ADOLESCENTS' SELF-ESTEEM AND FAMILY LIFE ATTITUDES

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CHAPTER 1

INTRODUCTION

One of the most important developmental periods in the life of an individual is adolescence. This is a time when biological, psychological, and social growth is taking place at a rapid pace. However, there is still time during adolescence to prepare the individual more adequately for adulthood. In a sense, the adolescent period provides the opportunity to promote a balanced, wholesome adjustment to life.

Every adolescent will achieve some type of adult role and a percentage of these adolescents will, in the future, enter into family life. Because feelings of personal worth play a crucial role in human happiness and effectiveness, a person with feelings of worthlessness will react differently to life than someone with a more positive attitude about himself. Thus, the concept of self is an important factor in coping with daily life.

Establishing meaning in life and liking of self are essential in satisfying the need for esteem.

The adolescent period is an age to be capitalized upon since self-esteem is one significant aspect of an individual's behavior. Increase in self-esteem could lead to more positive and constructive attitudes regarding family life. If individuals perceive themselves as competent, their behavior will tend to support this view. On the other hand, if individuals view themselves as incompetent, they may be reluctant to attempt tasks or become destined toward failure.

The nursing profession may find that the data obtained regarding self-esteem can be of benefit in assisting the adolescents' progress in developing more positive attitudes toward family life and adulthood. Both the individual and society can profit from individuals who strive to fully develop their potentials without constantly questioning their positive attributes.

Statement of Problem

The problem studied was the relationship between self-esteem and family life attitudes of adolescents.

Justification of Problem

Man's self-esteem is formed gradually over time (Branden, 1969), and "feelings of personal worth play a crucial role in human happiness and effectiveness" (Coopersmith, 1968, p. 96).

There is no value-judgment more important to man--no factor more decisive in his psychological development and motivation--than the estimate he passes on himself. (Branden, 1969, p. 103)

Since the opinion an individual has of himself is viewed as an important component of behavior (Coopersmith, 1968), self-concept and self-esteem are presently utilized in a variety of research articles and publications and examined in relation to a large number of variables (Fitts, 1971).

Rosenberg (1972) wrote that late adolescence is an interesting time of life for studying self-image. Individuals between the ages of 15 and 18 years are very concerned with their self-images, and "the self-image at this time is so vitally implicated in such important life decisions" (Rosenberg, 1972, p. 5) as occupational and marital choices. Support for martial concerns is provided by Garrison (1966) who found that getting married, home, family, and children were the

greatest future concerns of ninth-grade pupils. Havighurst (1972) described preparation for marriage and family life as a developmental task for adolescents. Thus, the relationship between self-esteem and family life attitudes focuses on the constructive capacity of humans and how an "individual's self-concept functions to direct his behavior" (Kinch, 1963, p. 481). A positive level of self-esteem can help individuals deal more effectively with inevitable stresses (Coopersmith, 1968). Once self-esteem is achieved, the individual can concentrate on actualizing potentialities (Maslow, 1970).

The term "human need" implies the absence of an essential component that is vital to an integrated body system (Maslow, 1970). Maslow (1970) believed that the basic needs of an individual must be met if that person is to enjoy a state of health. Professional nurses can assist individuals in meeting these needs and remaining healthy by utilizing Maslow's theory with the nursing process (Campbell, 1978). Knowledge of the need for self-esteem is important so that beneficial nursing interventions can be determined, namely providing experiences to help individuals develop or

become more aware of the positive aspects of their personality. Likewise, being aware that developmental tasks are sequential in nature, a stepping stone or prerequisite for the next, can assist individuals in achieving the next level (Muus, 1965). Thus, the relationship between self-esteem and family life attitudes was investigated to determine if existing conflicts over self-acceptance affect attitudes toward family life.

Theoretical Framework

Three theoretical perspectives were selected to provide a frame of reference for this investigation.

The first to be presented deals with basic human needs as described by Maslow (1970). People are concerned with the satisfaction of basic human needs according to a system of priorities, and as one desire is satisfied, energy is redirected toward the next level (Maslow, 1970). As physiological, safety, and belonging needs are gratified, they become less prominent and esteem needs emerge (Fitts, 1971). "All people in our society have a need or desire for a stable, firmly based, usually high evaluation of themselves, for self-respect or self-esteem" (Maslow, 1970, p. 90).

Maslow (1954) originally postulated that the initial source of self-esteem was derived from others. Esteem is earned by measuring up to the demands and expectations of others and by achieving certain goals, operating by certain values, or measuring up to certain standards which may be internal, external, or both (Fitts, 1971). Later, Maslow (1970) reaffirmed that esteem also emanated from self (Goble, 1970), and self-esteem is related to the maintenance of self or self-concept (Fitts, 1971).

