also has been linked to identity diffusion during adolescence and early adulthood (Marcia, 1966; Kroger, 2000). Finally, in a review evidence on the link between self-esteem and problem behaviors, low self-esteem has been causally implicated in suicide, eating disorders, antisocial behaviors, gang membership, and teen pregnancy (Mecca et al., 1989).

Self-Esteem and Adolescence

Moreover, the level of global self-esteem also appears have an interaction effect for developmental outcomes over time (Roberts & Bengston, 1993; Zimmerman, Copeland, Shope, & Dielman, 1997). In longitudinal studies, adolescent self-esteem seems to have a drop associated with puberty followed by a gradual rise, and stabilization (Chubb et al., 1997; Savin-Williams & Demo, 1984; Simmons, 1987; Simmons et al., 1973; Stein, Newcomb, & Bentler, 1992). This makes examining self-esteem during adolescence particularly interesting because the compounded number of developmental changes occurring from exiting childhood and entering adulthood (Diehl et al., 1997). Since entry into a new period in the life-course poses several challenges adolescents' self-symbols, as new tasks are attempted in which they either succeed or fail they alter their self-evaluations related to the areas which are important to the overall self-esteem (Simmons, 1987). Further, with expanding social contexts beyond the family they confront new people that may become significant in relation to reflected self-evaluations. Thus, self-esteem as a self-evaluation significantly related with feelings derived from interpersonal relationships are very salient during adolescence and for adolescents (Rosenberg, 1986). Therefore, it is difficult to overestimate the significance of self-evaluative functions in relation to the developing adolescent (Rosenberg, 1979).

In research using a symbolic interactionist perspective, parental support and involvement appears to be consistently and positively related to higher self-esteem (Demo, Small, & Savin-Williams, 1987). Evidence suggests that the parent-child relationships remain meaningful during the changes in adolescent self-esteem (Diehl et al., 1997; Gecas & Mortimer, 1987; Gecas, & Schwalbe, 1986). Therefore, research findings that the family is a significant predictor of self symbols in adolescence is not surprising (e.g., DuBois et al, 1994); with contextual support playing a large role in self-esteem formation and maintenance

(e.g., Gecas & Mortimer, 1987; Mortimer & Lorence, 1981; Roberts & Bengtson, 1993). Further, in work looking at how the individual relates to others much of the theory and research consistently links how the individual relates to himself or herself is based on how he she perceives his or her socialization (e.g., Hoffman, 1970a; Grusec, 1991).

Research Challenges

Most often global self-esteem has been defined “by a single score averaging across items that tap general satisfaction with oneself as a person” (Harter et al., 1998; p. 756). And more often than not, this single score in research was obtained using either The Rosenberg self-esteem scale (Brown, 1998; Byrne, 1996), or the Coopersmith Self-Esteem Inventory (Byrne, 1996). Essentially, each scale is a self-report measure that focuses on a person's general feelings towards the self, without referring to his or her attributes or qualities. Further, there has been substantial validating and supporting their use in research (see also discussions in Simmons, 1987; and Byrne, 1996).

However, the current trends in research and theory have questioned the usefulness of both instruments. Harter (1999) stated that, "...in our zeal for parsimonious explanatory models, we must not ignore the fact that phenomenological self-theory as experienced by children, adolescents, and adults is not necessarily parsimonious" (Harter, 1999; p. 315). Yet, examination of latent variable structure based on idiosyncratic questions for rating "closeness" in relationships conducted on the Rosenberg scale tends to indicate that this instrument is still relevant in predicting social well-being (Roberts & Bengtson, 1996). Additionally, despite theoretical shifts toward multidimensional models, most theories have retained both the measures and aspects of global self-esteem and self-worth (Harter et al., 1998). Moreover, this argument relies on defining self-esteem as a state rather than a trait (e.g., barometric self-esteem versus baseline self-esteem) (Brown, 1998). Therefore, while there some very vocal opposition for continuing to use global conceptualizations of self-esteem, there still exists an implicit assumption that self-esteem has a global dimension.

Another challenge to the use of the self-reports is a trend toward using multiple informants. However, based on research, it seems apparent that it is not an individual's behavior but the *interpretation* of the behavior that has consequences for self-esteem (Rosenberg, 1981). Additionally, there are relatively

consistent research findings indicating that adolescent self-esteem perceptions are more important than other's perceptions of their self-esteem, do not necessarily agree with the reports from others, and tend to be more predictive of social behavior (Bagley, Bertrand, Bolitho, & Mallick, 2001; Demo, Small, & Savin-Williams, 1987; Savin-Williams & Jaquish, 1981). More to the point, parent's behavioral reports on adolescent self-esteem demonstrate non-significant relations with adolescent self-esteem (Gecas, & Schwalbe, 1986). Thus, consistent with a symbolic interaction approach the adolescent's reported self-esteem is the reality of greater consequence for the adolescent's well-being (Gecas, & Schwalbe, 1986).

Theme 3: Socialization and Social Contexts to Family and Parenting

Socialization and Social Contexts

Through interactions, behaviors that are deemed socially appropriate, and socially competent, are socialized based on the internalized symbols of the individuals involved in the interaction. This makes socialization a complex process of interactions where social contexts communicate symbols (e.g., social standards) to an individual, in contrast to internalization where the individual appropriates the information from social contexts in creating his or her personal symbols for behavior. Thus, interactions influence the individual's socialization by providing symbols relevant to his or her abilities and habits for regulating his or her instinctual behaviors based on his or her previously internalized symbols (Bandura, 1977, 1981; Blumer, 1969; Gecas & Mortimer, 1987; James, 1890; Mead, 1934; Simmons, 1987; Stryker, 1964, 1980, 1981; G. W. Peterson, 1995, 1986, 1995; Weigert et al. 1986). In other words, socialization concerns the influence of others on the habits serving to constrain instincts and enable social interactions (e.g., Erikson, 1950; James, 1890; Mead, 1934). Moreover, it is through the socialization process that children become "social beings" by learning to regulate and constrain their biological drives while facilitating and maintaining relationships (for a review see Grusec & Lytton, 1988). Thus, symbols and appropriate social behavior represent an individual's internalized from socializing interactions.

However, socialization processes and socializing interactions occur embedded within a system of ongoing relationships (Cox & Paley, 1997; Minuchin, 1974; Whitechurch & Constantine, 1993), where the most influential set of social relationships that socializes individuals is the family and the parent-child relationship (Erikson, 1950; Gecas & Schwalbe, 1986; Lerner & Walls, 1999; Minuchin, 1974; Olson et al.,

1983). Thus, society generally assign both the family and parents functions for socializing children (Gecas & Schwalbe, 1986; Grusec & Lytton, 1988).

The embedded nature and influence of the parent-child relationship has led some to assert that any understanding of social behavior that separates the individual from his or her familial relationships would be incomplete because relationship histories have a prominent role in how an individual evaluates interactions and adapts his or her behaviors across social contexts (Cox & Paley, 1997). Support for this is seen also in research where positive family interactions during adolescence are positively related to desirable adolescent development and behaviors across varied social contexts (Grotevant & Cooper, 1986; G. W. Peterson & Leigh, 1990, Steinmetz, 1999), and negatively related to anti-social behaviors and psychopathology formation (A. C. Petersen & Leffert, 1995; A. C. Petersen & Leffert, 1987; Steinberg, 2001). Further, this position is also supported by research indicating that socialization within the family during adolescence is significant for later individual adjustment and social competency (Allen et al., 1994; Barber & Olsen, 1997; Eisenberg et al., 1995; Roberts & Bengtson, 1996; Walker & Taylor, 1991). Thus, there is a need for considering socializing influence of the overall family context, as well as the parenting interactions between parent and child, on the internalized perceptions of the adolescent.

Family Context

One complication in the literature examining the socializing influence of the family is that research often focuses on the descriptions of dyadic relationships between parents and their children rather than the overall system of family relationships (Cox & Paley, 1997). However, from research and theory looking at multiple relationship configurations between family members there are indications that the overall system of relationships within the family should be considered when looking at topics of socialization (Bowen, 1988; Cox & Paley, 1997; Kerr & Bowen 1988; Minuchin, 1974; G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987; Steinmetz, 1999; Whitechurch & Constantine, 1993). Support for this comes from research findings where the multiple interactions perceived, or observed, within the family system appear to provide resources that act as a buffer for negative events and relate to behaviors related to social competencies (Bartle et al., 1989; Cooper et al., 1983; Gorman-Smith et al., 1996; Henry et al., 1996; Wentzel & Feldman, 1996; Youniss & Smollar, 1985). The central idea across

both theory and research is that when a family maintains its relationships through continuously adapting to changes within the multiple levels and relationships of the family it provides adolescents a stable base for development (Holmbeck et al., 1995; Lamborn & Steinberg, 1993; G. W. Peterson & Leigh, 1990; Sabatelli & Mazor, 1985).

Family functioning. Family functioning describes the continued relationships between and among family members. Within the research and theory the key family functioning components that are often conceptualized are based on systemic qualities of adaptability and cohesion (Beavers & Voeller, 1985; Cluff & Hicks, 1994; Olson, 1994; Hampson et al., 1991; Whitechurch & Constantine, 1993). One theory focusing on the relation between cohesion and adaptability to family functioning is the Circumplex Model of Family Systems proposed by David Olson and his colleagues (Cluff, Hicks & Madsen, 1994; Olson, 1994; Olson, Sprenkle & Russell, 1979; Whitechurch & Constantine, 1993). This model, developed for use in a clinical and research settings, conceptualizes healthy family functioning as a balance of each dimension within the overall family. Therefore, when cohesion and adaptability are considered together, the overall family functioning facilitates interactions between family members at different levels developmental and functioning levels (Bowen, 1988; Sabatelli & Mazor, 1985). In turn, higher levels of cohesion and adaptability allow developmental changes during adolescence while retaining the sense of connection between family members (Sabatelli & Anderson, 1991, Sabatelli & Mazor, 1985). Moreover, higher levels of perceived family functioning reduce adolescent needs for separating himself or herself from his or her parents' socializing influences (Holmbeck et al., 1995; Grotevant & Cooper, 1986; Hauser et al., 1991). Thus, families with extreme levels of either cohesion, or adaptability, would be conceptualized as unhealthy. Based on this, adolescent perceptions of family functioning traits are expected to be important in relation to his or her development of self-esteem and empathic orientation.

However, in the research literature a number of secondary conceptualizations of dyadic relationships related to family cohesion and adaptability are measured instead of the overall family relationships. One example of secondary or dyadic conceptualizing are terms such as intimacy, emotional bonding, and "closeness," that refer to general level of emotional connection perceived by family members within dyadic relationships that resemble family cohesion (e.g., Buhrmester, & Furman, 1990; Cooper & Ayers-Lopez, 1985; Roberts & Bengtson, 1993, 1996). A second example appears in conceptualizations of

responsiveness between family members to evolving differences and needs and the parent's abilities for allowing family members develop, vary, or change within the family that resemble family adaptability (e.g., Baumrind, 1978, 1980, Hauser, Powers, Noam, Bowlds, & Jacobson, 1984). Thus, qualities appearing within dyads such as the parent-child relationships can appear to describe the overall family context.

Parenting styles. One area of literature where the conceptual blending of dyadic conceptualizations with cohesion and adaptability is seen in descriptions of parenting. Some examples of this appear in conceptual reductions of parenting behaviors using dimensions such as warmth, and permissiveness, and involvement (Becker, 1964); demandingness and responsiveness (Baumrind, 1980, 1991; Maccoby & Martin, 1983); and acceptance, behavioral control, and psychological control (Schaefer, 1965). Additionally, reductions of parenting based on these dimensions have created conceptualization of overall parenting styles typologies. These typologies, then, consist of "complex collection or blends of control attempts, communication patterns, and nurturance" (G. W. Peterson & Leigh, 1990; p. 108). Thus, parenting styles determined by the behaviors used by parents to socialize children tend to look like overall family system descriptions such as Schaefer's Parenting Circumplex Model (Schaefer, 1959) and Olson's Family Circumplex Model.

One popular typologies of parenting styles is based on the work of Diana Baumrind (1978) that has been extended by Eleanor Maccoby and John Martin (1983) using demandingness and responsiveness dimensions. Demandingness, in general, refers to the imposition of control and standards upon children by parents. Alternately, responsiveness is generalized to represent parent's warmth, acceptance, and nurturance. Thus, there are four basic types parenting styles in this tradition. First, neglectful parenting described by low demandingness and responsiveness; thus, characterized by parents infrequently providing control, support, warmth, acceptance, and nurturance. Second, indulgent parenting described by low demandingness and high responsiveness; thus, characterized by infrequent parental control attempts combined parents providing warmth, acceptance, and nurturance. Third, authoritarian parenting described by high demandingness and low responsiveness; thus, characterized by parents frequently imposition of control and high behavioral standards while infrequently providing warmth, acceptance, and nurturance. Fourth, authoritative parenting described by high demandingness and responsiveness; thus, characterized by parents frequently imposing high levels of control and behavioral standards high levels in combination

with high levels of warmth, acceptance, and nurturance. In research using this typology there is at least one consistent finding, behaviors characterized as authoritative parenting practices are positively related to desirable social and psychological outcomes during both childhood and adolescence (Baumrind, 1991; Holmbeck et al., 1995; G. W. Peterson & Hann, 1999; G. W. Peterson & Leigh, 1990; Steinberg, Morris, & Sheffield, 2000; Steinmetz, 1999).

However, there is a major criticism of parenting style typologies (Holmbeck et al., 1995; G. W. Peterson & Hann, 1999; G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987). This criticism is that parenting styles only reflect the influences of parents in the parent-child relationship and neglecting the influence of the child. Thus, theories focusing on the unidirectional relation of parent to the child are often typified as a “social mold” perspective where the parent’s behaviors are more important than the child’s internalizations. Yet, research findings indicate that it is the parents’ behaviors as perceived by the adolescent that are more relevant for his or her development and behaviors (Bartle et al., 1989; Demo, Small, & Savin-Williams, 1987; Savin-Williams & Jaquish, 1981; Owens, Mortimer, & Finch, 1996). Therefore, understanding the influence of the parent on the adolescent requires understanding the adolescent’s perceptions of the parenting behaviors.

Parenting Behaviors

One outgrowth of this criticism is that research and theory focusing on isolated parenting behaviors related to separate parenting styles has identified two particularly influential parenting behaviors, support and control (Becker, 1964; Hoffman, 1970, 1982; Holmbeck et al., 1995; Openshaw et al., 1983; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987; Rollins & Thomas, 1979; Steinmetz, 1999). Parental support consists of the gestures made by a parent that communicate that the child and his or her actions are valued. Alternately, definitions of control generally refer to the actions parents use in attempting to modify behaviors and internal states of the child (Peterson & Rollins, 1987). However, many parenting control behaviors that are characterized by the use of psychological or physical force in coercive or punitive forms by parents to obtain desired behaviors from their children demonstrate deleterious effects on socialization and developmental outcomes over time (Eisenberg & Murphy, 1995; Grusec, 1991; Hoffman, 1970, 1982; Openshaw et al., 1983; G. W. Peterson

& Hann, 1999, G. W. Peterson & Leigh, 1990). Essentially, what research indicates is that when parents behave in manners that are not in tune with the child's needs, they are in effect devaluing the child's development and efforts (Harter et al., 1997).

Inductive control. In sharp contrast to the majority of research that focuses on coercion, research on one type of control behavior, positive induction, does not share the same research history of negative relationships to desirable outcomes (Hoffman, 1970; Eisenberg & Murphy, 1995). Inductive control is defined as control attempts by the parent embedded in an informational matrix that attempts to instill reasoning abilities within the child for relating a given behavior to its consequences for either him/herself or some other person (Eisenberg & Fabes, 1991; Openshaw et al., 1983; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990). This type of inductive control is characterized by parents attempting to influence their children through emphasizing the development of rational maturity, making non-coercive demands on the child, offering explanations, and making children aware that their actions have consequences for others (Hoffman, 1970; G. W. Peterson & Rollins, 1987; Rollins & Thomas, 1979). Additionally, findings for positive induction demonstrate an overall relatively consistent pattern of positive relations to social competence development (Eisenberg & Murphy, 1995; Hoffman, 1970, 1982; G. W. Peterson & Rollins, 1987). This makes parental induction a mechanism through which parents can communicate, justify, and encourage the internalization of role expectations without forcing the child's conformity or compliance (G. W. Peterson & Rollins, 1987). Positive induction, then, describes parenting behavior where information is used in ways that facilitates desirable developments and obtains a child's compliance without using forceful control (Hoffman, 1970; Eisenberg & Murphy, 1995; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987; Rollins & Thomas, 1979).

The nature of positive induction, then, involves parents emphasizing the development of rational maturity through interacting with their child or children. Further, in the research it appears that parents who rely primarily on reasoning based behaviors like induction have children characterized by higher scores on empathy and self related measurements (Grusec, 1991; Grusec & Lytton, 1988; Openshaw et al., 1984). In particular, previous research focusing on adolescent development indicates a significant positive relationship between positive induction and self-esteem (Openshaw et al., 1984) and empathy (Henry et al., 1996). Thus, the quality of responsiveness within the parent-adolescent related to induction is adaptive for

adolescent development (Cooper, Grotevant, & Condon, 1983; Holmbeck et al., 1995; Eisenberg & Murphy, 1995), which makes positive induction a resource for encouraging both dimensions of family cohesion and adaptability (Peterson & Leigh; 1990; G. W. Peterson & Hann, 1999).

Parental support. Alternately, support as also appears to be related to development of social competencies. In the research, there is considerable evidence that there is a positive relationship between greater amounts of parental support and social competence (G. W. Peterson & Rollins, 1987). Thus, it is theorized that support communicates affectively to the person that he or she has worth to others (Harter, 1996; G. W. Peterson & Rollins, 1987). Additionally, the attention that is derived from the parental support also seems to be important in communicating validation to the child's actions (Amato & Ochiltree, 1986). Thus, when parents behave in a manner not in tune with the child's needs, they are in effect devaluing the child's development and efforts (Harter et al., 1997).

Many explanations of the relation between parenting support and social competency assert that the child's internalized symbols are constructed from their perceptions and expectations of parental support (Bretherton, 1988; Rice & Cummins, 1996; Saarni, 1988). From these internalized symbols the child develops his or her symbols related to the self (Brown, 1998; Baumeister & Leary, 1995; Epstein, 1980) and how to interact with others (Bretherton, 1988). Additionally, research suggests that qualities of the child's perceptions, expectations, and relationships, with his or her parents are predictive of the child's later self-esteem, peer acceptance, and social competence, outside of the parent-child relationship (e.g., Cassidy, 1990; LaFreniere & Sroufe, 1985; Markiewicz et al., 2001; Waters & Sroufe, 1983; Waters et al., 1979). Thus, as the child's social sphere expands he or she is able to augmented support from parents with support from his or her peers (Brown, 1998; Kroger, 2000). However, the quality of the parent-child relationship retains prominence on some aspects of adolescent over peer relationships on development of some individual traits such as self-esteem (Armsden & Greenberg, 1987; Barber & Erickson, 2001; Greenberg, Seigel, & Leitch, 1983).

Several examples of the importance of parental support for adolescent development appear in the research literature. One example of this is in research findings where adolescents' perceptions of parental support tended to predict the child's current estimations of self-esteem during late adolescent and young adult (Barber & Erickson, 2001; Rice & Cummins, 1996; Bartholomew & Horowitz, 1991; Brennan &

Morris, 1997; Collins & Read, 1990; Feeney & Noller, 1990; Griffin & Bartolomew, 1994). A second example is seen in research where adolescent reported parental support and involvement is related to reports of self-esteem (Allen et al., 1994; Barber, Chadwick, & Oerter, 1992; Barber & Thomas, 1986; Gecase & Schwable, 1986; Isberg et al., 1989; Richards et al, 1991). Additionally, support also has been related to reports of empathy development during adolescence and adulthood (Adams, Jones, & Schvaneveldt, 1982; Henry et al., 1996; Koestner, Franz, & Weinberger, 1990). Moreover, support also appears to play a key role in the overall development of aspects related to social well-being (Rice & Cummins, 1996).

Relating Family Functioning, Positive Induction, and Support

The combination of parenting induction and support also are relevant to family cohesion and adaptability . This is seen in parts of the self-esteem literature where higher levels of perceived intimacy between parent and child demonstrate a significant positive relation with to positive adolescent self-evaluations and development (Amato & Ochiltree, 1986; Blyth & Traeger, 1988; Chubb et al., 1997; Cooper, Holman, & Brathwaite, 1983; Kawash & Kozeluk, 1990; Ketssetzis et al., 1998; Roberts & Bengtson, 1993). Moreover in the empathy research, parental use of induction appears to facilitate a child's development of socially competent behaviors relate to maintaining relationships (Eisenberg & Fabes, 1991; Eisenberg & Murphy, 1995; Hoffman, 1994; G. W. Peterson & Rollins, 1987). Further, there are consistent findings that adolescent social competence is a significant function of the adolescent's prior interpersonal history (Barber & Erickson, 2001). Thus, the higher levels of support and induction should also provide positive affect in the parent-child relationship and positively contribute to personal growth during adolescence (Hauser et al., 1991; Steinberg et al., 2000).