Man seeks not merely the maintenance of self but the development of an adequate self--a self capable of dealing effectively and efficiently with the exigencies of life, both now and in the future. To achieve this self adequacy requires of man that he seek . . . build up and make more adequate the self of which he is aware. Man seeks both to maintain and enhance his perceived self. (Combs & Snygg, 1959, p. 45)

In other words, self-esteem is dependent on self-enhancement; anything that enhances self will increase self-esteem (Fitts, 1971).

The second theoretical perspective advanced by Erikson (1963) deals with the self-concept. Self-concept begins to develop during preadolescence, continues to grow during adolescence, and serves as a better guide to action. A central psychological theme

of adolescence is finding an identity and determining how well one qualifies (Stone, 1973). To acquire a strong, healthy ego identity, consistent and meaning-ful recognition of achievements as well as accomplishments must be received (Muus, 1965). Erikson (1963) identified eight stages in the life cycle of man with adolescence as the period of identity versus role confusion. If a positive ego identity is not established at this time, role diffusion may result and hinder further ego development (Erikson, 1963).

Midway between an individual need and a societal demand are developmental tasks. These tasks described by Havighurst (1972) constitute the third theoretical perspective and arise from a combination of factors acting together; namely, physical maturation, cultural pressures of society, and personal values and aspirations. These components are part of an individual's personality or self; for "as self evolves, it becomes a force in its own right in the subsequent development of the individual" (Havighurst, 1972, p. 94). One developmental task which must be mastered by the adolescent, according to Havighurst (1972), is preparing for marriage and family life. The goal is to

"develop a positive attitude toward family life and having children" (Havighurst, 1972, p. 33). Successful mastery of the task will prepare the individual for the harder tasks ahead while failure will lead to unhappiness in the individual, disapproval by society, and difficulty with later tasks (Havighurst, 1972).

Self-esteem is an evolving developmental process (Erikson, 1963) that influences effectively functioning individuals (Maslow, 1970) for mastering various developmental tasks (Havighurst, 1972). The problem of the study conceptualized within this theoretical framework can thus be stated: Self-esteem is an important component of the developmental process of adolescents, and one essential developmental task for the adolescent to master is preparation for marriage and family life. Therefore, from the theoretical framework and research problem, a proposition can be derived: The extent to which the adolescent has achieved a high level of self-esteem is the extent to which he/she will be successful in developing positive attitudes toward family life.

Assumptions

The following assumptions were applied:

- Adolescence is a crucial time in the development of self-esteem and family life attitudes.
- 2. Self-esteem is an important element of an individual's personality.
- 3. Specific developmental tasks occur at different life points.
- 4. Self-esteem can be measured by a question-naire.
- 5. Family life attitudes can be measured by a questionnaire.

Hypothesis

The null hypothesis was stated:

There is no significant relationship between self-esteem and family life attitudes of adolescent individuals.

Definition of Terms

The following terms were defined:

1. Adolescent

Theoretical -- time during which the transition from childhood to adulthood occurs; a distinct

developmental stage characterized by biological, social, and behavioral change (Nesselroade & Baltes, 1974).

Operational--males and females between the ages of 15 and 18 years.

Self-esteem

Theoretical--positive attitudes toward self (Rosenberg, 1972).

Operational--self-acceptance as measured by Rosenberg's (1972) self-esteem questionnaire.

3. Family life attitudes

Theoretical—-(a) feelings of the individual regarding the rearing of children and (b) feelings of the individual regarding interpersonal relations between family members (Emmerich, 1969).

Operational--scores as determined by the modified Parental Attitudes Research Instrument (Emmerich, 1969).

Limitations

The following may have limited the conclusions of the study:

- 1. Ethnic background
- 2. Socioeconomic background

Summary

This study was undertaken to determine the relationship between self-esteem and family life attitudes of adolescents. The importance of the concept of self in coping with daily life has been discussed. Three theoretical perspectives and the assumptions of this study have been presented. The null hypothesis that no significant relationship would be found between self-esteem and family life attitudes of adolescent individuals was tested. Terms were defined for purposes of the study and the limitations stated.

CHAPTER 2

REVIEW OF LITERATURE

The concept of self-esteem and its importance in an individual's personality and in coping with daily life has continued to attract writers and researchers. The adolescent has frequently been chosen as the target for research since there is a heightened awareness of one's self-image during this period in addition to questions regarding the qualities needed to achieve a successful family life. This chapter will review the literature dealing with self-esteem and family life attitudes.

Self-esteem

In early childhood one has a limited capacity to think abstractly and form vague, simple abstractions about oneself. With additional experience and competence in dealing with the environment and as the capacity to think abstractly increases, the child's representation of self becomes more precise and complex (Coopersmith, 1967). This self is labeled the "phenomenal self" by Combs and Snygg (1959). The "phenomenal self" is what the individual has observed,

experienced, and judged about himself, his image or himself, or his self-concept (Combs & Snygg, 1959). Therefore, the concept of self is multidimensional (Coopersmith, 1967); "its parts interact freely yet cohesively with each other" (Fitts, 1971, p. 14).

As early as 1890, William James (cited in Coopersmith, 1967) related the maintenance of self or self-concept to self-esteem. James (cited in Coopersmith, 1967) concluded that human aspirations and values have an essential role in determining how one regards oneself:

Our achievements are measured against our aspirations for any given area of behavior. If achievement approaches or meets aspirations in a valued area, the result is high selfesteem; if there is wide divergence, then we regard ourselves poorly. (Coopersmith, 1967, p. 29)

Combs and Snygg (1959) also felt that a basic motivation in man was to maintain and enhance the phenomenal self. "Self-esteem is strongly dependent on self-enhancement, for anything that is self-enhancing increases self-esteem" (Fitts, 1971, p. 17)

According to Rogers (1961) there is not only the "real self" but also the "ideal self" composed of what the person would like to be. When harmony occurs

between the real and ideal self, one is intrinsically rewarded and genuine self-esteem is felt (Fredenburg, 1973). Maslow (1954, 1970) believed that the desire for self-esteem is a basic need. Satisfaction of the self-esteem need will lead to feelings of self-confidence, worth, and adequacy. Thwarting of the esteem need will produce feelings of inferiority, weakness, and helplessness which can give rise to discouragement or compensatory/neurotic trends (Maslow, 1970).

Fitts (1971) wrote that attitudes reflected an individual's conviction as to what will occur in a new situation and whether or not that individual will be able to deal with the situations encountered. Expectations of success or favorable experiences are likely to result in feelings of confidence. On the other hand, negative attitudes reflect the individual's conviction of weakness and inferiority and lead to the conclusion that his opinions were not worth stating nor could he affect group action. Expectations of failure and rejection were more likely to result in apprehension, lack of persistence, and anxiety. Anxiety occurs when a person is unsure of what he is

really like, "deprived of his most valuable frame of reference" (Rosenberg, 1962a, p. 145).

High self-esteem individuals were able to accept information regarding self even though contradictory with their self-image and be challenged without an adverse effect upon overall self-esteem (Tippett & Silber, 1966). Conversely, people with low selfesteem were more likely to have unstable self-conceptions (Rosenberg, 1962a). A person with low self-esteem would be expected to be highly sensitive to any evidence that might imply inadequacy, incompetence, or worthlessness. Rosenberg's (1962a) study showed a clear relationship between low self-esteem and "a sense of disturbance at evidence of inadequacy" (Rosenberg, 1962a, p. 148). People who have a low self-esteem and suffer from feelings of inadequacy feel more threatened by the possibility of failure or criticism (Rosenberg, 1962a).

Branden (1969) stated that if man retreats from the challenges and mastery of new situations, the result will be a "profound sense of humiliation, of self-abasement, self-renunciation, which means a profound loss of self-esteem" (Branden, 1969, p. 121).

As shown by Rosenberg (1962a), low self-esteem subjects were more likely to experience symptoms of anxiety.

In order to diminish the anxiety brought on by failure to achieve self-esteem, a pretense may be set up.

Branden (1969) termed this device "pseudo-self-esteem."

Rosenberg (1962a) also spoke of a "false front" which the person with low self-esteem presents to others.

Maintaining this pretense often becomes a life-long strenuous task resulting in greater manifestations of anxiety in these individuals (Rosenberg, 1962a).

Coopersmith (1968) wrote that self-esteem played a major role in determining how an individual reacted to various situations. Instead of trying to learn all that is suddenly thrust upon him, a low self-esteem person may simply try to avoid the situation (Atkinson, 1965). Likewise, if one is convinced of his inadequacy, he will not even try to learn when confronted with new information "because he knows before he begins that he can't" (Eisenberg, 1967, p. 11). Meltzer and Levy (1970) found that public school children with low self-esteem seek to protect themselves against further loss of worth by avoiding learning and blaming teachers. A consistent

relationship was also found between school marks and self-esteem (Purkey, 1970). A study by Coopersmith (1968) showed that adolescent boys with high self-esteem tended to be more successful in academic achievement and learning than boys with low self-esteem.

Beginning in the preadolescent period and following through to young manhood, Coopersmith (1967) conducted an exhaustive study of self-esteem with 1,738 middle-class boys and their families. Coopersmith's (1967) study yielded some of the following findings. First, mothers of children with high self-esteem were more loving and had closer relationships with their children than mothers of children with less selfesteem. Management procedures of restraint, denial, and isolation were employed by 79.6% of the mothers of children with high and medium self-esteem whereas more negative procedures, such as corporal punishment and withdrawal of affection, were used less frequently. The higher self-esteem boys knew they were objects of pride and interest thereby increasing their own sense of self-worth (Coopersmith, 1967).