Demographic Indicators: Biological Sex and Family Form

Biological Sex, Gendered Socialization, and the Family

Starting in infancy, parents and others involved with children provide interactions and symbols based on what they perceive as being appropriate for being masculine and feminine. Children, then, incorporate this information into their personal lexicon of self related symbols (Fagot, 1978, 1985; Martin

& Halverson, 1981). Later, these symbols then carry forward and reinforced in interactions between the child and his or her teachers, (Stipek, 1992). Classically, the socialization of gender role differences have been studied using the instrumental or expressive evaluative domains discussed earlier as representing masculinity and femininity respectively (e.g., Baumrind, 1978; Bem, 1974; Constantinople, 1973; Parsons, 1942; Parsons & Bales, 1955). While there has been a move currently away from these classical distinctions (e.g., Bem, 1974; Martin & Halverson, 1981), based on the research findings they still seem alive and well within the research. Two studies highlighting this distinctive socialization of gendered symbols found that parent's and families often socialize males instrumental autonomous behavior development (Bartle & Sabatelli, 1989), and socialize females for expressive relationship fostering behaviors (Bomar & Sabatelli, 1996). Therefore, perceptions based on biological characteristics become a key point for socializing the individual.

Additionally, differences between male and female self-other perceptions are also salient to the changes in the parent-child relationship during adolescence. The overall patterns for differences between males and females seem to indicate that slight differences exist between males and females. Overall, males tend to report higher self-esteem scores (Bachman & O'Malley, 1986; Byrne, 2000; Quatman & Watson, 2001; Rosenberg, 1979, 1981, 1986; Savin-Williams & Demo, 1983), while females tend to report higher empathic orientations that appears earlier than males and is related to relationship histories (Adams, Schvaneveldt, & Jenson, 1979; Cohn, 1991; Eisenberg et al., 1991; Thorne & Michaelieu, 1996). However, over the course of adolescence these differences appear to diminish (Cohn, 1991; Block & Robins, 1993). Moreover, there are several indications in the research that these differences are products of societal socialization of sex-role differences influenced by social responses to biological maturation, but not determined by genetic contributions (Eisenberg et al., 1991; Harter, 1990, 1999; Karniol, Gabay, Ochion, 1998; Simons et al., 1973). Based on this an adolescent's biological sex is likely to be related to reports of empathy and self-esteem; with males reporting higher levels of self-esteem than females, and females reporting higher levels of empathetic orientation.

The socialization of children and adolescents seems to vary based on the biological sex of the child and parent whom he or she interacts with (Bomar & Sabatelli, 1996; Sabatelli & Anderson, 1991). Essentially, this happens based on social role expectations tied to an individual's biological sex (Harter et

al., 1997). Thus, parents tend to interact with children based on what the parent believes are appropriate masculine or feminine roles for the child, as well as for themselves (Chodorow, 1991, 1995; Gilligan, 1982; Jordan, 1997). However, physical changes accompanying puberty also correspond with changes in how parents respond to their rapidly maturing child's social gender (Holmbeck et al., 1995; Brooks-Gunn & Reiter, 1990; Holmbeck et al., 1995). So, with puberty also involves revisions of how parents perceive their child because adolescent physical changes may trigger increases in expectations for mature, or adult, behavior based on the appearance of physical maturity (Holmbeck & Hill, 1991; Holmbeck et al., 1995; McCubbin & Patterson, 1983, Paikoff & Brooks-Gunn, 1991; A. C. Petersen & Leffert, 1987). Further, ambiguities related to social role expectations in society about what to expect of mature male and female roles may add more stress and distance in the parent-child and family relationships (G. W. Peterson, 1995, 1987; Holmbeck et al., 1995; A. C. Peterson & Mathieson, 2000). Thus, both adolescent and parent's biological sex may relate to perceptions of parent-child interactions.

Family Structure and Form

Another set of research findings relate family and parent-child relationship variables by considering the stability and formation of the parental dyad. From previous research, there is evidence that suggests changes in the parental dyad such as divorce or remarriage relates to changes in the child's development (Amato & Keith, 1991; Anderson, Hetherington & Clingempeel, 1989; Hetherington et al., 1999; Sessa & Steinberg, 1991). This occurs because changes in family form may instigate changes and disruptions in the parent-child relationships (Demo & Acock, 1996; Sessa & Steinberg, 1991). Family disruption may foster long term negative adaptations by disturbing development trajectories based on how the child perceives the changes (Amato & Keith 1991; McFarlane, Bellissimo, & Norman, 1995; Sessa & Steinberg, 1991). Further, physical constraints related to changes in the parental dyad may impact the child's access to a his or her parents. Thus, family form is likely to be related to adolescent reports of family functioning and parenting behaviors.

One other influential set of changes stemming from parental dyadic changes relates to the child's systemic position within the family (Anderson et al., 1989; Hetherington et al., 1999). The subtractions and additions of adults in the family related to divorces and remarriages act to destabilize and reconfigure

previous parent-child relationships. One such example of this appears in remarriage where stepparents potentially bring new expectations and/or siblings into the family (Ganong & Coleman, 1994; Hetherington et al., 1999). Additionally, parental dyadic changes may lead to the child discounting, devaluing, or revising, his or her symbols of socially competent behaviors based on the awareness that symbols may relate to divorce happens, or what is perceived as a mistakes and social failures (Sessa & Steinberg, 1991).

However, disruptive divorce or remarriage may be for the child there also seems to be considerable resiliency in children. Often addition of another adult to the family acts as an added resource for the child (Amato, 1994, 2000, 2001; Hetherington et al., 1989). Further, research indicates that positive stepfather-stepdaughter relationships are conducive for the stepdaughters social development (Haberstroh et al., 1998). These observations find additional support in findings where notable significant differences in family forms exist only when comparing both single and remarried families with intact families (Demo & Acock, 1996; McCurdy & Scherman, 1996). Thus, family form is likely to be related to adolescent reports of empathy and self-esteem.

Conceptual Models, Hypotheses, and Research Models

Hypotheses and Research Models

Based on the research questions and review of the literature there are four general research models. The first two models presented in Figure 3 address Research Questions 1 and 2. Specifically, these questions ask: (a) are adolescent perceptions of self-esteem and empathetic orientation significantly related to their perceived family cohesion and adaptability, and parental support and induction; and (b) do adolescent perceptions of family cohesion and adaptability, parental support and induction contribute uniquely to adolescent perceptions of self-esteem and empathetic orientation? For each model, the first block addresses demographics of family form and sex of the adolescent. These variables are entered first to control for variance in self-esteem and empathetic orientation form variables that are not of direct interest. Thus, in the second blocks of each are the variables of interest; with Model 1 containing family cohesion and adaptability, and Model 2 containing parental induction and support. Therefore, each model first examines the incremental amount of variance that perceived parenting and family qualities. Then, to address Research Question 2 a third block alternately containing the family or parenting variables not

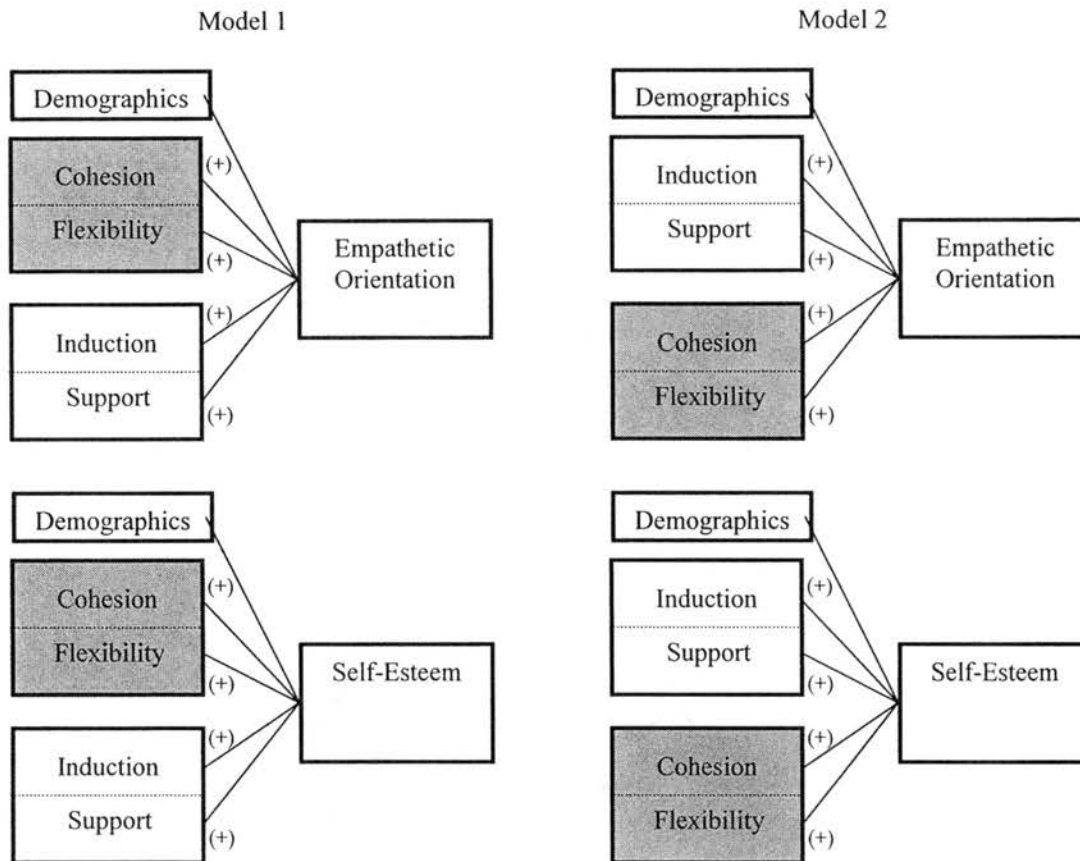


Figure 3. General research model for Research Questions 1 and 2

present in the second block. This is done to address possible differences in each model stemming from the order of entry for the variables in research equations and to examine the incremental addition of explained variance in each equation.

Included in Figure 3 are the hypothesized directions for each variable in relation to self-esteem and empathetic orientation. *Hypotheses 1*, asserts that adolescent reported perceptions of cohesion and adaptability are both positively related to reports of self-esteem and empathetic orientation. This is depicted in Model 1. *Hypotheses 2*, asserts that adolescents' reported perceptions of parental support and induction are positively related to reports of self-esteem and empathetic orientation. This is depicted in Model 2. *Hypotheses 3*, asserts that adolescents' reported perceptions of family cohesion and adaptability and parental support and induction when present in a single model explain more variance in perceptions of self-esteem and empathetic orientation than when either family or parenting variables are analyzed separately.

This is depicted by including a third block of variables to each model. Additionally, it should be noted that sex differences and family form are included in each model for control purposes, but do not have formal hypotheses for directionality.

There are also two sets of exploratory questions, Research Question 3 and 4, that do not have pre-specified hypotheses. Research Question 3 examines the associations between perceptions of overall family characteristics and parents' induction and support for adolescents simultaneously reporting varying levels of empathetic orientation and self-esteem. The visual conceptualization is presented in Figure 4. This set of analyses builds from the premise that social competency involves the ability to balance the emotional orientation for both the self and others. Thus, the goal of this work was to examine what family and parenting variables were related to adolescents reporting higher levels of both self-esteem and empathetic orientation.

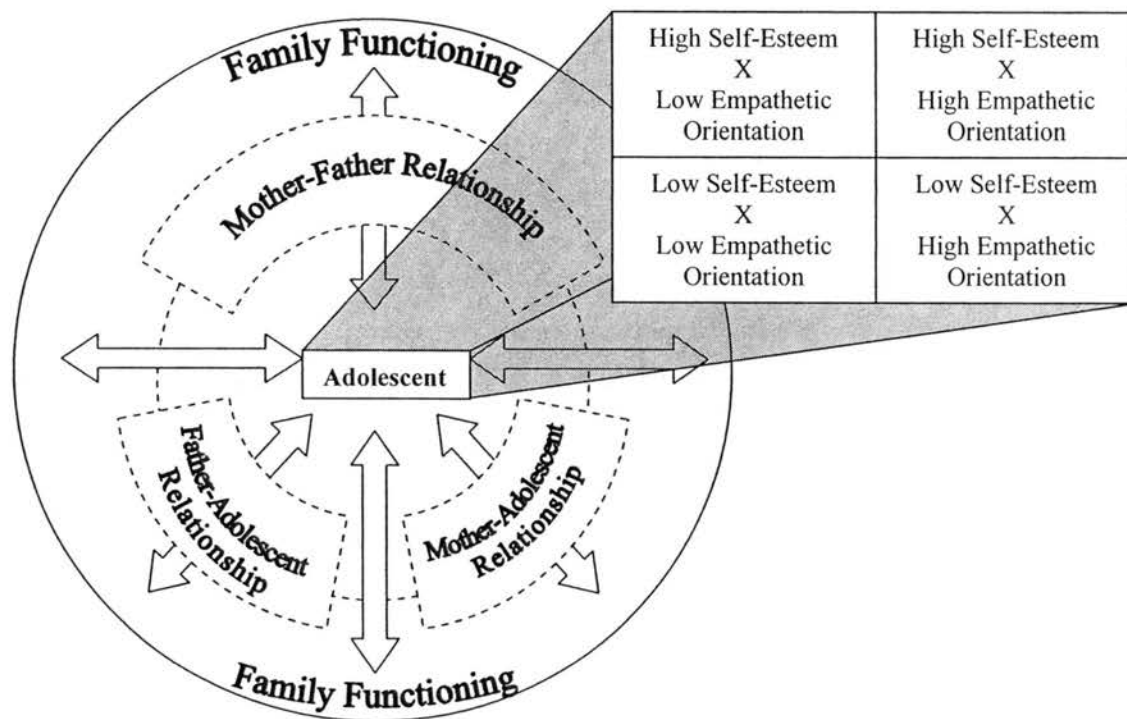


Figure 4. General research model for Research Question 3 (adapted from Henry et al., 2001)

Research Question 4 examines the differences in adolescent perceptions of mothers' and fathers' parenting behaviors in relation to adolescent reports of empathetic orientation and self-esteem (see Figure 5). This set of analyses builds from the premise that the perceived inconsistency between parents' behaviors would lead to the possibility of adolescents' perceiving inconsistencies in their valuation from their parents. Thus, the goal of this work was to examine the extent to which the agreement of perceived parenting behaviors for both parents were related to self-esteem and empathetic orientation.

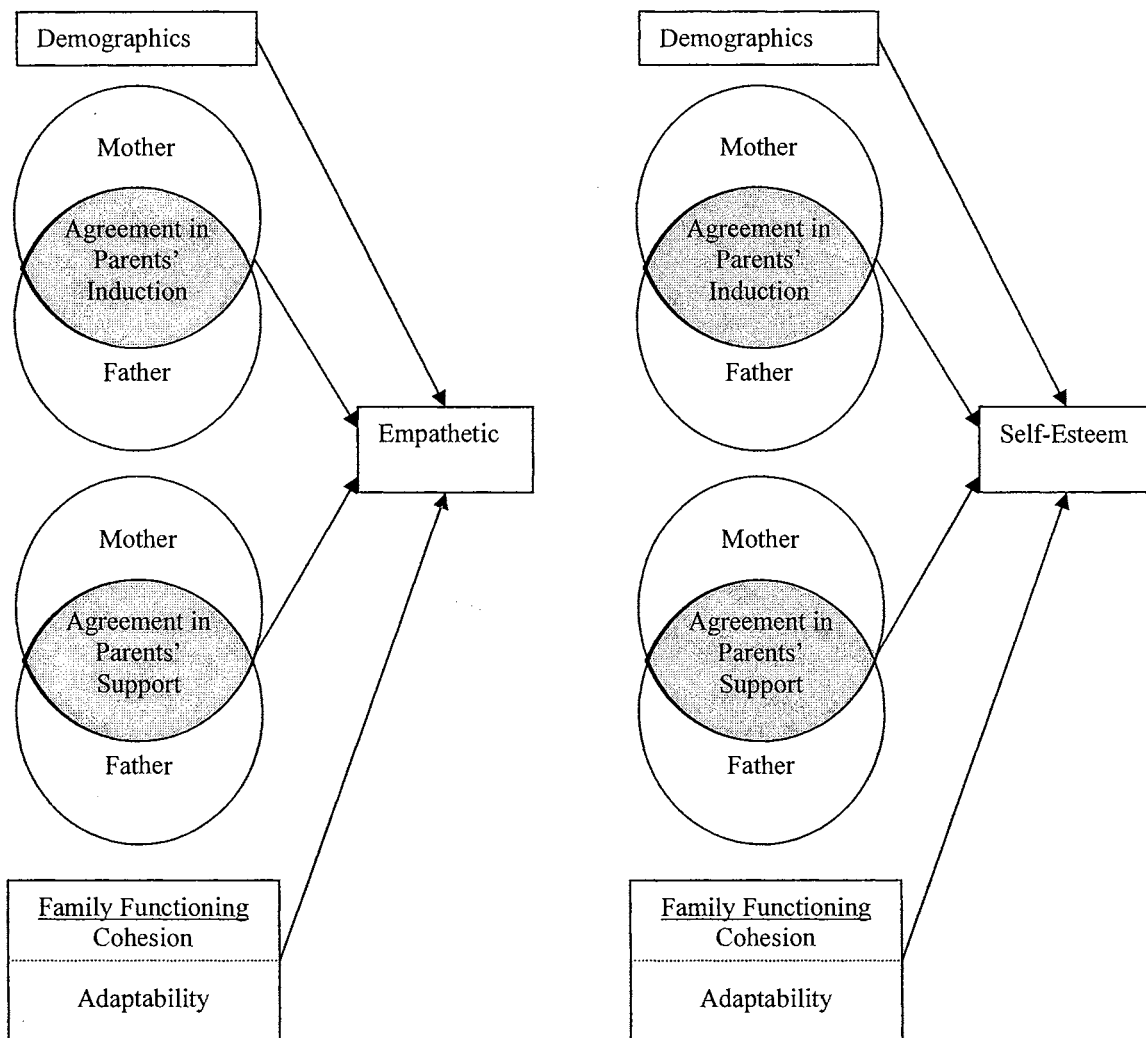


Figure 5. General research model for Research Question 4

CHAPTER III

METHODS

Introduction

This chapter describes the methodology used to examine the research questions relating to family factors and adolescent self-esteem and adolescent empathy described in Chapter 1. Specifically, the research design, sample and procedures, measurements, operational hypotheses, and statistical analyses are presented. In addition, the methodological limitations of this study are provided.

Sample and Procedures

Participants in this study are part of a larger field survey of 324 adolescents. This study examines family, individual, and community factors in relation to varied adolescent developmental aspects. The adolescents participating in this study were high school students attending the only public high school in each of three non-metropolitan communities (population less than 25,000) in a southwestern state.

The sample for the larger study was drawn from communities that were selected to be relatively equivalent in terms of selected indicators of community economic well-being, such as employment rate, rate of high school graduation, rates of post-high school education, and percentage of youth remaining in or returning to the area. Additionally, efforts were made to select communities that were also relatively similar to overall state characteristics on these indicators.

Participating adolescents were identified for sample inclusion based on their enrollment in local public high schools. To identify adolescents that qualified for sample inclusion, each school's administration was asked to identify courses which typically include freshman and sophomore students (e.g., 9th and 10th grade English). Participants were then contacted within the identified courses. Data collection then occurred during a subsequent visit to the identified class. One result of this approach was that in some instances the identified class contained adolescents who were enrolled in the course, but were not freshmen and sophomores. These students were excluded from the present study.

Since the present study concerns adolescent perceptions of two parenting behaviors, overall family functioning, and two outcomes, participants were selected based on their completion all scales relative to their family form and the questions being asked. This resulted in an overall sub-sample of 278 adolescents.

Participants in the overall sample ranged in age from 14 to 17 years old ($M=14.81$) and were divided into 154 (55.40%) 9th grade students and 124 (44.60%) 10th grade students. The sample was composed of 116 (41.73%) males and 162 (58.27%) females. The reported ethnicity of the sample was: 9 (3.24%) African Americans, 4 (1.44%) Asians, 214 (76.98%) Caucasians, 31 (11.15%) Native Americans, 6 (2.16%) Mexican Americans, and 14 (5.04%) students reporting “Other” or not providing any information. The family forms reported were: 47 (16.91%) single parent families with 12 (4.32%) reporting residence with a single father and 35 (12.59%) with a single mother; 153 (55.04%) Intact families with 149 (53.60%) reporting residence with both of their biological parents and 4 (1.44%) with both adoptive parents; 62 (22.30%) stepfamilies with 8 (2.88%) reporting residence with their biological father and a stepmother and 54 (19.42%) reporting residence with their biological mother and a stepfather; and 16 (5.76%) reporting other living arrangements. Due to the availability of complete data, the subsample size varies within specific analyses as detailed in Chapter IV.

Measurement

Data was collected using existing self-report instruments. Reported in Table 1 is a brief summary indicating the targeted variables, instrument used for assessing the variable, instrument length, and internal consistency coefficients from previous research and the current study. Copies of all instruments that were used are contained in Appendix A. Standard fact sheet items were used to collect other demographic information.

Measurement of Demographic Variables

Descriptive information about students was collected using fact sheet items. Participants were asked to respond to the demographic items. This information provided reports of biological age, grade, sex (sex), and the marital relationship between the adults in the household where he or she resides.