Second, the high esteem group came from homes where 84.8% of the parents had been significantly more

strict in their approach to discipline. The most successful and independent young men during the latter period of the study were found to have come from homes that demanded the strictest accountability and responsibility. Third, the homes of the high esteem group were characterized by democracy and openness. Parents of children with high self-esteem were more than twice as likely to be firm and decisive as were parents of children with low self-esteem. Parents of children with medium and high self-esteem were relatively tolerant of independent and contrary opinions and were willing to permit their children to express personal convictions while 32.4% of the parents of low self-esteem children were more likely to deny the child's right to an independent opinion. Therefore, once the boundaries for behavior were established, there was freedom for individual personalities to grow and develop.

Though the findings themselves are not always specific and detailed, they generally indicate that persons high in self-esteem are happier and more effective in meeting environmental demands than persons with low self-esteem. (Coopersmith, 1967, p. 19)

Studies have shown certain variables influence self-esteem. "It is usually impossible to match subjects

on or to otherwise control for every variable which might possibly influence a subject's self-concept" (Thompson, 1972, p. 2). Fitts (1965) concluded that the variables of age, sex, education, intelligence, and race apparently had no systemic effect upon self-concept. In addition, Rosenberg's (1965) investigation represented a significant step in explicating many of the social conditions associated with enhanced and diminished self-esteem.

Almost all theorists who deal with the study of self-esteem agree that parents have a tremendous influence on their child's view of himself (Braden, 1970; Combs & Snygg, 1959; Coopersmith, 1967; Rosenberg, 1963, 1965). Rosenberg (1965) reported that the amount of paternal attention and concern which differed by social class, religion, and ethnic group was significantly related to self-esteem. Adolescents who had closer relationships with their fathers were higher in self-esteem than those with more distant, impersonal relationships. Parental indifference was also associated with lower self-esteem in children (Rosenberg, 1963).

The society in which individuals live greatly influences evaluation of personal attributes

or qualities (Rosenberg, 1970). "Without question, the most highly valued personal attribute in our culture is physical attractiveness" (Dobson, 1979, p. However, each person will judge his own worth by his relevant values (Coopersmith, 1967). If an individual considered some particular attribute as important, he would suffer self-rejection if he saw himself deficient in that attribute. On the other hand, if he regarded certain attributes or behaviors as unimportant, his self-esteem would not be affected even though he saw himself as poor in these areas (Kaplan, 1970; Rosenberg, 1965). Coopersmith (1967) noted that those individuals who measured their own worth by a realistic evaluation of performance in dayto-day relationships had a higher self-esteem than do those persons who use more general measures of success.

In relation to birth order and sex, Rosenberg (1965) reported that only children, particularly only male children, had higher levels of self-esteem.

Eiseman (1970) found that the combination of being both female and a later born child appeared to lend to low self-esteem. Berger (1969) related that females derived their self-esteem from different sources than

males due in part to the females' certainty that others liked them. Males, however, were more achievement oriented. Berger (1969) also reported that sex differences in self-esteem tended to be pronounced after school age.

Age presents its own problems to the maintenance of self-esteem. Self-esteem does take shape in early childhood (Coopersmith, 1967; Schonfeld, 1969) but is somewhat nebulous until the preadolescent years (Coopersmith, 1967) and not fully established until late adolescence (Rosenberg, 1970; Schonfeld, 1969). However, "every age poses its own unique threats to self-esteem" (Dobson, 1979, p. 19). The adolescent is especially sensitive to anything that makes him feel inferior or inadequate (Jersild, 1963; Schonfeld, 1969). Likewise, the mature adult also soon faces the "aging" process, for in our culture physical attractiveness and youth are considered very important (Dobson, 1979).

According to Coopersmith (1967) and Rosenberg and Peralin (1978), social class is weakly related and ethnic group affiliation is unrelated to self-esteem. It appeared that broader social context did not play as important a role in interpreting one's own success

as often as assumed (Rosenberg & Peralin, 1973). An individual's worth tended to be gauged by achievements and interrelationships within his environment (Coopersmith, 1967). Luck's (1969) study, utilizing white male adults, found that self-esteem was not associated with prestige or social class. Trowbridge (1970) reported that children in the lower socioeconomic group had a higher level of self-esteem than children of more culturally advantaged groups. Conversely, in a study of low income women, Triplett (1970) found that low self-esteem was common among the poor.

Two additional findings by Rosenberg (1962b) showed that children reared in a dissonant religious context were somewhat more likely to have low self-esteem, to manifest psychosomatic symptoms of anxiety, and to experience depressive affect. People with low self-esteem also tended to turn interests inward leading to a decreased concern about public affairs (Rosenberg, 1962c).

Citings from the studies presented have shown self-esteem to be a determining factor in how one regards himself and reacts to various situations.

Described as a basic need, the level of self-esteem

has been shown to have an effect upon success versus failure. Numerous variables that influence self-esteem were discussed including parental influence, age, sex, race, and social class.