Table 1

Scale Summary

Variable	Instrument (Source)	# Items	Cronbach's α	
			Previous	Current
Sex	Demographic fact sheet			
Family form				
Empathy	Empathic Concern: Interpersonal Reactivity Index (Davis, 1983, 1996)	7	.71-.77 ^a	.63
Self-esteem	Self-esteem Scale (Rosenberg, 1965)	10	.77 - .88 ^b	.85
Parental Support	Support subscales: Parental Behavior Measure (G. W. Peterson, 1982)	4	.81 ^c	.82-.85
Parental Induction	Positive Induction subscales: Parental Behavior Measure (G. W. Peterson, 1982)	5	.86 ^c	.78-.79
Cohesion	Cohesion subscale: Family Adaptability and Cohesion Evaluation Scales II (Olson & Tiesel, 1992)	16	.80 ^d	.83
Adaptability	Adaptability subscale : Family Adaptability and Cohesion Evaluation Scales II (Olson & Tiesel, 1992)	14	.78 ^d	.71

^a Davis & Franzoi, 1991; ^b Byrne, 1996; ^c Henry et al., 1996; ^d Olson & Tiesel, 1992

Measurement of Empathy

Empathy was assessed using the 7-item empathic concern subscale from the Interpersonal Reactivity Index (IRI; Davis, 1983, 1996). Because the distinction between cognitive versus affective dimensionality of empathetic response is important in the study of dimensions of empathy, this subscale is designed to measure the tendency to experience an *affective* sympathetic reaction of compassion for others (Davis, 1983, 1996; Davis, & Franzoi, 1991).

In prior research, the IRI subscales have been used to assess aspects of both empathetic and sympathetic responses during adolescence (Davis, & Franzoi, 1991; Eisenberg et al., 1995; Henry et al., 1996). The sampled populations in two of these studies are relatively similar to the one used here based on similarities between the populations such as both are from non-metropolitan areas (e.g., Davis, & Franzoi, 1991; Henry et al., 1996) or from the same geographical region (Henry et al., 1996). Further, two studies using exploratory analyses and bivariate correlations as indices of concurrent validity of the IRI have found the IRI empathic concern scale compatible with other indices relating specifically to empathy (Riggio, Throckmorton, & Steven, 1990; Thornton, & Thornton, 1995). Additionally, research suggests that the IRI empathic concern subscale is linked specifically with adolescent empathy development (Eisenberg et al., 1995; Eisenberg & Murphy, 1987). Validation of the IRI has been established by several studies (Davis,

1996). Some examples of this include correlational studies of current validity between subscales from the IRI and other instruments (Riggio et al., 1990; Riggio, Tucker, & Coffaro, 1989), studies where items from alternate indices and the IRI analyzed for common factor loadings for similar items (Thornton, & Thornton, 1995), and studies using meta-analyses to examine if the similar relationships between other methods of measuring empathy (e.g., biological measurements and observations) and the IRI had similar predictive values for prosocial behavior (Eisenberg & Miller, 1987; Miller & Eisenberg, 1988).

Responses on the IRI are measured by summing 5-point Likert type scales for seven questions with two items inversely coded as directed by Davis (1996). The range of response choices are from 0 = *does not describe me well* to 4 = *describes me very well*. Additionally, the summed score was divided by the total number of items to reduce scale scores back to the original Likert response range. Sample questions from the empathic concern subscale of the IRI are: (a) “When I see someone being taken advantage of, I feel kind of protective towards them;” and (b) “Other people’s misfortunes do not usually disturb me a great deal” (reverse coded). Reported internal consistencies using Cronbach’s alphas typically range from .71 to .84 (Davis, 1996; Davis, & Franzoi, 1991; Eisenberg et al., 1995; Henry et al., 1996). For this study was the Cronbach’s alpha coefficient for internal consistency of the instrument was .63 (N=278).

Measurement of Self-Esteem

Adolescent self-esteem was measured by the Rosenberg Self-Esteem Scale (Rosenberg, 1979; 1989). Before describing the Rosenberg’s scale, however, several notable critiques of the instrument should be addressed. First, while some scholarship critiques this scale for reducing self related evaluations into a singular dimension (see Chapter II), most multidimensional models of self-esteem retain a notion that there are aspects of global self-esteem (Harter et al., 1997; Harter et al., 1998). Second, others criticize this scale asserting that self-report data may not adequately capture the nature of the phenomena however empirical findings tend to negate this position. In particular, studies using both parent and teacher reports of self-esteem and adolescent self-reports of self-esteem indicate that adolescent perceptions are (a) important, (b) do not necessarily agree with others, and (c) may be more predictive of behavior than parent or teacher reports (Bagley et al., 2001; Demo et al., 1987; Gecas, & Schwalbe, 1986; Savin-Ritch & Jaquish, 1981). Additionally, another critique is that the self-report strategy for assessing self-esteem does not involve

actual manipulation of variables. But, based on the theory presented earlier (see Chapter II), the self-report strategy is preferable because by manipulating self-esteem what is being assessed is more of a state related self-evaluation, which sometimes conceptualized as self-worth (Brown, 1998). Further, in recent reviews of literature surrounding uses of Rosenberg's scale it has been concluded that it is the most popular instrument for measurement of the global self-esteem construct and is appropriate for group administration (Byrne, 1996; Keith & Bracken, 1996). This position is consistent with a recent review of literature that indicates the Rosenberg's scale still enjoys continued usage as a global indicator of an adolescent's self-esteem (e.g., Barber & Erickson, 2001; Haberstroh, Hayslip, & Essandoh, 1998; McCurdy & Scherman, 1996; Rice & Cummins, 1996).

Rosenberg created this scale based on a desire to efficiently and quickly rank participants on a single continuum (Rosenberg, 1965, 1989). Thus, Rosenberg's original instrument is a 10-item Guttman scale with the content of items moving from weaker to stronger expressions of self-esteem. However, Rosenberg has not provided instructions for a scoring procedure to capitalize on the Guttman design (see also Blascovich & Tomaka, 1991; Byrne, 1996; Keith & Bracken, 1996; Wylie, 1989). Subsequently, this scale is most often used as a 10-item Likert type scale with a four point response continuum which Rosenberg (1979) has endorsed as obtaining similar results to the original Guttman Scale. Therefore, the items on Rosenberg's instrument are used to obtain a summed score based on a four point Likert type scale with responses ranging from 1=strongly agree to 4 = strongly disagree. Example of questions from the Rosenberg Self-Esteem Scale follow: (a) "I feel that I'm a person of worth, at least on an equal plane with others;" and (b) "I wish I could have more respect for myself" (reverse coded). The obtained summed score was divided by the total number of items to reduce scale scores back to the original Likert response range. Previous studies indicate an internal consistency reliability coefficient (Cronbach's alpha) ranging from .77 to .88, with test-retest reliabilities of ranging from .63 to .82. For this study was the Cronbach's alpha coefficient for internal consistency of the instrument was .85 (N=278).

Measurement of Parenting Behaviors

The parenting variables of support and positive induction were measured by subscales drawn from the Parental Behavior Measure (G. W. Peterson, 1982). This instrument was developed based on research

combining Schaefer's (1965) Parental Behavior Inventory, the Heilbrun (1964, 1973) and the Cornell measures of parental support (Bronfenbrenner, 1961; Devereaux, Bronfenbrenner, & Rodgers, 1969), and using items based upon Hoffman's (1970) concept of induction (see Ellis, Thomas, & Rollins, 1976; Henry, Wilson, & G. W. Peterson, 1995, 1989; G. W. Peterson, Rollins, & Thomas, 1985).

The subscales utilized in assessing adolescents' perceptions of parental behaviors are support (four items) and positive induction (five items). Sample items include: (a) "This parent seems to approve of me and the things I do" (support); and (b) "This parent tells me how good others feel when I do right" (induction). Participants in the study were asked to respond to each item twice, once for mothers/stepmothers and once for fathers/stepfathers living in the household where they resided. Both the combination of these instruments and concepts and modifications similar to these were previously published by Openshaw and associates (1983, 1984) and Henry and associates (1989, 1996). Responses are based on a 5-point Likert type scale with choices ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Scores were obtained by summing each item. Additionally, the obtained summed score was divided by the total number of items to reduce scale scores back to the original Likert response range. Cronbach's alphas previously reported using a combination of mothers and fathers are .81 for support and .86 for induction (Henry et al., 1996). Cronbach's alphas for internal consistencies in this study are mother's induction $\alpha = .78$, mother's support $\alpha = .82$, father's induction $\alpha = .79$, and father's support $\alpha = .85$.

Measurement of Overall Family Qualities.

Adolescent perceptions of family factors were measured using the Family Adaptability and Cohesion Evaluation Scales II (FACES II; Olson & Tiesel, 1992). FACES II is a 30-item self-report questionnaire consisting of two subscales assessing adolescent perceptions of family cohesion (16 items) and family adaptability (14 items). In previous research, FACES II has been criticized based on difficulties related to its abilities to produce curvilinear results consistent with its theoretical underpinnings (for discussion: Cluff, Hicks & Madsen, 1994; Olson, 1994). However, curvilinearity is not an issue relevant to this discussion since empirical results support the use of the FACES II using a linear scoring (Cluff et al., 1994). Thus, Olson's (1995) recommendations for using the FACES II linear scoring method as detailed by Olson and Tiesel (1992) will be followed in this study. Olson has based his recommendation on three

points: (a) previously obtained Cronbach's alpha reliabilities of .80 for cohesion and .78 for adaptability; (b) low levels of correlation between social desirability measures and both cohesion ($r = .39$) and adaptability ($r = .38$); and (c) concurrent validity with global measures of family health from the Dallas Self-Report Inventory (see also Hampson et al., 1991). Responses to each item are based on a 5 point Likert type scale with choices ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Cohesion and adaptability scores were obtained by: (a) summing all sub-scale items, and (b) dividing the total by the number of items to reduce scores into the original response range. Examples of items from the FACES II are (a) "Family members are supportive of each other during difficult times" (cohesion), and (b) "Our family tries new ways of dealing with problems" (adaptability).

Operational Hypotheses

Hypothesis 1. Adolescents' scores on the cohesion and adaptability subscales on the FACES II are related positively to their scores of self-esteem measured by the Rosenberg Self-Esteem Scale and empathetic orientation measured by the Empathic Concern sub-scales of the IRI.

Hypothesis 2. Adolescents' scores for the mothers' and fathers' support and induction subscales of the Parental Behavior Measure are related positively to their scores on the Rosenberg Self-Esteem Scale and Empathic Concern sub-scales of the IRI.

Hypothesis 3. Adolescents' scores on the cohesion and adaptability subscales on the FACES II and scores support and induction subscales on the Parental Behavior Measure are contained in one regression model they explain more total variance in adolescents' scores on the Rosenberg Self-Esteem Scale and Empathic Concern sub-scales of the IRI, than when either set of scores is entered independently of the other.

Analyses

Analyses: Research Questions 1 and 2

The first two research questions for this study concern adolescent perceptions of parenting and family functioning in relation to self-esteem and empathetic orientation. Question 1 asks, do similarities between perceptions of overall family and parenting qualities in relation to adolescent reports of self-

esteem and empathic orientation? Question 2 asks, what are there implications for considering adolescent perceptions of overall family and parenting qualities concurrently, or separately?

The types of questions asked in the first two research questions and the types of data used in this study dictates the use of two multivariate analyses of covariance with planned post-hoc analyses (MANOVA; Stevens, 1996). To answer Research Questions 1 and 2, one MANOVA model in tandem with planned hierarchical multiple regressions (HMR) allowed for the examination of incremental differences in added variance to compare hypothesized models. This approach is preferable to path analysis and structural equation modeling (SEM) in this project because of the likelihood of specification errors (Cohen, Cohen, West, & Aiken, 2003). Examples of possible specification errors are that: (a) the variables under examination here do not meet assumptions of causality; (b) based on prior estimates of reliability for measures used in this study the assumption that all variables are error free is not tenable; and (c) the expected, and hypothesized, correlations between independent variables would violate indices assessing goodness of fit (Cohen et al., 2003; Pedhazur, 1997; Stevens, 1996; Volk & Flori, 1996). Following the MANOVA analysis, hierarchical multiple regression (HRM) analyses models were used to describe differences within each cell. However, the differences in cell size (see Table 2) indicate that this approach yields liberal significance estimates (for a discussion see Stevens, 1996 and Pedhazur, 1997). Yet, based on previous research, possible categorical differences between mother-adolescent and father-adolescent relationships should be present in each analysis.

Parent specific sub-samples. To address the need for examining differences between adolescents' perceptions of their mothers and fathers two sub-samples were extracted from the overall sample, one for each parent. Criteria for inclusion in each sample was completed reports for relevant demographics, empathetic orientation and self-esteem, family functioning, and each set of parenting variables relative to each parent family form. Thus, the differences between sub-samples was based on completion of maternal or paternal variables relative to family form. However, some participants reported residing in a family form but provided varied information relating to each parent such as some adolescents reported residing in an intact family and reported only on their mothers, or reported residing in a single parent household and reported on both parents.

A decision to retain all of these cases was made for several reasons: (a) excluding participants would require assuming that the participants could not accurately report *their experiences* within *their families*, (b) these may accurately constitute differences between families, and (c) because this is a field study the instruments could not presuppose every possible permutation between families. Thus, to retain the capabilities for analyzing categorical variables both sex and family form were dummy coded. This approach allows the use of discontinuous categories without segmenting the sample into smaller cells (Cohen et al., 2003; Miller & Erickson, 1986; Pedhazur, 1997). To allow for the use of sex of the adolescent and family form in analyses requiring “continuous variables,” dummy variables were created as follows: (a) sex of the adolescent (males = 0 and females = 1), (b) single parent families vs. other family forms (single parent families = 1 and other family forms = 0); and (c) stepfamily vs. other family forms (steparent families = 1 and other family forms = 0). Thus, in the comparison group for all family form dummy codes are intact family forms. Further, it should be noted that the “other” family form category was collapsed with the intact families for because the number of other family forms was too small to detect variations between family forms.

Table 2

Family Form x Sex Cell Size Differences Within the Overall Sample.

	Males			Females			Total	
	N	% Sex	% Total	N	% Sex	% Total	N	% Total
Single ^a	22	18.97%	7.9%	25	15.4%	9.0%	47	16.9%
Intact ^b	64	55.17%	23.0%	89	54.9%	32.0%	153	55.0%
Step ^c	21	18.10%	7.6%	41	25.3%	14.7%	62	22.3%
Other ^d	9	7.76%	3.2%	7	4.3%	2.5%	16	5.8%
Total	116	100.0%	41.7%	162	100.0%	58.3%	278	100.0%

^a Single = Residence in households reporting a single parent present.

^b Intact = Residence in households reporting both biological or adoptive parents present.

^c Step = Residence in households reporting one biological parent and one step-parent present.

^d Other = Residence in households reporting an alternate family form.

One result of extracting two sub-samples is that characteristics of the participants differ in the analyses, including perceptions of mothers' and fathers' parenting (see Table 3). The sub-sample extracted to examine maternal variables (Mother Sample) was composed of 268 adolescents. The age range of this sample is 14 to 17 ($M = 14.8$). The Mother Sample was composed of 113 (42.16%) Males and 155 (57.84%) Females. The participants were divided into 149 (55.60%) 9th grade students and 119 (44.40%) 10th grade students. The reported ethnicity was: 9 (3.36%) African Americans, 4 (1.49%) Asians, 208 (77.61%) Caucasians, 30 (11.19%) Native Americans, 5 (1.87%) Mexican Americans, and 12 (4.48%) participants reporting either "Other" or not reporting. The family forms reported in the Mother Sample are: 43 (16.04%) Single parent families with 9 (3.36%) reporting residence with a single father and 34 (12.69%) reporting residence with a single mother, 150 (55.97%) Intact families with 146 (54.48%) reporting residence with both biological parents and 4 (1.49%) reporting residence with both adoptive parents, 61 (22.76%) reporting residence in a stepfamily with 8 (2.99%) reporting residence with their biological father and a stepmother and 53 (19.78%) reporting residence with their biological mother and a Stepfather, and 14 (5.22%) reporting residence in an alternate family form (Other).

The sub-sample extracted to examine paternal variables (Father Sample) was composed of 240 adolescents. The age range of this sample is 14 to 17 ($M = 14.8$). The Father Sample was composed of 98 (40.83%) Males and 142 (59.17%) Females. The participants were divided into 134 (55.83%) 9th grade students and 106 (44.17%) 10th grade students. The reported ethnicity was: 7 (2.92%) African Americans, 4 (1.67%) Asians, 191 (79.58%) Caucasians, 24 (10.00%) Native American, 5 (2.08%) Mexican American, 9 (3.75%) participants reporting either "Other" or not reporting. The family forms reported in the Father Sample are: 24 (10.00%) Single parent families with 12 (5.00%) reporting residence with a single father and 12 (5.00%) reporting residence with a single mother, 146 (60.83%) intact families with 144 (60.00%) reporting residence with both biological parents and 2 (0.83%) reporting residence with both adoptive parents, 55 (22.92%) reporting residence in a stepfamily with 8 (3.33%) reporting residence with their biological father and a stepmother and 47 (19.58%) reporting residence with their biological mother and a Stepfather, and 15 (6.25%) reporting residence in an alternate family form (Other).

Table 3

Demographic Characteristics Frequency and Percentages

	Overall		Mothers		Fathers	
	N	(%)	N	(%)	N	(%)
Total	278		268		240	
Age						
14	99	(35.61%)	97	(36.19%)	86	(35.83%)
15	136	(48.92%)	130	(48.51%)	118	(49.17%)
16	40	(14.39%)	38	(14.18%)	33	(13.75%)
17	3	(1.08%)	3	(1.12%)	3	(1.25%)
Sex						
Males	116	(41.73%)	113	(42.16%)	98	(40.83%)
Females	162	(58.27%)	155	(57.84%)	142	(59.17%)
Grade						
9 th	154	(55.40%)	149	(55.60%)	134	(55.83%)
10 th	124	(44.60%)	119	(44.40%)	106	(44.17%)
Ethnicity						
African American	9	(3.24%)	9	(3.36%)	7	(2.92%)
Asian	4	(1.44%)	4	(1.49%)	4	(1.67%)
Caucasian	214	(76.98%)	208	(77.61%)	191	(79.58%)
Native American	31	(11.15%)	30	(11.19%)	24	(10.00%)
Mexican American	6	(2.16%)	5	(1.87%)	5	(2.08%)
Other	9	(3.24%)	7	(2.61%)	6	(2.50%)
Unreported	5	(1.80%)	5	(1.87%)	3	(1.25%)
Family form						
<i>Single parent family</i>	47	(16.91%)	43	(16.0%) ⁴	24	(10.00%)
Father only	12	(4.32%)	9	(3.36%)	12	(5.00%)
Mother only	35	(12.59%)	34	(12.69%)	12	(5.00%)
<i>Intact</i>	153	(55.04%)	150	(55.9%) ⁷	146	(60.83%)
Bio parents	149	(53.60%)	146	(54.48%)	144	(60.00%)
Adoptive	4	(1.44%)	4	(1.49%)	2	(0.83%)
<i>Stepfamily</i>	62	(22.30%)	61	(22.76%)	55	(22.92%)
Father/Stepmother	8	(2.88%)	8	(2.99%)	8	(3.33%)
Mother/Stepfather	54	(19.42%)	53	(19.78%)	47	(19.58%)
<i>Other</i>	16	(5.76%)	14	(5.22%)	15	(6.25%)

Note: Italicized frequencies and percentages for family form represent the sub-total within each family form.

Analytic technique. By extracting two sub-samples the probability of making Type I errors was doubled in this study (Stevens, 1996). Possible remedies for this limitation involved analyzing separate models using a more conservative p value, conducting an omnibus F -test, or combine both approaches. Thus, two ordinary least squares multivariate regressions (OLS regressions), one each parent model, were used as omnibus F -tests for overall relations with sex and family form entered into the models as vector codes. Following the OLS regressions, hierarchical multiple regressions were used to analyze the hypothesized differences between models when entering parenting or family functioning variables independently, and difference in the amounts of variance explained incrementally and overall when

parenting or family functioning variables entered in a single model. Additionally, the p value obtained from each OLS regression was used to determine the overall significance.

Since multivariate equations are more sensitive to departure from normal distributions in the independent variables, each independent variable was stringently screened for normality using techniques recommended by Stevens (1996), Tabachnick and Fidell (1989), and Cohen et al. (2003). Based on this screening, data involving adolescent reports of fathers' support and mothers' support required a data transformation. Specifically, skewness was evident in both variables representing an extreme violation of the normality assumption. Thus, both adolescent perceptions of both mothers' support and fathers' support were transformed by taking their reflect and inverse. This was done by calculating the participants reported scores as a proportion with a numerator containing 1 and the denominator containing the score subtracted from a constant so that the lowest value equals 1. Normally, the constant used in the denominator is one added to the highest score reported on the scale. In this study the constant used was 6 (e.g., 5 was the highest obtained score on the 5 point Likert scale and 1 was added to it).

Following the data screening, variables relative to the sub-samples were examined using bivariate correlations (Pearson's r). This was done to determine the suitability of each of the variables for inclusion in subsequent analyses. Because of differences in demographic qualities in the Mothers and Fathers Sub-Samples, the criteria for retaining dummy coded variables was that they had to demonstrate statistically significant relations to at least one outcome variables in at least one sub-sample. The criteria for retaining all other variables with specifically hypothesized relations to self-esteem and empathetic orientation was that they must demonstrate a statistically significant relations with both dependent variables.

Analyses for Research Question 3

The third research question asks are differences between reported self-esteem and empathetic orientation levels related to differences in perceptions of family functioning and parenting behaviors. To answer this exploratory question participants were divided into four groups based on their reported levels of empathetic orientation and self-esteem. The divisions were conducted using separate median splits for males and females and then pooling subjects in similar groups into the four groups (discussed below).

Following the sample division, two MANOVAs, one for each sub-sample, with planned post-hoc group comparisons were conducted.

Splitting the sample. The four comparison groups were created using median splits. The rationale for using the median to split the sample, instead of a mean, is that the median is less sensitive to clusters of outliers and extreme scores (Shavelson, 1996). Further, the median as a measure of central tendency in a given distribution is also sensitive to the total portion of participants falling above or below a relative point.

In splitting this sample a two-step strategy was used. First, median values for empathetic orientation and self-esteems were calculated separately for males and females. Based on the participants sex and the reported level of empathetic orientation and self-esteem four groups were created for males and females. These groups were High Empathetic Orientation and High Self-Esteem (High Emp x High S-E), Low Empathetic Orientation and High Self-Esteem (Low Emp x High S-E), Low Empathetic Orientation and Low Self-Esteem (Low Emp x Low S-E), High Empathetic Orientation and Low Self-Esteem (High Emp x Low S-E). Second, participants within similar groups were pooled together into four groups. One example is that males and females in the High Emp x High S-E were collapsed into one High Emp x High S-E. The rationale for splitting the sample this way was that initial regression analyses for Research Questions 1 and 2 indicated that significant sex differences exist for each group.

Presented in Table 4 are cell sizes and the number of males and females in each cell by specific sample. For the Mothers Sample, the cells were: (a) High Emp x High S-E 75 adolescents with a total of 32 (42.7%) males and 43 (57.3%) females, (b) Low Emp x Hi S-E 57 adolescents with a total of 22 (38.6%) males and 35 (61.4%) females, (c) Low Emp x Low S-E 68 adolescents with a total of 24 (35.3%) males and 44 (64.7%) females, and (d) High Emp x Low S-E 68 adolescents with a total of 35 (51.5%) males and 33 (48.5%) females. For the Fathers Sample the cells were (a) High Emp x High S-E 66 adolescents with 26 (39.4%) males and 40 (60.6%) females, (b) Low Emp x Hi S-E 50 adolescents with 19 (38.0%) males and 31 (62.0%) females, (c) Low Emp x Low S-E 59 adolescents with 20 (33.9%) males and 39 (66.1%) females, and (d) High Emp x Low S-E 65 adolescents with 33 (50.8%) males and 32 (49.2%) females.

Table 4

Cell Sizes and Number of Males and Females Per Cell.

	Mothers Sub-sample						Father Sub-sample					
	Males		Females		Total		Males		Females		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
High Emp x High S-E	32	42.7	43	57.3	75	100	26	39.4	40	60.6	66	100
Low Emp x Hi S-E	22	38.6	35	61.4	57	100	19	38.0	31	62.0	50	100
Low Emp x Low S-E	24	35.3	44	64.7	68	100	20	33.9	39	66.1	59	100
High Emp x Low S-E	35	51.5	33	48.5	68	100	33	50.8	32	49.2	65	100
Total	113	42.2	155	57.8	268	100	98	40.8	142	59.2	240	100

Analytic Strategy. Differences between the groupings that combined reported levels of empathetic orientation and self-esteem in relation to cohesion, adaptability, mothers' support and induction, and fathers' support and induction, were examined using two MANOVA's. Thus, the independent variable in each equation was the adolescent's group membership to one of the four groups (e.g., High Empathetic Orientation X High Self-Esteem, High Empathetic Orientation X Low Self-Esteem, Low Empathetic Orientation X High Self-Esteem, and Low Empathetic Orientation X Low Self-Esteem). Then, cohesion and adaptability were entered in each equation as dependent variables. Additionally, mothers' and fathers' parenting behaviors were also entered as dependent variables respective to the sample being used. Then, four planned post-hoc comparisons were used to examine unique group differences for each outcome that demonstrated univariate significance within each MANOVA.

These planned post-hoc analyses were conducted using Tukey's tests of honestly significant differences (Tukey's HSD). In general, Tukey's HSD examines the means of two groups for significant differences. The Tukey's HSD procedure was selected for this study based on three reasons. First, it maintains a single family-wise error rate across multiple comparisons, which lessens the potential for making Type I errors (Keppel, 1991). Second, its correction for testing the significance of multiple comparisons is less severe than other post-hoc procedures (e.g., Bonferroni or Scheffé tests), which would increase the potential for Type II errors. Third, it is more appropriate than other procedures because the groups in this study do not have a "baseline" group for comparisons (e.g., Dunnett test; for discussion see Keppel, 1991). The sets of comparisons planned for each outcome were:

1. High Emp x High S-E in comparison to Low Emp x High S-E
2. High Emp x Low S-E in comparison to Low Emp x Low S-E
3. High Emp x High S-E in comparison to High Emp x Low S-E
4. Low Emp x High S-E in comparison to Low Emp x Low S-E.

Analyses for Research Question 4

The fourth research question asked if differences in adolescent perceptions of mothers' and fathers' behaviors were related to empathetic orientation and self-esteem. The general plan investigating these relations was to use on the findings obtained in earlier analyses to derive regression models to

examine if differences in reported scores explained additional variance when substituted for parenting variables. Differences in the reported scores for mothers' and fathers' parenting behaviors were developed based on combining the distance between the two scores (discussed below). It was because this parenting scores distance was created by using the original parenting variables that both the distance score and the original parenting variables were not entered in the same model. The reasoning for this was that presence of the distance score would potentially create linear dependencies. Since this question requires examining scores for both parents, a third sub-sample of adolescents was required where each parent's score was present. Additionally, since previous research (discussed above) indicates that differences exist in perceived parenting for biological versus step-parents, the sub-sample was restricted to only adolescents from intact families (e.g., biological or adoptive families).

Intact sub-sample description. The description of this sample is presented in Table 5. This sample was composed of 143 adolescents between the ages of 14 to 17 years ($M = 14.73$). The distribution of males and females in this was 58 (40.6%) males and 85 (59.4%) females. The sample was also divided into 87 (60.8%) 9th grade and 56 (39.2%) 10th grade students. Ethnicity reported in this sample was 3 (2.05%) African Americans, 4 (2.74%) Asians, 115 (80.41%) Caucasians, 13 (8.91%) Native Americans, 3 (2.05%) Mexican Americans, 3 (2.05%) reporting "Other" or not reporting. Within this sample the family form was split into 141 (98.63%) adolescents reporting residence with both of their biological parents and 2 (1.37%) adolescents reporting residence with both adoptive parents.

Table 5

Intact Sample Frequencies and Percentages (N=143)

Individual Characteristics	N	%	Social/ Family Characteristics	N	%
Age			Ethnicity		
14	61	42.66%	African American	3	2.10%
15	62	43.36%	Asian	4	2.80%
16	18	12.59%	Caucasian	115	80.42%
17	2	1.40%	Native American	13	9.09%
Sex			Mexican American	3	2.10%
Males	58	40.56%	Other	3	2.10%
Females	85	59.44%	Unreported	2	1.40%
Grade			Family form		
9 th	87	60.84%	Intact	143	100.00%
10 th	56	39.16%	Biological Parents	141	98.60%
			Adoptive Parents	2	1.40%

Table 6

Support and Induction Agreement Score Distribution Descriptives.

	Agreement Scores		Transformations	
	Induction	Support	Induction	Support
N	143	143	143	143
Mean	.22	.30	.06	.09
Median	.00	.00	.00	.00
Mode	.00	.00	.00	.00
SD	.49	.52	.12	.13
Variance	.24	.27	.01	.02
Skewness	3.81	2.55	2.52	1.67
Skewness SE	.20	.20	.20	.20

Indices of differences in parenting behaviors. Discrepancies in perceived parent behaviors were measured by an index of agreement between the reports of mothers' support and induction and fathers' support and induction respectively. This index was derived by taking the absolute value of the number obtained when the scores for fathers' behaviors were subtracted from the scores for mothers' behaviors. This value corresponds to the summing of the distance of each parents' score from the mean created by adding both scores and dividing by two. This also creates a continuous variable, which is not normally distributed (for distribution descriptives see Table 6). Additionally, logarithmic data transformations did not improve distributions enough to use this agreement index as a continuous variable without dummy coding (see Cohen et al., 2003; Pedhazur 1997). Thus, the distance score was dummy coded where 1 = some existing differences and 2 = no existing differences.

Next, crosstabs were used to evaluate if differences in perceptions of parenting behaviors could be examined using one MANCOVA. The results of these analyses are presented in Table 7. It was postulated that if the dummy codes for the agreement score could be used to partition the sample then family functioning variables could be entered into the model as covariates. However in this MANCOVA, the dummy coded adolescent sex variable could be used as either a fixed variable or covariate. Thus, a second set of crosstabs was examined to determine what effects using sex as a third sample partition would have on cell size. Using the ratio suggested by Stevens (1997) of 1.5 or less when comparing largest to smallest cell size it was determined that any multivariate significance test using these partitions would be unstable. Therefore, it was concluded that subsequent analyses should use the dummy coded agreement scores as vector codes without partitioning the sample based on biological sex of the adolescent.

Table 7

Crosstab Analyses: Cell Sizes for Dummy Coded Induction and Support Agreement Scores and Sex.

	Induction Agreement						Sex					
	Agree		Disagree		Total		Males		Females		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Agreement Groupings												
Support												
Agree	63	78.75	28	44.44	91	63.64	44	75.86	47	55.29	91	63.64
Disagree	17	21.25	35	55.56	52	36.36	14	24.14	38	44.71	52	36.36
Total	80	100	63	100	143	100	58	100	85	100	143	100
Induction												
Agree							38	65.52	42	49.41	80	55.94
Disagree							20	34.48	43	50.59	63	44.06
Total							58	100	85	100	143	100

The last set of analyses for this research question used bivariate correlations and hierarchical multiple regressions to examine the combinatorial relations between adolescent sex, discrepancies in perceptions of mothers' and fathers' behavior, and family functioning variables. The strategy was to use correlations to examine possible relations between each variable and to build subsequent regression models using earlier results from the models used in Research Question 2.

Bivariate correlations were examined using Pearson's product coefficients (r) to examine the relations between empathetic orientation, self-esteem, sex, cohesion, adaptability, differences in reports of support for mothers and fathers, and differences in reports of induction for mothers and fathers (see Table 8). It is important to note that sex and both agreement scores are dummy coded, which means that the calculated r collapses to biserial coefficients. Self-esteem was significantly positively related to both the parenting behavior agreement variables (agreement between mothers' and fathers' support and induction) and both family functioning variables (cohesion and adaptability). Coefficients for empathetic orientation indicated significant positive relations with sex and cohesion. Sex of the adolescent related significantly negatively to the agreement between reports of mothers' and fathers' support. Agreement between mothers' and fathers' support was significantly positively related to agreement between mothers' and fathers' induction and both family functioning variables (cohesion and adaptability). Agreement between mothers' and fathers' support was significantly positively related to both family functioning variables (cohesion and adaptability).

Table 8

Correlation among Variables, Means, Standard Deviations, and Variances (N=143)

	1	2	3	4	5	6	7
1. Self-Esteem	1.00						
2. Empathetic Orientation	.13	1.00					
3. Sex ^a	-.16	.44**	1.00				
4. Support Agreement ^b	.17*	-.04	-.21*	1.00			
5. Induction Agreement ^c	.24**	.02	-.16	.35**	1.00		
6. Cohesion	.46**	.22**	-.10	.27**	.47**	1.00	
7. Adaptability	.28**	.10	-.07	.25**	.25**	.52**	1.00
Mean	3.15	2.74	.59	.06	.02	3.80	2.44
SD	.50	.63	.49	.48	.50	.64	.78
Variance	.25	.39	.24	.23	.25	.41	.61

^a Sex (males = 0, females = 1)

^b Support Agreement (differences in scores = 0, no differences = 1)

^c Induction Agreement (differences in scores = 0, no differences = 1)

* $p \leq .05$. ** $p \leq .01$.

Exploratory hypotheses. Based on the results from the bivariate correlations, three additional hypotheses were formed about the relations between perceived overall qualities of family functioning, self-esteem, empathetic orientation, and the agreement of reported parenting behaviors. Hypothesis 4 states that the reported agreements of support and induction for mothers and fathers are positively related to self-esteem. Hypothesis 5 states that the reported agreement of support and induction for mothers and fathers explains a significant amount of incremental variance when considered in a model with the sex of the adolescent and overall qualities of family functioning in relation to self-esteem. Hypothesis 6 asserts that the agreement of reported support and induction for mothers and fathers acts a suppressor variable, which enhances the relations between and overall qualities of family functioning in relation to empathetic orientation. The rationale for this is that all three predictor variables are significantly related to at least one agreement score, but neither agreement score is related to empathetic orientation. This means that the agreement scores may partial out nuisance variance and enhance the relation between empathetic orientation and all three predictors (see Cohen et al., 2003; Pedhazur, 1997).

Analytical strategy. To test these hypotheses four hierarchical regression models were created, two for each outcome. Self-esteem regression models were developed by using earlier findings where: (a) family variables demonstrated a robust association with self-esteem and partialled out variance that might have been explained by parenting variables, and (b) adolescent sex demonstrated a relation to self-esteem.

The first self-esteem model was used as a baseline for comparing the effects of entering both agreement scores in the second model, which is why it is referred to as the comparison model. The comparison model was composed of four steps where: the first step contained adolescent sex dummy coded, the second step contained parental support, the third step contained parental induction, and the fourth step contained both family functioning variables (e.g., cohesion and adaptability). Rationale for dividing parenting behaviors into 2 steps was that the division would provide more information about the model. Next, in the second self-esteem regression model both agreement scores were substituted for the reports of parenting behaviors in steps 2 and 3. Thus, the agreement of reports for mothers' and fathers' support was entered in the second step, while the agreement of reports for mothers' and fathers' induction was entered in the third.

Based on the pattern of correlations between empathetic orientation and potential predictor variables, two models were tested to examine the possibility for both agreement scores to act as suppressor variables. Therefore, the first empathetic orientation model entered sex in the first step and both family functioning variables in the second step. Then, the second model entered both agreement variables into the first step, sex into the second step, and both family functioning variables in the third step.

Methodological Limitations

The limitations for the findings in this study come from a myriad of sources. Thus, it is probably not possible to compile an exhaustive list for each limitation. Therefore, the limitations presented here are selected based on their overall importance. First, survey designs using volunteer participants is also prone to several sources of bias and error (Kerlinger & Lee, 2000). The largest set of biases is related to data collection issues such as participant self-selection (Isaac & Michael, 1990), sampling errors (Isaac & Michael, 1990; Kerlinger & Lee, 2000), and the inability of standardized measurements to adequately capture individually nuanced responses. Additionally, self-reports are also prone to problems with respondents providing socially desirable responses. Another set of drawbacks to this methodology is that does not use multiple measures and methods in collecting the data. In turn, this means that only traits captured by one instrument, and reported by one participant, provide the one source of information. Therefore, inflated scores for both error and measured traits are both possibilities that cannot be controlled.

However, these limitations are offset in part by the ability for surveys to obtain responses from a larger sample in a time-effective manner and to generate estimations of errors associated with sampling and subject response (Kerlinger & Lee, 2000). Further, the use of survey measures also permits a degree of generalizability with findings from others studies using similar measurements, and the data obtained is often easily quantifiable.

Limitations also exist based on the selection and use of analytical techniques. One of the largest of these limitations is that all the variables used in this study are from one source, the adolescent. While this is a limitation, it is inherent to the symbolic interaction theoretical perspective. This is because people respond to their perceptions of self and others. However, the reliance on data from one source it does have the potential to inflate the errors within each model. Next, the correlational design of the study and used in the bivariate, regression, and MANOVA analyses only address the relations between variables. This does not provide information about causality. Further, some of the variables used in this study are only loose indicators that may be serving as proxy variables for others that were not assessed (e.g., perceptions of induction may be related to parent's communication skills and cognitive development, support may be related to parents' available resources).

However, all research has to begin at some point. So, even though this is a field study that uses a cross sectional design data collection, self-report instruments, and correlational analyses, it does represent an initial foray into several topics related to youth in Oklahoma. Thus, many of the limitations were addressed to the extent possible in this data, but the study is not perfect. Therefore, two potential research studies are presented in Chapter V.

Summary

The methodology described in Chapter III was used to examine the research questions, models, hypotheses detailed in Chapters I, II, and III. Specifically, a self-report questionnaire using existing measures was administered as part of a larger project and subsamples were used to test the research models and hypotheses. The results of the analyses are detailed in Chapter IV.

CHAPTER IV

RESULTS

Introduction

This chapter describes the results of the statistical analyses used to examine the research questions regarding relationships between adolescent perceptions of overall family qualities, parenting behaviors, and two aspects of adolescent development (self-esteem and empathic orientation). The research questions and conceptual hypotheses are presented in Chapter I, the research models and hypotheses are presented in Chapter II, an overview of the analyses are presented in Chapter III. This chapter presents the results of the analyses. Specifically, this chapter is organized to present the results in relation to the specific research questions.

Research Question 1 and 2

Overview

The first research question examined the extent to which similarities existed between adolescent perceptions of overall family and parenting qualities in relation to adolescent reports of self-esteem and empathic orientation. To examine this question, two hypotheses were developed and tested. Hypothesis 1 proposed that adolescent perceptions of family cohesion and family adaptability would be positively related to adolescent self-esteem and adolescent empathic orientation. Hypothesis 2 proposed that adolescent perceptions of parental support and parental induction (both fathers and mothers) would be positively related to adolescent self-esteem and empathic orientation.

The second research question examined the implications of considering adolescent perceptions of overall family and parenting qualities concurrently, or in separate models. One formal hypothesis (Hypothesis 3) was proposed and asserted that the combination of parenting and family variables in a single model would explain more variance in self-esteem and empathetic orientation than when either set of

variables is considered in a separate equation. Additionally, a corollary question was formed to ask if the order of entry for each set of variables in the model would be related to the significance of the variance explained by the variables.

Prior to testing these hypotheses, means, standard deviations, and correlations for the overall sub-sample, the mothers' and fathers' sub-samples (see Chapter III for details regarding the sub-samples) were examined. Next, to address concerns related to inflated significant results, OLS regressions were run for both the fathers' and mothers' models.

Because Research Question 1 and 2 are closely linked, they were examined simultaneously using two sets of hierarchical multiple regression analyses with two research models. The hypotheses related to Research Question 1 were tested using four hierarchical multiple regression models, which were analyzed separately for mothers' and fathers' parenting behaviors using the respective sub-sample. Specifically, Research Question 1 focused on separate qualities of the overall family functioning and perceptions of parenting behaviors in parent-child interactions in relation to empathetic orientation and self-esteem. To test the hypotheses, predictor variables were grouped into three conceptual categories: (a) Demographic variables (sex of the adolescent, stepfamilies versus other family forms, and single parent families versus other family forms), (b) Overall family qualities (cohesion and adaptability), and (c) Parenting behaviors (support and induction) related to mothers and fathers and respective of the sub-sample used.

In each of the four research models, demographic variables (Demo Block) were entered into each equation first to "control" for variation explained by the demographic variables of sex of the adolescent and family form. Because these variables were not directly part of the study's focus, but might explain variation in empathic orientation or adolescent self-esteem, they were included to allow for the examination of the partial explanation of variance. In *Model 1*, Step 2 was composed of the overall family variables (cohesion and adaptability: Family Block), and Step 3 was composed of the parental behaviors (support and induction: Parenting Block). In *Model 2*, Step 2 was composed of the parental behaviors (e.g., the Parenting Block), and Step 3 was composed of the overall family variables (e.g., the Family Block). Thus, two models were tested for both empathetic orientation and self-esteem: one with the family variables first and parenting variables second, and the other with parenting variables entered first and family variables entered second.

This strategy led to four models being tested per outcome variable. Additionally, these four models were tested separately using the mothers and fathers sub-samples to examine perceptions of fathers' and mothers' parenting behaviors. Therefore, a total eight regressions were analyzed (e.g., 2 models x 2 outcomes x 2 samples). These equations were used to examine significance levels of the unique variance explained by including each block in the model (change in R^2 or ΔR^2) and to examine individual beta coefficients for each variable as they were entered related to the Research Questions 1 and 2.

Means, Standard Deviations, and Correlations

Means, standard deviations and variances, are presented for the overall sample, the fathers' sub-sample, and the mothers' sub-sample (see Table 9). Next, a series of pairwise bivariate correlations were analyzed to provide an overview of possible correlations present in the total sample. The correlation coefficients from these analyses are presented in Table 10. Based on the statistical significance for cohesion, adaptability, mother's induction and support, and father's induction and support (hypothesized variables) in relation to self-esteem and empathetic orientation (adolescent variables; $p < .05$) all were included in subsequent sub-sampled models for mothers and father. However, differences do appear in comparisons of the demographic variables in relation to empathetic orientation and self-esteem. In regards to empathetic orientation, all demographic variables were significant. Alternately, sex was the only significant demographic variable in relation to self-esteem.