Family Life Attitudes

Adolescence is a critical period of life, not only developmentally, but also for the impact which adolescents, as a social entity, have on society (Eisenberg, 1965). Socially, adolescence is an era of "intensified preparation for the assumption of an adult role" (Garrison, 1969, p. 276). Erikson (1963) suggested that the prime concern of adolescents is the search for identity. Trying to avoid becoming a nobody or isolated and alone, the adolescent seeks a position to occupy and a role to play (Malony, 1978). Erikson (1963) stated:

Falling in love at this age . . . is an attempt to project and test one's own diffuse and still undifferentiated ego through another person in order to clarify and reflect upon one's own self concept and one's own ego identity. (p. 216)

In other words, the "serious" love affairs adolescents have contribute not only to ego development but aid in defining and revising his own ego definition. If ego identity is not satisfactorily established at this stage, there is danger that role diffusion will disrupt

further ego development (Erikson, 1963), and ego identity must be established before marriage is considered. "A person must really know who he is and who he wants to become before he can decide who is a suitable mate for him" (Stone, 1973, p. 37). Maturity begins once identity has been established and an independent person has emerged "who can now stand on his own feet without emotional crutches from others and without questioning his own identity at every moment" (Stone, 1973, p. 37).

Midway between an individual need and societal demands are developmental tasks. An individual must learn these tasks of life in order to be healthy and satisfied. These developmental tasks occur at certain periods in life, not at random, for one accomplishment sets the stage for the next. Some tasks arise mainly from physical maturity, cultural pressures of society, personal values, and individual aspirations. Often a combination of these factors acting together gives rise to developmental tasks (Havighurst, 1972). Garrison (1969) described developmental tasks as closely related to social expectations of individuals at different age levels which have important and significant implications

to personal and social adjustments. Successful achievement of these developmental tasks leads to happiness and success with later tasks whereas failure leads to unhappiness in the individual, disapproval by society, and difficulty with later tasks (Havighurst, 1972).

Of the 10 developmental tasks proposed by Havighurst (1972), preparing for marriage and family life occurs during the adolescent period. To develop a positive attitude toward family life and having children is the goal for the task based upon biological and psychological factors. Biologically, the normal sexual maturation has resulted in a strong attraction between sexes, and this is one of the bases for marriage. Psychologically, adolescents display a variety of attitudes toward marriage; some are antagonistic, fearful, or anticipatory, but the majority accepts the idea as a matter of course (Havighurst, 1972). Garrison (1969) polled ninth-grade students in Georgia public schools and found that getting married, having a home, family, and children were the greatest future concerns. All the girls responding to the question about marriage indicated that they expected to marry. Over 90% of the boys indicated they also expected to get married.

According to Coopersmith (1967), the way duties and responsibilities are perceived, as well as the assumptions and expectations made, will have a marked influence upon how one responds to family life. Marital partners need to define their relationship with each other and their children. Expectations of marriage and parenthood must be discussed. Determinations must be made as to whether agreement can be reached on definitions of privileges and responsibilities. Families that set limits and produced assertive children were also families that accepted and respected their children. Conversely, conflict produced a sense of uncertainty as to what standards apply. Competition between parents can cause the child to suffer ambivalence and guilt. "Parents influence their children, not only by what they are and what they believe but especially by what they do" (Coopersmith, 1967, p. 100).

In addition, Coopersmith (1967) found that fathers were more likely to make major decisions, but no unfavorable consequences occurred in families where mothers assumed leadership. This does not imply that the father or mother made all the major decisions. Each

assumed dominance in different areas of activity; however, the mothers were more likely to play a greater role in day-to-day decisions rather than major decisions. With clear delineations of authority and joint implementation, mutual trust and acceptance were observed. Strong, clear relationships between parents provide reassuring experiences and models for children (Coopersmith, 1967).

Women who had been mothers for at least 10 years were also studied by Coopersmith (1967) to determine their role definitions. The role definitions reported by the mothers were those they presently held or believed to be desirable. Mothers with the highest self-esteem viewed childbearing realistically, looked at childbearing as a natural event with no sexual preference for children, and were self-reliant and resilient in dealing with issues surrounding motherhood. High self-esteem mothers were more accepting of the consequences of maturity, in relation to their own social activities, and the greater physical efforts and attention required. The significance of the mother's absence from home, however, depended upon how she and the members of the family viewed the absence. Therefore, the absence

itself was not significant but how the absence was viewed within the family did determine its effect upon the child (Coopersmith, 1967). Although the mother may regard certain duties and conditions associated with childbearing as burdensome, these negative attitudes reflect realistic thinking rather than the rejection of the child (Kagan, 1971).

From the studies presented, adolescence was shown to be an important developmental period in the life of an individual. The search for identity and preparing for marriage and family life are two tasks to be accomplished during this period. The importance of discussing expectations of marriage and parenthood and defining privileges and responsibilities within the family context was discussed.