Table 9

Means, Standard Deviations, and Variances

Sample	Total (N=278)			Mothers (n=268)			Fathers (N=240)		
	<i>M</i>	<i>SD</i>	Var	<i>M</i>	<i>SD</i>	Var	<i>M</i>	<i>SD</i>	Var
Self-esteem	3.07	.53	.28	3.07	.53	.28	2.71	.66	.43
Empathetic orientation	2.70	.68	.46	2.70	.68	.46	3.06	.53	.28
Cohesion	55.36	10.92	119.16	55.32	1.83	117.26	55.44	11.04	121.78
Adaptability	45.25	7.54	56.88	45.26	7.50	56.29	45.35	7.65	58.50
Support									
Mothers	.66	.25	.06	.66	.25	.06			
Fathers	.61	.26	.07				.61	.26	.07
Induction									
Mothers'	3.51	.85	.72	3.51	.85	.72			
Fathers'	3.36	.88	.78				3.36	.88	.78

Table 10
Total Sample Pairwise Bivariates

	1	2	3	4	5	6	7	8	9	10
<i>Outcomes</i>										
1. Empathy										
2. Self-Esteem	.12*	(278)								
<i>Demographics</i>										
3. Sex ^a	.45**	(278)	-.15*	(278)						
4. Step ^b	.18**	(278)	-.02	(278)	.09	(278)				
5. Single ^c	-.15*	(278)	-.10	(278)	-.05	(278)	-.24**	(278)		
<i>Overall Family</i>										
6. Cohesion	.25**	(278)	.41**	(278)	.04	(278)	-.16**	(278)	-.04	(278)
7. Adaptability	.15**	(278)	.30**	(278)	.07	(278)	-.08	(278)	-.06	(278)
<i>Mothers' Parenting</i>										
8. Induction	.24**	(268)	.16**	(268)	.19**	(268)	.00	(268)	-.13*	(268)
9. Support	.35**	(272)	.34**	(272)	.19**	(272)	.11	(272)	-.24**	(272)
<i>Fathers' Parenting</i>										
10. Induction	.17*	(241)	.21**	(241)	.12	(241)	-.07	(241)	-.11	(241)
11. Support	.27**	(244)	.33**	(244)	.10	(244)	-.07	(244)	-.15*	(244)
									.45**	(241)
									.39**	(241)
									.76**	(233)
									.40**	(236)
									.66**	(244)
									.51**	(244)
									.42**	(235)
									.72**	(239)
									.56**	(240)

Note: N used in calculating the coefficient is presented inside the parentheses following each coefficient.

^a Sex (male = 0, female = 1)

^b Step (stepfamily = 1, other = 0)

^c Single (single parent family = 1, other = 0)

* $p < .01$; ** $p < .05$

Next, bivariate correlations were run for mother and father sub-samples. These results are presented Table 11. In the bivariate correlations using the mother sub-sample all correlations between hypothesized variables in relation to outcome variables were statistically significant ($p < .01$). Correlations between demographic and outcome variables repeated the pattern of significance seen in the total sample analyses. This pattern was all demographic variables significantly relating to empathetic orientation while only sex relating significantly with self-esteem. One further finding from these bivariate correlations is the significant correlation between cohesion and support ($r = .55$; $p < .01$). This relation suggests using two regression designs for testing Hypotheses 5 and 6. The two regression models enter demographic variables in the first step and alternating family functioning and parenting variables in the second and third steps. Thus, one set of models would enter family functioning variables in the second step and parenting variables in the third step, while the second set would enter parenting variables in the second step and family functioning variables in the third step.

Presented in Table 12 are the bivariate analyses using the father sub-sample. In the bivariate correlations using the father sub-sample, all correlations between hypothesized variables in relation to outcome variables were statistically significant ($p < .05$). Correlations between demographic and outcome variables differed from the pattern of significance seen in the total sample and mother sub-sample analyses. Using the this sample, all demographic variables significantly related to empathetic orientation, but two demographic variables were significantly related to self-esteem: single-parent families in comparison to all other family forms and sex of the adolescent. Another finding from these bivariate correlations, that is similar to the bivariate findings in the mother sub-sample, is the significant correlation between cohesion and support ($r = .67$; $p < .01$). This relation also suggests using the two mu, regression designs for testing Hypotheses 5 and 6.

Table 11

Mothers Sample Correlations (N=268)

Variables	1	2	3	4	5	6	7	8	9
<i>Outcomes</i>									
1. Empathy	1.00								
2. Self-Esteem	.13*	1.00							
<i>Demographics</i>									
3. Sex ^a	.44**	-.15*	1.00						
4. Step ^b	.17**	-.03	.09	1.00					
5. Single ^c	-.16**	-.10	-.08	-.24**	1.00				
<i>Hypothesized</i>									
6. Cohesion	.27**	.42**	.05	-.16*	-.04	1.00			
7. Adaptability	.17**	.30**	.07	-.07	-.07	.65**	1.00		
8. Induction	.24**	.16**	.19**	.00	-.13*	.39**	.32**	1.00	
9. Support	.34**	.35**	.18**	.11	-.24**	.55**	.44**	.48**	1.00

^a Sex (male = 0, female = 1)^b Step (stepfamily = 1, other = 0)^c Single (single parent family = 1, other = 0)* $p < .01$; ** $p < .01$

Table 12

Fathers Sample Correlations (N=240)

Variables	1	2	3	4	5	6	7	8	9
<i>Outcomes</i>									
1. Empathy	1.00								
2. Self-Esteem	.13*	1.00							
<i>Demographics</i>									
3. Sex ^a	.45**	-.14*	1.00						
4. Step ^b	.16*	-.04	.05	1.00					
5. Single ^c	-.18**	-.14*	-.01	-.18**	1.00				
<i>Hypothesized</i>									
6. Cohesion	.25**	.39**	.05	-.16*	-.09	1.00			
7. Adaptability	.17**	.30**	.08	-.06	-.11	.65**	1.00		
8. Induction	.16*	.21**	.12	-.07	-.11	.45**	.38**	1.00	
9. Support	.27**	.33**	.11	-.07	-.15*	.67**	.53**	.56**	1.00

^a Sex (male = 0, female = 1)^b Step (stepfamily = 1, other = 0)^c Single (single parent family = 1, other = 0)* $p < .01$; ** $p < .05$

Table 13

Multivariate Tests of Significance: OLS Regressions

	Value	df_{Hypoth}	df_{Error}	F_{Approx}
<i>Mothers Sample</i>				
Pillais-Bartlett trace	.54	14	520	13.63***
Hotelling-Lawley trace	.75	14	516	13.74***
Wilks Λ	.53	14	518	13.69***
<i>Fathers Sample</i>				
Pillais-Bartlett trace	.49	12	466	12.62***
Hotelling-Lawley trace	.66	12	462	12.76***
Wilks Λ	.57	12	464	12.69***

Note: F statistic for Wilk's Λ is exact.

*** $p < .001$

OLS Regressions

After examining the bivariate correlations, two OLS regressions were used to determine if F -tests for significance in subsequent regressions would be relatively liberal. Entered in these regressions were sex of the adolescent, dummy codes for family form (step-families versus others and single parent families versus others), parenting variables respective of the sample being used (mothers support and induction in the Mothers Sample analysis and fathers support and induction in the Fathers Sample analysis), and both family functioning variables (cohesion and support). The multivariate tests of the significance for both models are presented in Table 13. In at the Mothers Sample, each significance test was demonstrated extremely low p values ($p < .001$) for the Pillais-Bartlett trace ($F = 13.63$, $df = 14/520$), Hotelling-Lawley trace ($F = 13.74$, $df = 14/516$), and Wilks Λ ($F = 13.69$, $df = 14/518$). In the at the Fathers Sample, all three significance tests again had extremely low p values for the Pillais-Bartlett trace ($F = 12.62$, $df = 12/466$), Hotelling-Lawley trace ($F = 12.76$, $df = 14/462$), and Wilks Λ ($F = 12.69$, $df = 12/464$). Based on this information it was concluded that it was appropriate to use p values of .01 and .05 in subsequent regressions because they would not inflate the study's overall Type I Error rate.

Hierarchical Multiple Regression Analyses: Empathetic orientation

Model 1. The equation used in the first model was composed of three steps with Step 1 consisting of the Demographic Block (sex, step family compared to others, and single parent families compared to

others), Step 2 consisting of the Family Block (cohesion and adaptability), and Step 3 consisting of the Parenting Block (support and induction). The structure of this model permitted Hypothesis 1 and part of Hypothesis 3. Hypothesis 1 was tested by analyzing the Step 2's beta coefficients for the relation between family variables and empathetic orientation and general model descriptives of the total relations of all variables entered in steps 1 and 2 on empathetic orientation (e.g., multiple R , multiple R^2 , adjusted R^2 , and F value). One piece of Hypothesis 3 was tested by analyzing third step's incremental change in amount of variance in the empathetic orientation explained in the step (ΔR^2), and the final model descriptives of the total relations of all variables entered in steps 1, 2, and 3, on empathetic orientation (e.g., multiple R , multiple R^2 , adjusted R^2 , and F value). This also provided the foundation for examining the research question related to including both parenting and family variables in a model by providing beta coefficients with the effects of overall family functioning partialled out of the equation in the second step.

In Model 1 using the reports of mothers' parenting behaviors (see Table 14), sex of the adolescent, one variable in the Demographic Block, was positively related to adolescent empathetic orientation ($\beta = .43; p < .01$) indicating that adolescent females reported significantly greater levels of empathetic orientation than adolescent males. Neither of the family form variables in the Demographic Block were significantly related to adolescent empathetic orientation. Consistent with the Hypothesis 1, in Step 2 of Model 1 (the Family Block) adolescent reports of family cohesion were significantly positively related to adolescent empathetic orientation ($\beta = .31; p < .01$). In contrast, the hypothesized relation that adolescent perceptions of family adaptability would be positively related to adolescent empathetic orientation, a negative and non-significant relationship was revealed ($\beta = -.06$). Contrary to the hypothesized relations, in Step 3 of Model 1 for mothers', reports of support ($\beta = .13$) and induction ($\beta = .03$) were both positively, but non-significantly, related to empathetic orientation.

Using the reports of fathers' parenting behaviors in Model 1 (see Table 14), in the Demographics Block (Step 1) the sex of the adolescent was positively related to adolescent empathetic orientation ($\beta = .44; p < .01$) indicating that adolescent females reported significantly greater levels of empathetic orientation than adolescent males. Additionally, one family form variable, the comparison of single parent families to all other family forms, in the Demographic Block (Step 1) was significantly negatively related to empathetic orientation ($\beta = -.16; p < .01$) while the comparison involving step-families was non-

significant ($\beta = .11$). Consistent with the hypothesis, entry of the Family Block (Step 2) of Model 1 adolescent reports of family cohesion were significantly and positively related to adolescent empathetic orientation ($\beta = .27$; $p < .01$). In contrast to the hypothesis that adolescent perceptions of family adaptability would be positively related to adolescent empathetic orientation, a negative and non-significant relationship was revealed ($\beta = -.05$). In Block 3 of Model 1 for fathers', reports of parenting behaviors negated hypothesized relations where the beta coefficient for fathers support, while positive, was non-significantly related to adolescent empathetic orientation ($\beta = .13$). Additionally, the negative and non-significant beta coefficient for fathers' induction ($\beta = -.03$) relation with empathetic orientation also did not support the hypothesis.

Overall, two blocks in Model 1 for empathetic orientation explained incrementally significant amount of variance beyond that explained by previous blocks. Specifically, the demographic variables in Step 1 explained 22% ($p < .01$) of variance in adolescent empathetic orientation and the family qualities in Step 2 explained an additional 7% ($p < .01$) of the variance in empathetic orientation (beyond that explained by the demographic variables). However, adding the parenting behaviors in Step 3 contributed only 1% of the variance in empathetic orientation (beyond that explained by the demographic variables and the overall family qualities). The overall combination of variables explained approximately 31% ($p < .01$) of the variance in empathetic orientation.

Model 2. For Model 2 the equation was composed of three steps with Step 1 consisting of the Demographic Block (sex, step family compared to others, and single parent families compared to others), Step 2 consisting of the Parenting Block (support and induction), and Step 3 consisting of the Family Block (cohesion and adaptability). The structure of this model permitted Hypothesis 2 and part of Hypothesis 3. Hypothesis 1 was tested by analyzing the second step's beta coefficients for the relation between family variables and empathetic orientation and general model descriptives of the total relations of all variables entered in Steps 1 and 2 on empathetic orientation (e.g., multiple R , multiple R^2 , adjusted R^2 , and F value). This provided the second piece information for testing Hypothesis 3 with the third step's incremental change in amount of variance in the empathetic orientation explained in the step (ΔR^2) while also providing beta coefficients with the effects of parenting partialled out of the equation in Step 2.

Table 14

A. Hierarchical Multiple Regression Models: Empathetic Orientation

Model	Block	Mothers' Sample.(N=268)								Fathers' Sample.(N=240)									
		b	SE	β	ΔR^2	R	Multi R ²	Adj.R ²	SE	F	b	SE	β	ΔR^2	R	Multi R ²	Adj.R ²	SE	F
1. Demographics					.22**	.47	.22	.22	.60	25.38**				.25**	.50	.25	.24	.58	25.90**
	Sex ^a	.58	.07	.43**							.59	.08	.44**						
	Step ^b	.17	.09	.11							.17	.09	.11						
	Single ^c	-.19	.10	-.10							-.35	.13	-.16**						
Model 1																			
2. Family					.07**	.54	.30	.28	.57	21.99**				.06**	.55	.30	.29	.56	2.45**
	Cohesion	.02	.00	.31**							.02	.00	.27**						
	Adaptability	-.01	.01	-.06							.00	.01	-.05						
3. Parenting					.01	.55	.31	.29	.57	16.51**				.01	.56	.31	.29	.55	15.03**
	Induction	.03	.05	.03							-.02	.05	-.03						
	Support	.34	.19	.13							.34	.21	.13						
Model 2																			
2. Parenting					.06**	.53	.28	.27	.58	25.30**				.05**	.54	.29	.28	.56	19.43**
	Induction	.05	.05	.06							-.01	.05	-.02						
	Support	.60	.17	.22**							.58	.17	.23**						
3. Family					.03**	.55	.31	.29	.57	16.51**				.02*	.56	.31	.29	.55	15.03**
	Cohesion	.01	.00	.23**							.01	.01	.21*						
	Adaptability	-.01	.01	-.07							-.01	.01	-.07						

Note: Differences in ΔR^2 and the Multiple R² are due to rounding differences.

^a Sex (male = 0, female = 1)

^b Step (stepfamily = 1, other = 0)

^c Single (single parent family = 1, other = 0)

* $p < .01$; ** $p < .05$

Table 14 (Continued)

B. Hierarchical Multiple Regression Models: Self-Esteem

Model <i>Block</i>	Mothers' Sample.(N=268)									Fathers' Sample.(N=240)								
	<i>b</i>	<i>SE</i>	β	ΔR^2	<i>R</i>	Multi R^2	Adj. R^2	<i>SE</i>	<i>F</i>	<i>b</i>	<i>SE</i>	β	ΔR^2	<i>R</i>	Multi R^2	Adj. R^2	<i>SE</i>	<i>F</i>
1. <i>Demo</i>				.04*	.19	.04	.03	.53	3.45*				.04*	.21	.04	.03	.52	3.56*
Sex ^a	-.17	.07	-.16**							-.15	.07	-.14*						
Step ^b	-.05	.08	-.04							-.07	.08	-.06						
Single ^c	-.18	.09	-.12*							-.27	.11	-.15*						
Model 1																		
2. <i>Family</i>				.18**	.46	.21	.20	.48	14.32**				.15**	.44	.19	.18	.48	11.33**
Cohesion	.02	.00	.39**							.02	.00	.35**						
Adaptability	.00	.01	.05							.01	.01	.07						
3. <i>Parenting</i>				.02*	.49	.24	.22	.47	11.56**				.01	.45	.20	.18	.48	8.42**
Induction	-.02	.04	-.03							.01	.04	.02						
Support	.44	.16	.20**							.22	.18	.11						
Model 2																		
2. <i>Parenting</i>				.13**	.41	.17	.16	.49	1.87**				.11**	.39	.15	.13	.49	8.29**
Induction	.01	.04	.02							.03	.04	.06						
Support	.81	.14	.37**							.62	.15	.30**						
3. <i>Family</i>				.07**	.49	.24	.22	.47	11.56**				.05**	.45	.20	.18	.48	8.42**
Cohesion	.01	.00	.30**							.01	.00	.28**						
Adaptability	.00	.01	.03							.00	.01	.05						

Note: Differences in ΔR^2 and the Multiple R^2 are due to rounding differences.

^a Sex (male = 0 and female = 1)

^b Step (stepfamily = 1; other = 0)

^c Single (single parent family = 1; other = 0)

* $p < .01$; ** $p < .05$

Two features of Model 2 are not examined. First, the Demographic Block entered in Step 1 is the same as the one entered in Model 1. Therefore, it is redundant information and omitted in the reports of Model 2. Second, the model descriptives of the total relations of all variables entered in steps 1, 2, and 3, on empathetic orientation (e.g., multiple R , multiple R^2 , adjusted R^2 , and F value) in Model 2 are also redundant with Model 1 (e.g., equivalent to the descriptives obtained from Model 1). Therefore, they are also omitted in the reports of Model 2.

Using the reports of mothers parenting behaviors in Model 2 (see Table 14), the Parenting Block was entered in Step 2 before the Family Block in the Step 3. Consistent with Hypothesis 2, entry of the Parenting Block in Step 2 with adolescent reports of mothers' support were significantly and positively related to adolescent empathetic orientation ($\beta = .22; p < .01$). No significant support was found for hypothesized positive relations between adolescent perceptions of induction and adolescent empathetic orientation ($\beta = .06$). In Step 3 of Model 2 for empathetic orientation, as hypothesized reports of cohesion was positively and significantly related to adolescent ($\beta = .23; p < 0.01$). However, contrary to the hypothesized relation between empathetic orientation and adaptability was negative not significant ($\beta = -.07$). Specifically, the adolescent reports of parenting behaviors report for mothers in Step 2 significantly explained an additional 6% ($p < .01$) of the variance beyond that explained by the demographic variables in empathetic orientation, and the family variables in Step 3 significantly explained an additional 3% ($p < .01$) of the variance beyond that explained by the demographic variables and the overall family qualities in empathetic orientation.

Using the reports of Fathers parenting behaviors in Model 2 (see Table 14), the Parenting Block was entered in Step 2 before the Family Block in Step 3 step. Consistent with Hypothesis 2, with entry of the Parenting Block in Step 2 adolescent reports of fathers' support were significantly and positively related to adolescent empathetic orientation ($\beta = .23; p < .01$). In contrast to the hypothesized relations that adolescent perceptions of induction would be positively related to adolescent empathetic orientation, a negative and non-significant relation was revealed ($\beta = -.02$). In Step 3 of Model 2 for empathetic orientation, as hypothesized reports of cohesion were positively and significantly related to adolescent ($\beta = .21; p < .05$). However, contrary to the hypothesized relation between empathetic orientation and adaptability was negative not significant ($\beta = -.07$). Specifically, the adolescent reports of parenting

behaviors report for fathers in Step 2 significantly explained an additional 5% ($p < .01$) of the variance in empathetic orientation, and the family variables beyond that explained by the demographic variables in Step 3 significantly explained an additional 2% ($p < .05$) of the variance beyond that explained by the demographic variables and the overall family qualities in empathetic orientation.

Hierarchical Multiple Regression Models: Self-Esteem

In Model 1 the regression equation was composed of three steps with Step 1 consisting of the Demographic Block (sex, step family compared to others, and single parent families compared to others), Step 2 consisting of the Family Block (cohesion and adaptability), and Step 3 consisting of the Parenting Block (support and induction). The structure of this model permitted testing of Hypothesis 1 and part of Hypothesis 3. Hypothesis 1 was tested by analyzing the second step's beta coefficients for the relation between family variables and self-esteem and general model descriptives of the total relations of all variables entered in Steps 1 and 2 on self-esteem (e.g., multiple R , multiple R^2 , adjusted R^2 , and F value). One piece of Hypothesis 3 was tested by analyzing Step 3's incremental change in amount of variance in the self-esteem explained in the step (ΔR^2), and the final model descriptives of the total relations of all variables entered in Steps 1, 2, and 3, on self-esteem (e.g., multiple R , multiple R^2 , adjusted R^2 , and F value). This also provided the foundation for examining the research question related to including both parenting and family variables is on model by providing beta coefficients with the effects of overall family functioning partialled out of the equation in the Step 2.