Summary

This chapter has presented a review of current literature pertaining to self-esteem. The importance of self-esteem in coping with daily life has been demonstrated. A review of literature concerning the adolescent's developmental tasks and family life attitudes has also been included. The lack of current documentation and research regarding attitudes toward

family life and the interest in self-esteem led to this study of the relationship between self-esteem and family life attitudes of male and female adolescent individuals.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The purpose of this chapter is to describe the procedures utilized by the investigator in conducting the study. This study was descriptive, correlational, and nonexperimental in nature; descriptive, correlational studies have the main objective of describing how one phenomena is related to another (Polit & Hungler, 1978). This study was conducted in a high school setting. Questionnaires were utilized to investigate the relationship between self-esteem and family life attitudes of adolescent individuals. The following discussion presents the methodology of the study. The setting, population, protection of human subjects, and instruments are described. The procedure for collection of data and treatment of data are also discussed.

Setting

The setting for the study was in a 4-year high school. The school is situated in a rural city located

in the Southwestern part of the state. The population is approximately 21,000. The families of the town are supported mainly through small, diversified industry and farmwork. Approximately one-half of the population has a gross income of \$10,000 or above, and the majority of the homes in the city are owner-occupied. A junior college is located within the city limits and provides an opportunity for advanced learning.

The subjects responded to the instruments while sitting in classrooms. Proper spacing and individual seating were provided to insure privacy and confidentiality.

Population and Sample

The population was high school students between the ages of 15 and 18 years who chose to enroll in general education elective courses. Approached as potential subjects were 135 male and female students, 15 to 18 years of age, attending an accredited high school, and enrolled in elective courses selected from a variety of academic disciplines. The total number of students participating in the study was 36.

Demographic data of age and sex were requested from each participant. Age and sex were needed to describe the sample and determine eligibility.

Protection of Human Subjects

Written consent was first obtained from Texas
Woman's University Human Research Committee (Appendix
A), Texas Woman's University Graduate School (Appendix
B), and high school officials at the participating
facility (Appendix C) to approach the subjects. At
the high school the investigator approached the subjects in the classroom setting, introduced herself,
and verbally explained the written presentation to
the subjects (Appendix D).

A verbal explanation was given to the subjects concerning the purpose, procedure, potential risks, and potential benefits. The subjects were told that this was not a test and that their school grades would not be affected by participation or nonparticipation.

Assurance was given that anonymity would be maintained and that withdrawal from the study, if desired, could occur at any time. All questions concerning the study were answered by the researcher. The subjects were

assured of counseling by a competent person at the local level in case of undue discomfort arising from responding to the statements on the questionnaires. The parents were informed that they would be notified of any untoward response to the questionnaires. subjects were told that there was no time limit involved in completing the questionnaires; however, they were to proceed as rapidly as possible. In case of fatigue, the subject could rest before continuing and be given the option to discontinue participation in the study. An explanation that the results/conclusions of the study would be reported as group data rather than individual data was given along with the benefits to the investigator and/or others. The knowledge gained could be utilized to assist the adolescent achieve a higher degree of adulthood and more positive attitudes toward family life.

The written presentation form was given to each subject to take home to his/her parent(s)/guardian. After receiving signed consent from the parent(s)/guardian stating that they understood and agreed to have their child participate, each student was requested to also sign the written permission form. When the

subjects signed the written permission form, their signatures were taken as their consent to participate.

No coersion was used to encourage subject participation.

Instruments

An instrument devised by Rosenberg (1965) was used to measure self-esteem (Appendix E). Permission for use of this instrument was obtained (Appendix F). Family life attitudes were measured by a modified version of the Parental Attitude Research Instrument (PARI) (Appendix G) developed by Emmerich (1969) from the original PARI by Schaefer and Bell (1958). With proper acknowledgement, permission to reproduce this tool is granted to any person wishing to use it.

Rosenberg (1965) originally developed the selfesteem scale with high school students, but the same
tool has also been used in other studies (Rosenberg,
1963; Rosenberg & Peralin, 1978). The questionnaire
consists of 10 short statements designed to measure
the self-acceptance aspect of self-esteem. Positive
and negative items are presented alternately with all
positive responses indicating a low self-esteem.
Responses are scored on a 4-point Likert scale:
strongly agree--1 point, agree--2 points, disagree--3

points, strongly disagree--4 points (Rosenberg, 1965).

The possible range of scores was 10 to 40 with a score of 20 to 30 indicating high self-esteem. The items are dichotomized with "strongly agree" and "agree" combined and "strongly disagree" and "disagree" combined (Rosenberg, 1963) and reflect liking and/or approving of self while measuring the self-acceptance aspect of self-esteem more than other factors (Rosenberg, 1963).

Scalability refers to a certain pattern of responses while reproducibility measures the success attained when reproductions are made or the ratio of successful reproductions to total responses (Menzel, 1963). The reproducibility of Rosenberg's (1965) test was 93% and scalability was 72%. Silber and Tippett (1965) found a test-retest correlation over 2 weeks of .85 and also found that the scale correlated from .56 to .83 with several similar measures of self-esteem when administered to 44 persons, 12 to 21 years of age.

The Parental Attitude Research Instrument (PARI) was originally developed by Schaefer and Bell (1958) and consists of 23 5-item scales. Each scale measures an attitude "which is theoretically relevant to personality development in children" (Zuckerman, Ribback,

Monashkin, & Norton, 1958, p. 165). Each item is a general opinion and the subject is asked to "strongly" or "mildly agree" or "mildly" or "strongly disagree" on a 4-point scale. Originally, Schaefer and Bell (1958) administered the PARI to females, wives of military personnel, and unmarried student nurses (Schaefer & Bell, 1959). Although not specified in the literature, "reliabilities are considered adequate" (Schaefer & Bell, 1959, p. 391), and "internal consistency, reliability coefficients were again satisfactory" (Schaefer & Bell, 1958, p. 351).

Four years later an analysis of parental attitudes of males was undertaken by Nichols (1962) utilizing the PARI. Fathers of 102 college students were divided into two random groups of 51 each. Product-moment correlations were calculated between each item and three factor scores of authoritarian control, hostility, and democratic attitudes with significance at the .05 level. Reliabilities and corresponding validaties of the factor scales were reported:

Factor A (authoritarian): reliability: .91 and .86 .97 and .88 validity: Factor B (hostility): reliability: .78 and .79 .85 and .86 validity: .77 and .79 Factor C (democratic): reliability: validity: .93 and .97 (Nichols, 1962, p. 800). In 1969, Emmerich modified Schaefer and Bell's (1958) original PARI (modified PARI) and utilized only three factors to determine parental attitudes: controlling-authoritarian, hostility-rejection, and democratic-equalitarian. To control for acquiescence, items were stated so that a tendency to agree irrespective of content would result in nonextreme scores. For authoritarian control, 13 items were stated so that agreement denotes the presence of the attribute and 12 items stated so that agreement indicates an absence of the attribute. For hostility rejection and democratic attitudes, the corresponding numbers of items are 7 and 8 and 8 and 7, respectively (Emmerich, 1969).

Odd-numbered items indicate the presence of the attribute in question if the respondent agrees with the item, and even-numbered items signify its absence if there is respondent agreement. "Strongly agree" is scored +2, "mildly agree" is scored +1, "mildly disagree" is scored -1, and "strongly disagree" is scored -2. For items where agreement indicates the absence of the attribute in question, the signs are reversed (Emmerich, 1969). The range of scores possible is +108 to -108 with a score of +54 to +108 indicating

positive attitudes toward family life. Specific reliability and validity information was not available in the publications for the modified PARI.

Data Collection

After proper permissions were obtained, each subject was seated in an individual chair and given a pencil and the instruments. The subjects were asked to fill in the demographic data at the top of the questionnaires and complete the questionnaire developed by Rosenberg (1965) (Appendix E) to measure self-esteem and the family life attitudes questionnaire by Emmerich (1969) (Appendix G) according to the typed directions. Each subject recorded his/her own responses. Upon completion of the instruments, the investigator collected all the papers and expressed her gratitude for the cooperation.

Pilot Study

A pilot study was performed with four volunteer male and female adolescents between the ages of 15 and 18 years. The purpose was three-fold: (a) to estimate the time required to complete the self-esteem questionnaire and family life questionnaire, (b) to

assess the difficulty level of the questionnaires, and (c) to evaluate the questions for level of understanding. Permission was obtained as outlined in the protection of human subjects. The questionnaires were administered to the subjects in their homes and verbal feedback was sought to fulfill the purposes of the pilot study. Approximately 20 to 30 minutes were required to complete both questionnaires. No difficulty in understanding the questionnaire items was experienced. Two suggestions made by the subjects were to reaffirm to the subjects that the answers were "your" opinion and to clarify question 25 of the modified PARI by reading aloud to the subjects and inserting the proper gender.

Treatment of Data

Self-esteem and family life attitudes were identified by first obtaining individual subject scores on the self-esteem questionnaire (Rosenberg, 1965) and family life attitudes questionnaire (Emmerich, 1969).

The scores were then totaled and tabulated (Appendix H).

Finally, Pearson product-moment correlations were used to calculate the relationship between self-esteem and family life attitudes of adolescent individuals. The

CHAPTER 4

ANALYSIS OF DATA

The purpose of this chapter is to present an analysis of the data. Data were collected from 36 high school subjects enrolled in elective courses. The hypothesis that there is no relationship between self-esteem and family life attitudes of adolescent individuals was tested. Rosenberg's (1965) self-esteem questionnaire and the Modified Parental Attitude Instrument (Emmerich, 1969) were the tools used to gather data.