In Model 1 using the reports of mothers' parenting behaviors (see Table 7), in the Demographics Block sex of the adolescent was negatively related to adolescent self-esteem ($\beta = -.16$; $p < .01$) indicating that adolescent males reported significantly greater levels of self-esteem than adolescent females. One family form variable, the comparison between single parent families to all other forms, in the Demographic Block was negative and significant ($\beta = -.12$; $p < .05$) in relation to self-esteem. Consistent with the hypothesis, entry of the Family Block in Step 2 of Model 1 (e.g., adolescent reports of family cohesion) were significantly and positively related to adolescent self-esteem ($\beta = .39$; $p < .01$). Inconsistent with the hypothesized significant positive relations between adolescent perceptions of family adaptability and adolescent self-esteem, a positive, but non-significant, relation was revealed ($\beta = .05$). In Step 3 of Model 1

for mothers', the reports of support were positively and significantly related to adolescent self-esteem ($\beta = .20; p < .01$), which is consistent with Hypotheses 1 and 3. Model 1's three steps explained a significant amount of variance beyond that explained by previous blocks. Specifically, the demographic variables in Step 1 significantly explained 4% ($p < .05$) of variance in adolescent self-esteem, the family qualities in Step 2 explained an additional 18% ($p < .01$) of the variance in self-esteem (beyond that explained by the demographic variables), and the parenting behaviors in Step 3 significantly explained an additional 2% ($p < .05$) of the variance in self-esteem (beyond that explained by the demographic variables and the overall family qualities). The overall combination of variables explained 24% of the variance in self-esteem significantly ($p < .01$).

In Model 1 using the reports of fathers parenting behaviors (see Table 7), in the Demographics Block the sex of the adolescent was negatively related to adolescent self-esteem ($\beta = -.14; p < .01$) indicating that adolescent males reported significantly greater levels of self-esteem than adolescent females. One family form variable, the comparison between single parent families to all other forms, in the Demographic Block was negative and significant ($\beta = -.15; p < .05$) in relation to self-esteem. Consistent with the hypothesis, entry of the Family Block in Step 2 of Model 1 adolescent reports of family cohesion were significantly and positively related to adolescent self-esteem ($\beta = .35; p < .01$). In contrast to the hypothesis that adolescent perceptions of family adaptability would be positively related to adolescent self-esteem, a positive, but non-significant, relation was revealed ($\beta = .07$). Additionally, in Step 3 of Model 1 for fathers the hypothesized positive relation between support and self esteem was not supported ($\beta = .11$). Two Blocks of Model 1 for explained a significant amount of variance beyond that explained by previous blocks. Specifically, the demographic variables in Step 1 significantly explained 4% ($p < .05$) of variance in adolescent self-esteem, the family qualities in Step 2 explained an additional 15% ($p < .01$) of the variance in self-esteem (beyond that explained by the demographic variables), however the additional 1% of variance explained in self-esteem by parenting behaviors in Step 3 was not significant. The overall combination of variables explained 20% of the variance in self-esteem significantly ($p < .01$).

Model 2. For Model 2 the equation was composed of three steps with Step 1 consisting of the Demographic Block (sex, step family compared to others, and single parent families compared to others), Step 2 consisting of the Parenting Block (support and induction), and Step 3 consisting of the Family Block

(cohesion and adaptability). The structure of this model permitted testing of Hypothesis 2 and part of Hypothesis 3. Hypothesis 1 was tested by analyzing the second step's beta coefficients for the relation between family variables and self-esteem and general model descriptives of the total relations of all variables entered in steps 1 and 2 on self-esteem (e.g., multiple R , multiple R^2 , adjusted R^2 , and F value). Step 3's incremental change in amount of variance explained (ΔR^2) in the self-esteem also provides beta coefficients for family functioning variables with the effects of parenting partialled out; addressing Hypothesis 3.

Two features of Model 2 are not examined. First, the Demographic Block entered in Step 1 is the same as the one entered in Model 1. Therefore, it is redundant information and omitted in the reports of Model 2. Second, the model descriptives of the total relations of all variables entered in steps 1, 2, and 3, on self-esteem (e.g., multiple R , multiple R^2 , adjusted R^2 , and F value) in Model 2 are also redundant with Model 1 (e.g., equivalent to the descriptives obtained from Model 1). Therefore, they are also omitted in the reports of Model 2.

In Model 2 using the reports of mothers parenting behaviors (see Table 7), The Parenting Block was entered in Step 2 before the Family Block in Step 3. Consistent with Hypothesis 2 relations, with entry of the Parenting Block in Step 2 adolescent reports of mothers support were significantly and positively related to adolescent self-esteem ($\beta = .37$; $p < .01$). In contrast, adolescent perceptions of mothers induction would be positively related to adolescent self-esteem, a positive, but non-significant relationship was revealed ($\beta = .02$). In Step 3 of Model 2 for mothers, as hypothesized reports of cohesion were positively and significantly related to adolescent self-esteem ($\beta = .03$; $p < .01$). However, contrary to the hypothesized relations, adaptability and self-esteem were not significantly related ($b = .03$). Specifically, the parenting behaviors report for mothers in Step 2 significantly explained an additional 13% ($p < .01$) of the variance in self-esteem (beyond that explained by the demographic variables), and the family variables in Step 3 significantly explained an additional 7% ($p < .01$) of the variance in self-esteem (beyond that explained by the demographic variables and the overall family qualities).

In Model 2 using the reports of fathers parenting behaviors (see Table 7), The Parenting Block was entered in Step 2 before the Family Block in Step 3. Consistent with Hypothesis 2, with entry of the Parenting Block in Step 2 adolescent reports of fathers support were significantly and positively related to

adolescent self-esteem ($\beta = .3$; $p < .01$). In contrast to the hypothesis that adolescent perceptions of fathers' induction would be positively related to adolescent self-esteem, a positive, but non-significant relationship was revealed ($\beta = .06$). In Step 3 of Model 2 for fathers', as hypothesized reports of cohesion was positively and significantly related to adolescent self-esteem ($\beta = .28$; $p < .01$). However, contrary to the hypothesized relation between adaptability and self-esteem was not significant ($\beta = .05$). Specifically, the parenting behaviors report for fathers in Step 2 significantly explained an additional 11% ($p < .01$) of the variance in self-esteem (beyond that explained by the demographic variables), and the family variables in Step 3 significantly explained an additional 5% ($p < .01$) of the variance in self-esteem (beyond that explained by the demographic variables and the overall family qualities).

Research Question 3

Overview

The third research question concerns the associations of perceptions of family functioning and parents' behaviors with differences in the levels of reported self-esteem and empathetic orientation. The focus of this exploratory work was to examine the combination of self-esteem and empathetic orientation in relation to perceptions of family functioning and parenting behaviors. Dividing participants into four groups and examining the group differences for reports of family functioning and parenting variables permitted this. Group differences were examined by using two MANOVAs, one for each sub-sample, with planned group comparisons.

Table 15

MANOVA Significance Tests: Empathy \times Self Esteem Groups and Family and Parenting Qualities

Sample	Test	Value	$df_{Hypothesis}$	df_{Error}	F_{Approx}
<i>Mothers (N=268)</i>					
	Pillais-Bartlett trace	0.225	12	789	5.344***
	Hotelling-Lawley trace	0.279	12	779	6.039***
	Wilks Λ	0.779	12	690.83	5.711***
<i>Fathers (N=240)</i>					
	Pillais-Bartlett trace	0.178	12	705	3.696***
	Hotelling-Lawley trace	0.210	12	695	4.052***
	Wilks Λ	0.825	12	616.75	3.884***

*** $p < .001$

Exploratory MANOVA Significance Tests

Presented in Table 15 are the results of significance tests using the empathetic orientation \times self esteem groups in relation to the reported qualities of the overall family and mothers' and fathers' parenting behaviors. In the Mothers Sample, each significance test was demonstrated low p values ($p < .001$) for the Pillais-Bartlett trace ($F = 5.344$, $df = 12/789$), Hotelling-Lawley trace ($F = 6.039$, $df = 12/779$), and Wilks Λ ($F = 5.711$, $df = 12/690.83$). In the Fathers Sample, all three significance tests demonstrated low p values for the Pillais-Bartlett trace ($F = 3.696$, $df = 12/705$), Hotelling-Lawley trace ($F = 4.052$, $df = 12/695$), and Wilks Λ ($F = 3.884$, $df = 12/616.75$).

Table 16

Group Means and Univariate Significance Tests

	<i>N</i>	<i>Cohesion</i>		<i>Adaptability</i>		<i>Induction</i>		<i>Support</i>	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<i>Mothers</i>									
Total Sub-sample	268	3.46	.68	3.23	.54	3.51	.85	3.30	1.23
<i>Groups</i>									
Low Emp. \times Low S-E	75	3.82	.69	3.47	.48	3.65	.84	4.00	1.14
Low Emp. \times High S-E	57	3.53	.62	3.20	.51	3.55	.79	3.35	1.16
High Emp \times Low S-E	68	3.20	.58	3.13	.56	3.38	.85	2.70	1.05
High Emp. \times High S-E	68	3.26	.62	3.10	.52	3.47	.90	3.08	1.17
<i>Univariate Tests</i>									
<i>SS</i> Between		17.20		5.97		2.73		64.09	
<i>SS</i> Within		105.09		70.71		189.36		336.87	
<i>MS</i> Between		5.73		1.99		0.91		21.36	
<i>MS</i> Within		0.40		0.27		0.72		1.28	
<i>F</i> Value		14.40		7.43		1.27		16.74	
<i>p-value</i>		0.000		0.000		0.286		0.000	
<hr/>									
<i>Fathers</i>									
Total Sub-sample	240	3.47	.69	3.24	.55	3.36	.88	3.03	1.29
<i>Group</i>									
Low Emp. \times Low S-E	66	3.82	.70	3.46	.49	3.58	.76	3.74	1.25
Low Emp. \times High S-E	50	3.53	.67	3.25	.51	3.47	.84	3.15	1.25
High Emp. \times Low S-E	59	3.22	.59	3.12	.58	3.28	.87	2.54	1.05
High Emp. \times High S-E	65	3.29	.64	3.11	.54	3.14	.99	2.67	1.25
<i>Univariate Tests</i>									
<i>SS</i> Between		14.00		5.24		7.26		56.70	
<i>SS</i> Within		99.69		66.09		179.14		341.01	
<i>MS</i> Between		4.67		1.75		2.42		18.90	
<i>MS</i> Within		0.42		0.28		0.76		1.44	
<i>F</i> Value		11.05		6.23		3.19		13.08	
<i>p-value</i>		0.000		0.000		0.024		0.000	

Univariate Significance Tests

Within each equation, mean differences between the empathetic orientation \times self esteem groups were analyzed for each outcome separately. The results are presented in Table 16. For the mothers sample significant mean differences between groups were found for cohesion ($F = 14.40$ $p < .001$), adaptability ($F = 7.43$; $p < .001$), and support ($F = 16.74$; $p < .001$). However, mothers' induction did not demonstrate a significant difference between groups ($F = 1.27$; $p = .286$). Thus, in the mothers sample post-hoc comparisons were only conducted on reports of cohesion, adaptability, and mothers' support

For the fathers' sample significant mean differences between groups were found for cohesion ($F = 11.05$; $p = .000$), adaptability ($F = 6.23$; $p < .001$), support ($F = 3.19$; $p < .001$), and induction ($F = 13.08$; $p < .001$). Thus, in the fathers sample post-hoc comparisons were conducted on reports of cohesion, adaptability, fathers' induction, and fathers' support

Post-Hoc Comparisons

Comparisons were conducted by holding taking the two dimensions and holding one constant while the other differed from high to low. An example of this is that one set of group differences were compared by looking across all adolescents reporting high self-esteem and varying the groups of adolescents reporting high and low empathetic orientation (e.g., *High Empathetic Orientation x High Self-Esteem* in comparison to *Low Empathetic Orientation x High Self-Esteem*). Thus, mean differences were not examined when adolescent groups differed across both dimensions. The results of these comparisons are presented in Table 17.

Varying empathetic orientation within high self-esteem. The first set of comparisons compared adolescents reporting higher self-esteem for group differences related to differences in levels of empathetic orientation. Thus, the group containing adolescents reporting higher empathetic orientation and self-esteem was compared to the group containing adolescents reporting lower empathetic orientation and higher levels of self-esteem. These comparisons were carried out in both samples.

In the mothers' sample, comparisons were conducted for cohesion, adaptability, and support. Significant differences in this sample were found between groups for cohesion (M difference = .29; $p < .05$), adaptability (M difference = .26; $p < .05$), and support (M difference = .65; $p < .01$). Thus, when

adolescents reported higher levels of empathetic orientation, but differed on their reported levels of self-esteem, adolescents with higher self-esteem also reported higher levels of cohesion, adaptability, and maternal support.

In the fathers' sample, comparisons were conducted for cohesion, adaptability, induction, and support. One significant difference in this sample was found between groups for support (M difference = .59; $p < .01$). Three non-significant group differences were found between groups for cohesion (M difference = .29), adaptability (M difference = .21), and induction (M difference = .11). Thus, when adolescents reported higher levels of empathetic orientation, but differed on their reported levels of self-esteem, adolescents with higher self-esteem also reported higher levels of paternal support.

Varying empathetic orientation within low self-esteem. The second set of comparisons compared adolescents reporting lower self-esteem for group differences related to differences in levels of empathetic orientation. Thus, the group containing adolescents reporting higher empathetic orientation and lower self-esteem was compared to the group containing adolescents reporting lower empathetic orientation and lower self-esteem. These comparisons were carried out in both samples.

In the mothers' sample, comparisons were conducted for cohesion, adaptability, and support. No significant mean differences between groups were found in this sample. The three non-significant group differences were for cohesion (M difference = .06), adaptability (M difference = -.03), and support (M difference = .38). Thus, when adolescents reported lower levels of self-esteem, and differed on the reported level of empathetic orientation did not differ in their perceptions of cohesion, adaptability, and support.

In the fathers' sample, comparisons were conducted for cohesion, adaptability, induction, and support. No significant mean differences between groups were found in this sample. The four non-significant group differences were for cohesion (M difference = .07), adaptability (M difference = -.02), induction (M difference = -.14), and support (M difference = .14). Thus, when adolescents reported lower levels of self-esteem, and differed on the reported level of empathetic orientation did not differ in their perceptions of cohesion, adaptability, and paternal support and induction.

Varying self-esteem within high empathetic orientation. The third set of comparisons compared adolescents reporting higher empathetic orientation for group differences related to differences in levels of self-esteem. Thus, the group containing adolescents reporting higher levels of empathetic orientation and

self-esteem was compared to the group containing adolescents reporting levels of empathetic orientation and lower levels of self-esteem. These comparisons were carried out in both samples.

In the mothers' sample, comparisons were conducted for cohesion, adaptability, and support. Significant differences in this sample were found between groups for cohesion (M difference = .56; $p < .01$), adaptability (M difference = .36; $p < .01$), and support (M difference = .92; $p < .01$). Thus, when adolescents reported higher levels of empathetic orientation, but differed on their reported levels of self-esteem, adolescents with higher self-esteem also reported higher levels of cohesion, adaptability, and maternal support.

In the fathers' sample, comparisons were conducted for cohesion, adaptability, induction, and support. Significant differences in this sample were found between groups for cohesion (M difference = .53; $p < .01$), adaptability (M difference = .36; $p < .01$), induction (M difference = .44; $p < .05$), and support (M difference = 1.07; $p < .01$). Thus, when adolescents reported higher levels of empathetic orientation, but differed on their reported levels of self-esteem, adolescents with higher self-esteem also reported higher levels of cohesion, adaptability, and paternal induction and support.

Table 17

Univariate Post-Hocs: Tukey's HSD

Comparison groups	Mothers Sample (N=268)		Fathers Sample (N=240)	
	<i>SE</i>	<i>M Dif.</i>	<i>SE</i>	<i>M Dif.</i>
Hi Emp. x Lo S-E to Lo Emp. x Hi S-E				
Cohesion	.11	.29*	.12	.29
Adaptability	.09	.26*	.10	.21
Induction			.16	.11
Support	.20	.65**	.23	.59*
Hi Emp. x Lo S-E to Lo Emp. x Lo S-E				
Cohesion	.11	.06	.12	.07
Adaptability	.09	-.03	.10	-.02
Induction			.16	-.14
Support	.19	.38	.22	.14
Hi Emp. x Hi S-E to Hi Emp. x Lo S-E				
Cohesion	.11	.56**	.11	.53**
Adaptability	.09	.36**	.09	.36**
Induction			.15	.44*
Support	.19	.92**	.21	1.07*
Lo Emp. x Hi S-E to Lo Emp. x Lo S-E				
Cohesion	.11	.32*	.12	.31
Adaptability	.09	.07	.10	.13
Induction			.17	.18
Support	.20	.65**	.23	.62*

Note: Mothers induction was not examined due to non-significant univariate results; * $p < .01$; ** $p < .01$

Varying self-esteem within low empathetic orientation. The fourth set of comparisons compared adolescents reporting lower levels of empathetic orientation for group differences related to differences in levels of self-esteem. Thus, the group containing adolescents reporting lower empathetic orientation and higher levels of self-esteem was compared to the group containing adolescents reporting lower levels of empathetic orientation and self-esteem. These comparisons were carried out in both samples.

In the mothers' sample, comparisons were conducted for cohesion, adaptability, and support. Significant differences in this sample were found between groups for cohesion (M difference = .32; $p < .01$) and support (M difference = .65; $p < .01$). The mean difference between groups for adaptability (M difference = .07) was not significant.

In the fathers' sample, comparisons were conducted for cohesion, adaptability, induction, and support. One significant mean difference in this sample was found between groups for support (M difference = .62; $p < .01$). Non-significant mean differences were found between groups for cohesion (M difference = .31), adaptability (M difference = .13), and induction (M difference = .18).

Research Question 4

Overview

The fourth research question concerns the differences in adolescent perceptions of mothers' and fathers' behaviors in relation to empathetic orientation and self-esteem when they reside with both of their biological or adoptive parents. Generally, the plan for these analyses was to capitalize on earlier findings concerning parenting and family functioning variables entered into the model to examine if differences in reported scores explained additional variance when substituted for parenting variables. A substitution method was planned because using the parenting variables and the agreement scores derived *from* the parenting variables would potentially create linear dependencies in any general linear model. Thus, two models per outcome were examined, one with both parents' behaviors entered and one with the agreement scores for both parents behaviors. Therefore, in latter model the scores for both parents were substituted with the agreement scores for both parents. Additionally, this question requires examining only adolescents from intact families, a third sub-sample of adolescents reporting residence in intact families and completing both sets of parenting behavior measures (Intact Sample) was extracted from the Overall Sample.

Hierarchical Multiple Regression Analyses: Self-Esteem and Agreement Scores

The first two models presented in Table 18 examine the relation between the reported parenting behaviors, the agreements of these reports, overall family functioning, and self-esteem. The first model is termed the Comparison Model because it was run to establish how adolescent sex, reported parenting behaviors of both fathers and mothers, and overall family qualities in combination are related to self esteem in this sample. This was done by using four steps that consisted of: Step 1, adolescent sex; Step 2, support for both mothers and fathers; Step 3, induction for both mothers and fathers; and Step 4, family cohesion and support. Reported scores for both parents were included in steps 2 and 3 to simulate their joint contribution to the overall amount of variance in the equation. These variables were then replaced in the Agreement Model by the Induction and Support Agreement variables that were formed by combining the scores for both parents. Thus, the agreement model examines the extent to which consistency in reported parenting behavior scores relates to the total amount of variance in self-esteem, and how the consistency differs from simply using the reported scores for each parent.

Self-Esteem Comparison Model. In the first step of the Comparison Model adolescent sex is negative ($\beta = -.16$) but non-significant in relation to self esteem. In Step 2, self-esteem is related positively and significantly ($\beta = .28, p < .01$) to mothers' support but the relation to fathers' support is not significant ($\beta = .11$). In Step 3, self-esteem is not significantly related mothers' induction ($\beta = -.11$), or to fathers' induction ($\beta = .01$). In Step 4, self-esteem is positive and significant in relation to family cohesion ($\beta = .37, p < .01$), but not family adaptability ($\beta = .03$).

Overall, two steps in the Comparison Model explain significant amounts of variance in self-esteem. Step 2 with mothers' and fathers' support significantly contributes 14% ($p < .01$), and Step 4 with family cohesion and adaptability significantly contributes 7% ($p < .01$). The total amount of variance in self-esteem explained by this model is 24%, and is significant with a p value less than .01. The balance of the remaining variance explained by this model (3%) is contributed by the first step, but this step is not significant.

Table 18

Exploratory Regressions on Differences in Report Parenting Behaviors Using Intact Families (N=143)

	<i>b</i>	<i>SE</i>	β	ΔR^2	<i>R</i>	<i>R</i> ²	Adj. <i>R</i> ²	<i>F</i> Value
Self-Esteem								
Comparison Model								
Step 1	3.24	.07		.03	.16	.03	.02	3.67
Sex	-.16	.09	-.16					
Step 2	2.69	.13		.14**	.41	.17	.15	9.28**
Mothers' support	.58	.29	.28**					
Fathers' support	.23	.28	.11					
Step 3	2.71	.19		.00	.41	.17	.14	5.63**
Mothers' induction	-.07	.09	-.11					
Fathers' induction	.06	.09	.10					
Step 4	2.02	.32		.07**	.49	.24	.20	6.21**
Cohesion	.02	.01	.37**					
Adaptability	.00	.01	.03					
Agreement Model								
Step 1	3.24	.07		.03	.16	.03	.02	3.67*
Sex	-.16	.09	-.16					
Step 2	2.98	.17		.02	.21	.05	.03	3.33*
Support agreement	.15	.09	.15					
Step 3	2.77	.19		.03*	.28	.08	.06	3.88*
Induction agreement	.19	.09	.19*					
Step 4	1.85	.29		.15**	.47	.23	.20	7.97**
Cohesion	.02	.00	.41**					
Adaptability	.00	.01	.06					
Empathetic Orientation								
Comparison Model								
Step 1	2.40	.07		.19**	.44	.19	.19	33.48**
Sex	.56	.10	.44**					
Step 2	1.50	.34		.07**	.51	.26	.25	16.39**
Cohesion	.02	.01	.27**					
Adaptability	.00	.01	-.01					
Suppression Model								
Step 1	2.77	.22		.00	.05	.00	-.01	.63
Support agreement	-.06	.12	-.05					
Induction agreement	.04	.11	.03					
Step 2	2.17	.22		.20**	.45	.20	.18	11.63**
Sex	.58	.10	.46**					
Step 3	1.52	.36		.06**	.51	.26	.24	9.76**
Cohesion	.02	.01	.29**					
Adaptability	.00	.01	-.01					

Note: Dummy coded variables are Sex (*males* = 0, *females* = 1), Support agreement (differences in scores = 0, no differences = 1), and Induction agreement (differences in scores = 0, no differences = 1)

* $p \leq .05$. ** $p \leq .01$

Self-Esteem Agreement Model. Step 1 of the Agreement Model, adolescent sex shows a negative ($\beta = -.16$) but non-significant in relation to self-esteem. In Step 2, self-esteem is not significantly related to the agreement between mother and father support ($\beta = .15$). In Step 3, the relation between self-esteem and agreement between mother and father induction is positive and significant ($\beta = .19; p < .05$). In Step 4, self-esteem demonstrates a significant positive relation with family cohesion ($\beta = .41; p < .01$), but not family adaptability ($\beta = .06$).

Overall, two steps in the Agreement Model explain significant amounts of variance in self-esteem. Step 3 (mother and father induction), significantly explains 3% ($p < .05$) and Step 4 (family cohesion and adaptability) significantly explains 15% ($p < .01$) of the variance in self-esteem. The total amount of variance in self-esteem explained by this model is 23%, and is significant with a p value less than .01. The balance of the total variance in self-esteem explained in this model (5%) is divided between two non-significant steps, Step 1 adding 3% and Step 2 adding 2%.

Model Differences There are two notable model differences when evaluating the Agreement model against the Comparison Model. First, in the Comparison Model reports of support for both parents contribute significantly to the amounts of variance in self-esteem, but in the Agreement Model the agreement between scores for mothers' and fathers' support scores do not. Alternately, in the Comparison Model the reports of induction for both parents do not contribute significantly to the amounts of variance in self-esteem, but in the Agreement Model the agreement between scores for mothers' and fathers' induction do. In regards to Hypothesis 4, support is found for the relation between agreement of reported induction for both parents, while no support is found for the relation between agreement of reported support for both parents. In regards to Hypothesis 5, the Agreement model demonstrates that the reported induction for both parents did significantly contribute to the total amount of explained variance, while reported support for both parents did not. Thus, in the Agreement Model the relation between the agreement in reported induction for both parents was consistent with the hypothesized relation.

Hierarchical Multiple Regression Analyses: Empathetic Orientation and Agreement Scores

The last two models presented in Table 18 examine the relation between the agreement of reports for parents' behaviors, overall family functioning, and empathetic orientation. These models differ from the

models analyzing similar relations between the same variables and self-esteem because the bivariate correlations for the both agreement indices differed in the relation to empathetic orientation. Specifically, the agreement of support and induction scores correlated with adolescent sex and overall family qualities, but not with empathetic orientation. This would indicate that the presence of agreement of support and inductions variables in model regression models should remove additional variance from variables for adolescent sex and overall family qualities, but not empathetic orientation. In turn, this should increase the strength of any relations for adolescent sex and overall family qualities to empathetic orientation.

Following the strategy presented above, the first model is termed the Comparison Model because it was run to establish how combined variables for adolescent sex and overall family functioning relate to empathetic orientation in this sample. This was done by using a two step model. The first step consisted of adolescent sex and Step 2 consisted of family cohesion and support. Then in the second model, termed the Suppression model, the step that were entered are: Step 1, the variables for parents' induction and support agreement; Step 2, sex; and Step 3, family cohesion and adaptability. Thus, entry of the agreement scores into the model should examine the extent to which the consistency in reported parenting behavior scores partial out variance in sex, cohesion, and adaptability, that is unrelated to the total amount of variance in empathetic orientation.

Empathetic Orientation Comparison Model. In Step 1 of the Comparison Model the relation between sex of the adolescent and empathetic orientation was positive and significant ($\beta = .44; p < .01$). This indicates that females residing in intact families and reporting on both parents also report higher empathetic orientation. In Step 2, empathetic orientation was related significantly and positively to family cohesion ($\beta = .27, p < .01$), but not family adaptability ($\beta = -.01$). Overall, these two steps significantly explain 26% ($p < .01$) of the total amount of variance in empathetic orientation. Specifically, in Step 1 sex of the adolescent significantly contributed 19% ($p < .01$) and in Step 2 family cohesion and adaptability significantly contributed 7% ($p < .01$).

Empathetic Orientation Suppression Model. In Step 1 of the Suppression Model empathetic orientation is not significantly related to the agreement between mother and fathers support ($\beta = -.05$), or the agreement between mother and father induction ($\beta = .03$). In Step 2, sex of the adolescent was positively and significantly ($\beta = .46; p < .01$) related to empathetic orientation. In Step 3, empathetic

orientation was related significantly and positively to family cohesion ($\beta = .29, p < .01$), but not family adaptability ($\beta = -.01$). Overall, two of the three steps significantly explain 26% ($p < .01$) of the total amount of variance in empathetic orientation. Specifically, in Step 1 the agreement between mother and fathers support and induction did not contribute any variance to the model, in Step 2 sex of the adolescent significantly contributed 20% ($p < .01$) and in Step 3 family cohesion and adaptability significantly contributed an additional 6% ($p < .01$).

Model differences. Consistent with the hypothesized relations, the addition of variables for the agreement between mother and father support and induction increased the magnitude of two beta coefficients (Cohen et al., 2003). First, both beta coefficients for agreement between mother and father support and induction in relation to empathetic orientation were non-significant and did not contribute to the total amount of explained variance. Second, the beta coefficient for sex was approximately 2% higher in the Suppression Model than in the Comparison Model. Third, the beta coefficient for cohesion was also approximately 2% higher in the Suppression Model than in the Comparison Model. When these four points are considered together, they indicate that the agreement between mother and fathers support and induction do act as suppressors in this equation.

Chapter IV Summary

Chapter IV contained the details of the statistical analyses used to examine the research questions and hypotheses of this study. General findings indicate that reports of cohesion and support from both parents are related to adolescent self-esteem and empathetic orientation. The exploratory work tends to reaffirm general findings for cohesion and support, but include findings for adaptability and induction. These results are more fully discussed in Chapter V.

CHAPTER V

DISCUSSION

Introduction

This chapter presents a discussion of the findings of the study from Chapter IV in relation to the information presented in earlier chapters. Additionally, it offers a discussion of implications for research, theory, and applied work with adolescents and their families.

Overview of Research Questions and Findings

The first two research questions examine adolescents' perceptions of selected overall family and parenting qualities in relation to adolescent reports of self-esteem and empathic orientation. An overview of significant findings for the univariate multiple regression models (detailed in Table 14) used to address this question is presented in Table 19. Each regression model was significant in both univariate and multivariate tests (see Table 13). Based on Research Question 1 and 2, findings from these models indicate that two variables, cohesion and support from mothers and fathers, demonstrate significant positive relations with adolescent reports of self-esteem and empathic orientation. Contrary to the hypotheses, self-esteem and empathic orientation were not significantly related to perceptions of adaptability and induction.

When two models for family and parenting variables were analyzed by counterblocking the order of variables entered into the equation (Research Question 2) differences in patterns of significance were found in the relations between support and both outcome variables (see Table 13). In contrast, the relations for cohesion demonstrated robust findings across seven of the eight models examined. Further, when the block containing cohesion was entered in Step 2 before the block containing support the variance, the total variance explained by cohesion supercedes the variance explained by the parenting block entered in Step 3.

Table 19

Multiple Regression Models' Significant Findings Overview: Research Questions, Models, Samples, and Significant Results.

Research Question	Models	Sample	Outcomes	
			Empathetic Orientation	Self-Esteem
1. Are adolescent perceptions of self-esteem and empathetic orientation related to perceived family cohesion and adaptability, and parents' support and induction?	1. Step 1 Demographics Step 2 Family qualities	Mother	Cohesion	Cohesion
		Father	Cohesion	Cohesion
	2. Step 1 Demographics Step 2 Parenting	Mother	Support	Cohesion
		Father	Support	Support
2. In relation to self-esteem and empathetic orientation, should adolescent perceptions of family and parenting variables be considered in a single model, or should separate models be used?	1. Step 1 Demographics Step 2 Family qualities Step 3 Parenting	Mother	Cohesion	Cohesion Support
		Father	Cohesion	Cohesion
	2. Step 1 Demographics Step 2 Parenting Step 3 Family qualities	Mother	Support Cohesion	Support Cohesion
		Father	Support Cohesion	Support Cohesion
4. When adolescents reside in biological or adopted families that are intact, are differences in the perceptions of mothers' and fathers' parenting behaviors related to variation in self-esteem and empathetic orientation?	Comparison Step 1 Demographics Step 2 Support Step 3 Induction Step 4 Family qualities	Intact	Cohesion	Support: Mother Cohesion
				Induction
	Agreement Step 1 Demographics Step 2 Support Agreement Step 3 Induction Agreement Step 4 Family qualities	Intact	Cohesion	Agreement
				Cohesion
				Cohesion
Comparison Step 1 Demographics Step 2 Family qualities	Intact	Cohesion		
Suppression Step 1 Agreement Scores Step 2 Demographics Step 3 Family qualities	Intact	[Suppression] ^b Cohesion		

^a Only variables having hypothesized relations are included. All tabled relations are positive, with the exception of Agreement Scores in Step 1 of the Suppression Model.

^b Step 1 of the Suppression model includes two non-significant betas with a negative beta for Support Agreement and positive beta for Induction Agreement.

Table 20

Significant Post-Hoc Comparisons for Empathetic Orientation x Self-Esteem Groupings

Group:	Mothers Sample		Fathers Sample	
	Similarities	Difference	Similarities	Differences
Cohesion	High Self-Esteem	Empathetic Orientation		
	High Empathetic Orientation	Self-Esteem	High Empathetic Orientation	Self-Esteem
	Low Empathetic Orientation	Self-Esteem		
Adaptability	High Self-Esteem	Empathetic Orientation		
	High Empathetic Orientation	Self-Esteem	High Empathetic Orientation	Self-Esteem
Induction			High Empathetic Orientation	Self-Esteem
Support	High Self-Esteem	Empathetic Orientation	High Self-Esteem	Empathetic Orientation
	High Empathetic Orientation	Self-Esteem	High Empathetic Orientation	Self-Esteem
	Low Empathetic Orientation	Self-Esteem	Low Empathetic Orientation	Self-Esteem

Alternately, when the second step of the multiple regression equation was comprised of a block containing parenting variables entered before the block containing family variables the former block is significant across equations. Then, in three of the four regressions when the family variables are entered into the equation they are also significant.

Results for the exploratory work in Research Question 3 resemble, in general, findings from earlier regressions. A summary of variables and significant comparisons is presented in Table 20. Perceptions of parents' support and the family's cohesion were associated in most comparisons. One notable departure from findings in earlier regression models is that in these analyses family adaptability is associated with differences in the levels of self-esteem reported for adolescents who also reported higher levels of empathetic orientation. A second notable finding differing from earlier regressions was for perceptions of fathers' induction. Significant differences in fathers' induction were only found when comparing adolescents reporting higher levels of empathetic orientation and self-esteem to those reporting higher levels of empathetic orientation and lower self-esteem.

Finally, two differing sets of results were found in the analyses exploring the differences in perceptions of reported mothers' and fathers' parenting behaviors related to Research Question 4 (see Table 19). First, when parents' scores agreed on induction, then they explained a significant amount of variance in self-esteem. Second, the agreement between mothers' and fathers' support and induction were not related to empathetic orientation, but were related to the reported sex and family cohesion. When the agreement variables were entered into the model, the variance partialled from cohesion and support increased the magnitude of their relations with empathetic orientation by approximately 2%.

Discussion

Research Question 1: Family and parenting

Research Question 1 concerned the relation of perceived family cohesion and adaptability, and parents' support and induction to perceptions of self-esteem and empathetic orientation in adolescents. This question was addressed using equations based on two three-step multiple regression models. These models were constructed using three blocks of variables, (a) family characteristics, (b) parental behaviors, and (c) demographics. For each model, demographics were entered into the first step of the equation. Then in subsequent steps of the equations blocks containing family characteristics and parental behaviors were entered based on the focus of the hypothesis being tested.

Model 1. The first model examined two family characteristics, cohesion and adaptability, in relation to empathetic orientation and self-esteem. Both cohesion and adaptability were included in a single step based on previous theories (e.g., Beavers & Voeller, 1985; Olson, 1994; Hampson, Hulgus, & Beavers, 1991; Whitechurch & Constantine, 1993) and research showing higher levels for cohesion and adaptability facilitate interactions between family members at different levels developmental and functioning levels (Bowen, 1988; Sabatelli & Mazor, 1985). Based on the significance of this step, it appears that perceived family functioning related to how adolescents feel about themselves and others' experiences.

In Chapter I, cohesion was defined as the general level of connectedness in emotional bonding that exists between family members (Olson et al., 1983; Olson, 1994; G. W. Peterson & Hann, 1999; G. W. Peterson & Leigh, 1990). Additionally, *adaptability* was defined as the abilities of families for changing

that allow for variety in family roles or relationships (Olson et al., 1983; Olson, 1994; G. W. Peterson & Hann, 1999; G. W. Peterson, & Leigh, 1990). Based on the findings, perceptions of family cohesion were related relatively, consistently, and directly, to self-esteem and empathetic orientation. Thus, it was concluded that when families are perceived as more connected and having closer emotional ties adolescents feel better about themselves, and have higher sensitivity to the emotions of others.

Model 2. The second model examined two perceived parenting behaviors, parent's support and induction, in relation to empathetic orientation and self-esteem. Both were considered in a single step because the parenting literature asserts that induction should not be considered independently of parental support (e.g., Eisenberg & Murphy, 1995; Grusec, 1991; Hoffman, 1994; G. W. Peterson & Rollins, 1987; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990). Another reason is that induction in combination with parental support facilitates children's ability for enacting social roles, and maintaining a positive parent-child relationship while promoting the child's sense of well-being (G. W. Peterson & Rollins, 1987). Based on the findings, perceptions of support were consistently and positively related to self-esteem and empathetic orientation. Thus, it was concluded that when the parent's behaviors within the parent-adolescent relationship are perceived facilitative of adolescents' development, adolescents feel better about themselves and have higher sensitivity to the emotions of others.

The findings for support and induction differ from previous research in two areas. First, previous research demonstrates that parents' use of behaviors, which emphasize rational maturity through interacting with their children, or use inductive parenting techniques, relates to higher scores on empathy and self related measurements (Grusec, 1991; Grusec & Lytton, 1988; Henry et al., 1996; Openshaw et al., 1984). However, in Model 2 perceived parent's induction was not significantly related to either self-esteem, or empathetic orientation.

Second, parental support demonstrates some of the strongest relations to empathetic orientation and self-esteem throughout most of the project. This is in distinction to earlier findings where support demonstrated no relations with empathetic orientation (see Eisenberg & Murphy, 1995; Eisenberg & Fabes, 1999). Yet, these findings are consistent with research demonstrating modest to moderate positive relations between empathetic orientation and parental support using similar samples (Davis 1994; Henry et al., 1996). Thus, these findings suggest that perceived support communicates to adolescents that they have

worth to others (e.g., Harter, 1996; Hoffman, 1994; G. W. Peterson & Hann, 1999, G. W. Peterson & Leigh, 1990; G. W. Peterson & Rollins, 1987). Therefore, the perceived parental support seems to serve as a form of validation of the child's actions (Amato & Ochiltree, 1986).

Research Question 2

The primary focus of Research Question 2 is the examination of models that include both parenting and family variables. Thus, a third step was added to Model 1 and 2, where the equation used in Model 1 became Family + Parenting and in Model 3 became Parenting + Family. This was done because previous theory indicates that parent-adolescent relationships should be considered in relation to the overall context of relationships within the family (Brändstädter, 1999; Bronfenbrenner, 1979; Gecas & Schwalbe, 1986; Lerner & Walls, 1999). Thus, by organizing the models in this way both parenting (induction and support) and family (cohesion and flexibility) variables could be examined for differences in their patterns of relations to self-esteem and empathetic orientation.

The findings in three out of the four equations based on Model 1 suggest that perceived family characteristics add majority of explained variance for self-esteem and empathetic orientation, while the addition of perceived parenting behaviors did not—with one exception. The exception was one equation where the addition of perceived mothers' parenting behaviors explained a further 2% of the total variance. Alternately, each equation based on Model 2 found that perceived parenting behaviors each significantly explained variance in both outcomes with the addition of perceived family variables explaining further variance. This suggests that perceptions of parenting and parenting share significant portions of variance in relation to each outcome.

Within both models when a hypothesized variable demonstrates a significant relation to either self-esteem or empathetic orientation, then it is either a report of support or cohesion. Conceptually, this is not surprising because cohesion concerns the connection between family members, while support relates to perceived intimacy and connection between family members (Peterson & Mathieson, 2000). One set of findings that is a bit counter-intuitive is that adaptability is not significantly related to self-esteem or empathetic orientation. However, if one considers that adaptability conceptually is more related to the acceptance of family members' change over time it makes more sense in this study. The reasoning for this

is that the design, cross sectional, does not look at changes over time. Thus, adaptability may still be important for adolescent self-esteem and empathetic orientation, but only over time. In contrast, the non-significant findings for induction are surprising. Induction should relate to maintenance of connections between parent and child and relate to both self-esteem and empathetic orientation (Eisenberg & Fabes, 1991; Eisenberg & Murphy, 1995; Hoffman, 1994; G. W. Peterson & Rollins, 1987).

Therefore, based on these findings it was concluded that empirical support exists for the repeated theoretical calls (e.g., Brändstädter, 1999; Bronfenbrenner, 1979; Cox & Paley, 1997; Gecas & Schwalbe, 1986; Lerner & Walls, 1999) for including both parenting and family characteristics together in a single model. Moreover, these findings also suggest that adolescents' perceiving valuation by parents and family is important for adolescents' and valuation of the self and others.

Research Question 3

Exploratory work examining the association of perceived parenting and family characteristics with combinations of lower and higher self-esteem and empathetic orientation were fairly consistent with earlier findings. However, two exceptions were found for adaptability and induction. Family adaptability was only associated with differences between lower and higher self-esteem in adolescents reporting higher empathetic orientation. This suggests that that perceiving being able to change and while remaining connected to the family may be important for adolescents who have a relatively higher level of self-esteem. Alternately, this also may suggest that having higher levels of empathetic orientation and self-esteem may be a prerequisite for perceiving the family's adaptive abilities.

Second, higher paternal induction was significant only when comparing adolescences reporting higher empathetic orientation and self-esteem to adolescents with higher empathetic orientation and lower self-esteem. This suggests when fathers use of inductive attempts does relate to fostering higher empathetic orientation when the adolescent has a higher self-esteem level. Alternately, this could indicate that higher empathetic orientation might be a prerequisite for perceiving father as attempting to use inductive techniques.

Research Question 4

The work in the second exploratory research question is based on the combination of theories where inconsistencies between mothers' and fathers' parenting behaviors possibly add stress and distance in parent-adolescent relationship during adolescence (Holmbeck & Hill, 1991; Holmbeck et al., 1995; McCubbin & Patterson, 1983; Paikoff et al., 1991). Further, it was reasoned that when adolescents perceived differences in mothers' and fathers' behaviors, they may also perceive different messages pertaining to their parents' feelings about, and value of, the adolescent. To examine this an agreement score was created using a combination of reported scores for both parents. This score was then reduced into two categories based on whether the scores were equal (e.g., no differences) or not (e.g., one score was greater or less than the other). Following this dichotomizing of the parents behavior reports, two models were created by based on the bivariate correlations for the variables proposed for inclusion in each model (both presented above). The bivariate correlations indicated that Model 2 could be adapted to examine the relations between the agreement scores for parents' induction and support. However, the bivariate correlations indicated that a model examining the agreement scores for a suppression effect would better fit parents' induction and support agreement scores in relation to empathetic orientation.

In the Agreement Model where self-esteem was examined as an outcome, there was a significant positive relation for the agreement of parents' induction. The entry of variables in this model was patterned after Model 2 (discussed above) where parenting variables were entered in steps preceding family variables. Findings from this model indicate that when an adolescent reports equivalent scores for mothers' and fathers' induction, then he or she also reports higher self-esteem. One explanation this is that a unified approach between parents using inductive control techniques influences higher self-esteem. This also suggests that that consistency in parental control attempts creates a climate where the adolescent does not have to constantly attempt to ascertain what value one or the other parent will place on his or her behaviors.

In the Suppression Model where empathic orientation was examined as an outcome, the agreement scores demonstrated an effect in the equation. The entry of variables in this model was derived from examining the bivariate correlations and where the parenting agreement variables were not significantly correlated with empathetic orientation, but were significantly correlated with each predictor. Thus, to examine the models for a suppression effect, parenting agreement variables were entered in the first step of

the equation. Findings from this model indicate that the agreement of perceived parenting behaviors are tangentially related to empathetic orientation. These findings are consistent with previous work and underscore the notions and implication of embeddedness of the parent-adolescent relationship with the family (Sabatelli & Anderson, 1991; Sabatelli & Mazor, 1985).

Implications

In working with adolescents, what is occurring within the family beyond the parent-adolescent relationship should be considered. Because, adolescents' perceptions of acceptance within the overall family, and beyond the parent-child relationship, are related to the adolescents' perceptions of personal well-being (Simmons, 1987). This suggestion is consistent with other work where how the adolescent relates to the self and other is based on how he or she perceives his or her socialization (e.g., Hoffman, 1970a; Grusec, 1991). Additionally, social competency development involves the totality of the adolescent's prior interpersonal relationship history, not only specific dyads (Barber & Erickson, 2001). Further, because of the multiple relationships and interactions occurring in the family, much of the adolescent's perceived socialization in the family occurs inadvertently, unintentionally, and outside the parent-adolescent relationship (Gecas & Schwalbe, 1986). This is consistent with other research where the evidence suggests that perceived approval and validation from significant others is predictive of the adolescent's overall well-being (e.g., Harter, 1990; Harter et al., 1998; Rosenberg, 1979).

However, this is not to say that the parent-adolescent relationship is unimportant. In one set of studies, the qualities of adolescents' relationship with their parents seem to have a stronger impact on several aspects of adolescent self perceptions than the relationships with their peer (Armsden & Greenberg, 1987; Greenberg, Seigel, & Leitch, 1983; Kroger, 2000). Therefore, what appears to be important is that the perceived affect toward both their mother and father is related to the perceived proximity and qualities of the parent-adolescent relationship and influence the overall sense of self and social abilities (Kroger, 2000; Paterson, Pryor, & Field, 1995). In turn, the qualities perceived in the parent-adolescent relationship influences the adolescents' development of social relationships outside the family (Kroger, 2000; Lempers & Clark-Lempers, 1992; Youniss & Smollar, 1985). Additional support for this appears in other research indicating that socialization from the family during adolescence is influential for later adjustment and social

competency (Allen, Hauser, Bell, & O'Conner, 1994; Barber & Olson, 1997; Eisenberg, et al., 1995; Roberts & Bengtson, 1996; Walker & Taylor, 1991).

One way to improve this relationship, then, is to increase the perceived levels of support. The rationale for this is that parents may be already behaving in supportive manners, but the adolescent has not realize the extent of their behaviors, or what they mean. In observable cases where the parents are not supportive, then promoting their development of strategies for supporting their adolescent would be recommendable. Further, in cases such as this, the first area to improve the parent's support would be the provision of emotional and social support.

One tangential effect of increasing adolescents' perceptions of parental support is that it is likely to also increase the influence of a parents inductive control attempts. This is because supportive behaviors appear to foster the foundation for inductive control by increasing the level of mutual respect between adolescent and parent. Therefore, while induction does not demonstrate the same level of robust findings across the analyses in this study as support does, in intact families the levels of agreement between perceptions of inductive behaviors from both parents does modify the relation between cohesion and empathetic orientation. Thus, both are likely to interact with the adolescent's perceptions of self and others (Allen et al., 1994; Harter, 1996) and contribute to developing social competency (Davis, 1996; Mussen & Eisenberg, 2001; Harter, 1999; G. W. Peterson & Rollins, 1987).

However, not all families should increase their level of connection. In families already exhibiting extremely high levels of cohesion, this would lead to other developmental problems for the adolescent. The reasoning for this is that as the family develops increasing levels of closeness it can become "fused" with separate members lacking of individual differentiation (for further discussion see Kerr & Bowen, 1988). Over time, the level of connection in the family would impinge upon the adolescents' differentiation. Thus, despite the less than consistent findings for family adaptability, when attempting to improve the relationship between parent and adolescent simply promoting family cohesion without also promoting adaptability is not advisable. Further, by attempting to increase both adaptability and cohesion this would allow adolescent developmental while retaining the sense of connection between family members (Sabatelli & Anderson, 1991, Sabatelli & Mazor, 1985). And in turn, the higher levels of perceived family functioning should reduce adolescent needs for separating himself or herself from his or her parents'

socializing influences, while increasing vulnerability to negative developmental influences (Holmbeck et al., 1995; Grotevant & Cooper, 1986; Hauser et al., 1991).

Finally, there is a tendency for some people to believe that empathy development is universally a desirable thing. And while promoting dynamics of mutual empathy between parent and adolescent is desirable (Jordan, 1991; Miller, 1986), too much empathy may lead to lower levels of psychological well-being and higher levels of anti-social behavior (Magai & McFadden, 1995). There are several rationales for this, (a) the development of empathy may refine the effectiveness of antisocial behavior because the adolescent is able to more accurately gauge others reactions; (b) higher levels of empathy may inflate negative affective states already existing in relationships; and (c) elevating levels of empathy within relationships may inadvertently form feedback loops and exacerbating problems between parent and adolescent (Bohart & Stipek, 2001). Thus, empathy is not necessarily a panacea for improving the relationships between adolescents and others (Batson, 1998; Bohart & Stipek, 2001).

Potential Future Studies

Two key sets of considerations that should form the basis for future studies. First, there are the methodological limitations of this study. Essentially, there are four broad methodological concerns about this work that stem from having: (a) one source of data (e.g., all responses are from the adolescent), (b) only a cross section of a population, (c) relying only on self-reports, and (d) no observations of the actual parent-adolescent interactions.

Second, the combination of these methodological concerns and the project's findings has some theoretical implications. In particular, it appears adolescents' perceptions, or symbols, of the overall family qualities and parent behaviors are related to their emotional perceptions of the self and others. However, this study does not measure the formation of these symbols or their use within parent-child interactions. Thus, it focuses primarily on *what* the symbols are and the social contexts that related to the symbols' formation. Therefore, the interactions that are pivotal theoretically are not fully addressed here.

Based on the combination of limitations and significant findings in this project, there are three future studies that could be developed. One study would examine an individual's development and use of symbols over time. Another study would examine individual's symbol content and use within temporally

limited interactions. Then, the last would examine the interaction process between adolescents and their parents that contributes to symbol formation. Offered below is the general method for collecting data to collect such data.

The first study design employing a longitudinal design examines adolescent behavior in multiple settings and from the perspective of others in the family. Some self-report data would be collected about the adolescent from the adolescent, his or her parents, and others in the household. Observational data collection then would be planned for both naturalistic settings where the adolescent interacts with others (e.g., school, work, and social activities) and within lab or clinical settings where interactions can be scripted by the research staff.

The second study would use a combination of research confederates and modified self-reports to examine what the adolescent's perceptions and operationalizing of the perceptions within structured interactions. One part of this design would use a confederate employed by the research project to present situations to the adolescent that normally elicits emotional responses. Participant responses to this emotional situation would be observed by other research team members and coded. Next, the participant would be interviewed and provided with a battery of self-report instruments designed to capitalize on idiosyncratic responses using short answer and essay formats. A possible variation to this study would be to either add, or substitute, a battery of physical response indices such as monitoring heart rate and skin conductance (for a review of possible indices see Eisenberg et al. 1989). Then, the researcher would induce the emotional response while the individual's physical responses were being measured. The last variation would require very stringent ethical oversight and controls.

The final study would combine researcher observations of, and reflections of parents and adolescents on, recorded interactions between the parent and adolescent. This would be accomplished by first videotaping the parents interacting with their adolescent. While being videotaped, these interaction would also be observed and coded by the researcher. This would establish a third party record of the interaction. Then, the second step would be to view the interaction separately with each participant recorded on the tape. As the tape is reviewed, each participant would be asked to provide his or her perceptions of the interaction, the responses of the others, and the reasoning behind his or her responses.

Following this, the third step would be to review the videotape with all participants in a group. This last step would be to verify, validate, and explore, the information in each group.

Summary

This chapter presents a discussion of the research results in relation to symbolic interaction theories and existing research. Implications for applications, future research, and theory are presented.

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APPENDIX A

INSTRUMENTS

OKLAHOMA STATE UNIVERSITY
 DEPARTMENT OF FAMILY RELATIONS AND CHILD DEVELOPMENT

ADOLESCENT FAMILY RESEARCH PROJECT

PART I: Complete the following items:

1. How old are you? _____ years old

2. What is your grade in school? Circle your answer.
 6 7 8 9 10 11 12

3. What is your sex? Circle your answer.
 1 Male 2 Female

4. What is your race? Circle your answer. If other, please specify.
 1 Black 3 White 5 Mexican American (Hispanic)
 2 Asian 4 American Indian (Native American) 6 Other _____

5. Do you live inside the city limits? Circle your answer.
 1 Town/city 2 County

6. Do you live with your parents? Circle your answer.
 1 Yes 2 No If no, with whom do you live? _____

7. Which of the following best describes your biological parents? Circle your answer.
 1 Married 3 Separated 5 Single
 2 Divorced 4 Widowed 6 Other, please explain _____

8. Which of the following best describes the parents or guardians with whom you live? Circle your answer.

1 Both biological mother and biological father	4 Biological father only
2 Biological father and stepmother	5 Biological mother only
3 Biological mother and stepfather	6 Adoptive mother and adoptive father
	7 Some other person or relative.
	Please describe:

9. Please mark the answer that best fits the name of the church or synagogue you attend. Circle your answer.

1 A ssembly of God	7 Baptist	12 Catholic
2 Christian Church	8 Church of Christ	13 Episcopal
3 Je wish	9 Lutheran	14 Methodist
4 P resbyterian	10 Bible Church	15 Community Church
5 L atter Day Saints	11 Jehovah’s Witness	16 Seventh Day Adventist
6 Other _____		17 Not applicable

10. About how many time a week do you attend worship services?

0 1 2 4 5 6 7 8 9

11. About how many time a week do you go to Bible studies, youth group activities, or other-church related classes?

0 1 2 4 5 6 7 8 9

For this section answer questions about the parent(s), stepparent(s), or guardian(s) **with whom you are currently living.**

12. What is the current employment status of your father/stepfather (male guardian)? Circle your answer.

- | | |
|---|-------------------------------------|
| 1 Full-time (more than 35 hours per week) | 4 Not employed |
| 2 Part-time (less than 35 hours per week) | 5 Not applicable (no father figure) |
| 3 Not-employed, looking for work | 6 Do not know |

13. If your father/stepfather (male guardian) is employed, what is his job title? Please be specific.

14. What does your father/stepfather (male guardian) do? Please give a full description such as: "helps build apartment complexes" or "oversees a sales force of 10 people."

15. What is the current employment status of your mother/stepmother (female guardian)? Circle your answer.

- | | |
|---|-------------------------------------|
| 1 Full-time (more than 35 hours per week) | 4 Not employed |
| 2 Part-time (less than 35 hours per week) | 5 Not applicable (no mother figure) |
| 3 Not-employed, looking for work | 6 Do not know |

16. If your mother/stepmother (female guardian) is employed, what is her job title? Please be specific.

17. What does your mother/stepmother (female guardian) do? Please give a full description such as "teaches chemistry in high school" or "works on an assembly line where car parts are made."

18. Circle the highest level in school that your mother/stepmother (female guardian) has completed.

- | | |
|---------------------------------------|--|
| 1 Completed grade school | 5 Some college, did not graduate |
| 2 Some high school | 6 Graduated from college |
| 3 Graduated from high school | 7 Post college education (graduate school/law school/medical school) |
| 4 Vocational school after high school | 8 Other training after high school, please specify, |
| | 9 Do not know |

19. Circle the highest level in school that your father/stepfather (male guardian) has completed.

- | | |
|--|--|
| 1 Completed grade school | 5 Some college, did not graduate |
| 2 Some high school | 6 Graduated from college |
| 3 Graduated from high school
(school) | 7 Post college education (graduate school/law school/medical school) |
| 4 Vocational school after high school | 8 Other training after high school, please specify,
_____ |
| | 9 Do not know |

20. On the average, how many hours per day is your father/stepfather (male guardian) at home, not counting sleep hours?

- | | |
|-------------------------------|-------------------------------|
| 1 Less than 30 minutes a day | 4 Between 2 and 5 hours a day |
| 2 About one hour a day | 5 More than 5 hours |
| 3 Between 1 and 2 hours a day | 6 Not applicable |

21. On the average, how many hours per day is your mother/stepmother (female guardian) at home, not counting sleep hours?

- | | |
|-------------------------------|-------------------------------|
| 1 Less than 30 minutes a day | 4 Between 2 and 5 hours a day |
| 2 About one hour a day | 5 More than 5 hours |
| 3 Between 1 and 2 hours a day | 6 Not applicable |

22. How much time does your father/stepfather (male guardian) actually spend with you personally (include any time that you are together working on projects, chores, etc.).

- | | |
|--------------------------------|---------------------|
| 1 15 minutes a day or less | 4 1-2 hours a day |
| 2 15-30 minutes a day | 5 More than 2 hours |
| 3 30 minutes to one hour a day | 6 Not applicable |

23. How much time does your mother/stepmother (female guardian) actually spend with you personally (include any time that you are together working on projects, chores, etc.).

- | | |
|--------------------------------|---------------------|
| 1 15 minutes a day or less | 4 1-2 hours a day |
| 2 15-30 minutes a day | 5 More than 2 hours |
| 3 30 minutes to one hour a day | 6 Not applicable |

24. If you live in a remarried or a single parent family how frequently do you have contact with the parent you do not live with?

- | | | |
|---------------------|--------------------|------------------|
| 1 Daily | 4 Every few months | 7 Never |
| 2 1-4 times a month | 5 Once a year | 8 Not applicable |
| 3 Every other month | 6 Every few years | |

25. How many miles does your other parent live from you?

- | | | |
|--------------------|------------------|------------------|
| 1 20 miles or less | 3 60-100 miles | 5 Not applicable |
| 2 20-59 miles | 4 Over 100 miles | |

26. If you live with a parent and a stepparent, how many years have they been married to each other?

- | | |
|-------------|----------------------|
| _____ Years | _____ Not applicable |
|-------------|----------------------|

Rosenberg Self-Esteem Scale

Directions: Respond to the following questions about how you feel about yourself. Please circle your answer to each item using the following choices:

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- | | | | | | | |
|-----|---|---|---|---|-----|--|
| | 1 | 2 | 3 | 4 | 1. | On the whole, I am satisfied with myself. |
| (-) | 1 | 2 | 3 | 4 | 2. | At times I think I am no good at all. |
| | 1 | 2 | 3 | 4 | 3. | I feel that I have a number of good qualities. |
| | 1 | 2 | 3 | 4 | 4. | I am able to do things as well as most other people. |
| (-) | 1 | 2 | 3 | 4 | 5. | I feel I do not have much to be proud of. |
| (-) | 1 | 2 | 3 | 4 | 6. | I certainly feel useless at times. |
| | 1 | 2 | 3 | 4 | 7. | I feel that I'm a person of worth, at least on an equal plane with others. |
| (-) | 1 | 2 | 3 | 4 | 8. | I wish I could have more respect for myself. |
| (-) | 1 | 2 | 3 | 4 | 9. | All in all, I am inclined to feel that I am a failure. |
| | 1 | 2 | 3 | 4 | 10. | I take a positive attitude toward myself. |

Note: Reverse coded items denoted by (-)

Source:

Rosenberg, M. (1979). Conceiving the self. New York: Basic Books.

Directions: The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate number on the scale at the top of page: 0, 1, 2, 3, 4. When you have decided on your answer circle the number on the answer sheet after each question. **READ EACH ITEM CAREFULLY BEFORE RESPONDING.** Answer as honestly as you can.

0	1	2	3	4
Does Not Describe Me At All		Describes Me Sometimes		Describes Me Very Well

- 0 1 2 3 4 8. When I see someone being taken advantage of, I feel kind of protective towards them.
- (-) 0 1 2 3 4 9. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.
- 0 1 2 3 4 10. I often have tender, concerned feelings for people less fortunate than me.
- 0 1 2 3 4 11. I would describe myself as a pretty soft-hearted person.
- (-) 0 1 2 3 4 12. Sometimes I don't feel very sorry for other people when they are having problems.
- (-) 0 1 2 3 4 13. Other people's misfortunes do not usually disturb me a great deal.
- 0 1 2 3 4 14. I am often quite touched by things that I see happen.

Note: Reverse coded items denoted by (-)

Source:

Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. Journal of Personality and Social Psychology, 44, 113-126.

FACES II

Directions: Please think about the family you currently live with and respond to the following statements using the following choices:

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

- | | | | | | |
|-------|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 1. Family members are supportive of each other during difficult times. |
| 1 | 2 | 3 | 4 | 5 | 2. In our family, it is easy for everyone to express his/her opinion. |
| (-) 1 | 2 | 3 | 4 | 5 | 3. It is easier to discuss problems with people outside the family than with other family members. |
| 1 | 2 | 3 | 4 | 5 | 4. Each family member has input in major family decisions. |
| 1 | 2 | 3 | 4 | 5 | 5. Our family gathers together in the same room. |
| 1 | 2 | 3 | 4 | 5 | 6. Children have a say in their discipline. |
| 1 | 2 | 3 | 4 | 5 | 7. Our family does things together. |
| 1 | 2 | 3 | 4 | 5 | 8. Family members discuss problems and feel good about the solutions. |
| (-) 1 | 2 | 3 | 4 | 5 | 9. In our family, everyone goes his/her own way. |
| 1 | 2 | 3 | 4 | 5 | 10. We shift household responsibilities from person to person. |
| 1 | 2 | 3 | 4 | 5 | 11. Family members know each other's close friends. |
| 1 | 2 | 3 | 4 | 5 | 12. It is hard to know what the rules are in our family. |
| 1 | 2 | 3 | 4 | 5 | 13. Family members consult other family members on their decisions. |
| 1 | 2 | 3 | 4 | 5 | 14. Family members say what they want. |
| (-) 1 | 2 | 3 | 4 | 5 | 15. We have difficulty thinking of things to do as a family. |
| 1 | 2 | 3 | 4 | 5 | 16. In solving problems, the children's suggestions are followed. |
| 1 | 2 | 3 | 4 | 5 | 17. Family members feel very close to each other. |
| 1 | 2 | 3 | 4 | 5 | 18. Discipline is fair in our family. |
| (-) 1 | 2 | 3 | 4 | 5 | 19. Family members feel closer to people outside the family than to other family members. |
| 1 | 2 | 3 | 4 | 5 | 20. Our family tries new ways of dealing with problems. |
| (-) 1 | 2 | 3 | 4 | 5 | 21. Family members go along with what the family decides to do. |
| 1 | 2 | 3 | 4 | 5 | 22. In our family, everyone shares responsibilities. |
| 1 | 2 | 3 | 4 | 5 | 23. Family members like to spend their free time with each other. |
| (-) 1 | 2 | 3 | 4 | 5 | 24. It is difficult to get a rule changed in our family. |
| (-) 1 | 2 | 3 | 4 | 5 | 25. Family members avoid each other at home. |
| 1 | 2 | 3 | 4 | 5 | 26. When problems arise, we compromise. |
| 1 | 2 | 3 | 4 | 5 | 27. We approve of each other's friends. |
| (-) 1 | 2 | 3 | 4 | 5 | 28. Family members are afraid to say what is on their minds. |
| (-) 1 | 2 | 3 | 4 | 5 | 29. Family members pair up rather than do things as a total family. |
| 1 | 2 | 3 | 4 | 5 | 30. Family members share interests and hobbies with each other. |

Note: Reverse coded items denoted by (-)

Scale Items:

Adaptability: 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28

Cohesion: 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 30

Source:

Olson, D. H. & Tiesel, J. W. (1992). FACES II—Family Adaptability and Cohesion Scales. In D.H. Olson, H.I. McCubbin, H. Barnes, A. Larsen, M. Muxen, & M. Wilson's (Eds.), *Family inventories: Inventories used in a national survey of families across the family life cycle* (pp.12-19). St. Paul, MN: University of Minnesota

Parental Behavior Measure Subscales for Induction and Support

Directions: Think about your relationship with your mother/stepmother (or female guardian) and or father/stepfather (or male guardian). RESPOND REGARDING THE FAMILY WITH WHOM YOU LIVE. Using the scale below, circle the answer that best describes your thoughts and feelings about each parent/stepparent (or guardian).

SD	D	N	A	SA
Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree

Induction

1	that when I share things with other familymembers, that I am liked by other family members.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
2	This parent explains to me how good I should feel when I do what is	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
3	, this parent has explained to me how good I should feel when I share something with other family members.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
4	This parent tells me how good others feel when I do what is right.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
5	e how good I should feel when I did something that s/he liked.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA

Support

1	This parent seems to approve of me and the things I do.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
2	This parent says nice things about me.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
3	This parent tells me how much s/he loves me.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA
4	This parent has made me feel that s/he would be there if I needed him/her.	Mother	SD	D	N	A	SA
		Father	SD	D	N	A	SA

Peterson, G. W. (1982). Parental behavior measure. Unpublished manuscript, Department of Child and Family Studies, The University of Tennessee, Knoxville.

VITA 2

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