Description of Sample

The sample consisted of 36 subjects who attended a local high school and were enrolled in elective courses. Table 1 gives the age, number of subjects, and percentage of the total sample. The ages of the subjects ranged from 15 to 18 years. Eleven subjects who were 15 years of age represented 30.6% of the total sample. Sixteen of the subjects were 16 years of age and constituted 44.4% of the sample. Eight subjects

were 17 years of age and represented 22.2%, while one subject, age 18, represented 2.8% of the sample.

Table 1

Number and Percentage of Subjects
 According to Age

	Number	
Age in Years	$\underline{n} = 36$	Percentage
15	11	30.6
16	16	44.4
17	8	22.2
18	1	2.8

Table 2 shows the number and percentage of females and males in the total sample. The number of females was greater than that of the male subjects. Female subjects represented 83.3% of the total sample while 16.7% were male.

Table 2
Sex, Number, and Percentage of Subjects

Sex	Number $\underline{n} = 36$	Percentage of Total Sample
Female	30	83.3
Male	6	16.7

Findings

Total individual subjects' scores for self-esteem and family life attitudes were identified (Appendix H). The possible range of scores for the self-esteem questionnaire was 10 to 40 with a score of 20 to 30 indicating high self-esteem. Subjects attained scores ranging from 15 to 28 on the self-esteem questionnaire. The range of scores possible on the modified Parental Attitude Research Instrument Questionnaire was +108 to -108 with a score of +54 to +108 indicating positive attitudes toward family life. Subjects attained scores ranging from +22 to -12.

In Table 3, mean scores for self-esteem and family life attitudes are shown according to the total number of subjects and sex. The data showed that 36 subjects had a mean self-esteem score of 22.8 and a mean family life attitude score of 2.9. The data also indicated that 30 female subjects had a mean self-esteem score of 22.9 and a mean family life attitude score of 2.2. Six males showed a mean self-esteem score of 22.7 and a mean of 6.5 for family life attitudes.

The hypothesis stating that there was no relationship between self-esteem and family life attitudes of

Table 3

Mean Scores for Self-esteem and Family
Life Attitudes According to Number
of Subjects and Sex

Questionnaire	Total Subjects n = 36	Females $\underline{n} = 30$	$\frac{\text{Males}}{\underline{n}} = 6$
Self-esteem	22.8	22.9	22.7
Family life attitudes	2.9	2.2	6.5

adolescents was tested using the subjects' individual scores on the self-esteem and family life attitude questionnaires. The 36 subjects' individual self-esteem and family life attitude scores were paired and totaled (Appendix H). The data were subjected to the Pearson product-moment correlation test. The results of the analysis demonstrated \underline{r} to be -.143. The significance of \underline{r} was \underline{p} = .325 (Linton, 1975). At the .05 level of significance, the null hypothesis was not rejected. Therefore, there was no relationship between self-esteem and family life attitudes of adolescents. A measure of the strength of association was also calculated with \underline{r}^2 = .02045. Thus, self-esteem accounts for less than 2% of the variance in attitudes toward family life.

Additional Findings

Additional findings in this study were related to the sex of the adolescent subjects. To analyze the relationship between self-esteem and family life attitudes among males and among females, the Pearson productmoment correlation coefficient was calculated for males and females. For females \underline{r} was equal to -.123 and for males \underline{r} was equal to -.621. The significance of \underline{r} for females was \underline{p} = .361 and for males \underline{p} = .811 (Linton, 1975). At the .05 level of significance, the relationship between self-esteem and family life attitudes was not significant for males or females.

Table 4 shows the percentage of subjects with high and low self-esteem according to the total number of subjects. The majority of the subjects had a high self-esteem with only 8% having a low self-esteem.

Summary of Findings

Total individual subjects' scores for self-esteem and family life attitudes were identified (Appendix H). The mean range for the self-esteem scores was 22.8 with 92% of the subjects having a high level of self-esteem. A mean of 2.9 was calculated for subjects' attitudes

Table 4

Number and Percentage of Subjects
According to Self-esteem Scores

Self-esteem Scores	Total Number of Subjects n = 36	Percentage of Total Sample
Less than 20 20-30	3	8 92
Greater than 30	0	0

toward family life. Thirty female subjects had a mean self-esteem score of 22.9 and a mean family life attitude score of 2.2. Six males had a mean self-esteem score of 22.7 and a mean of 6.5 on family life attitudes.

The Pearson product-moment correlation coefficient test was performed on the data. With $\underline{r}=-.143$, at the .05 level of significance, there was no relationship between self-esteem and family life attitudes of adolescents. These findings supported the null hypothesis. A measure of the strength of association showed that self-esteem accounted for less than 2% variance in attitudes toward family life. Additional analysis indicated that there was no relationship between

self-esteem and family life attitudes among male and among female subjects.

CHAPTER 5

SUMMARY OF THE STUDY

The purpose of this chapter is to summarize the study. A discussion of the findings will be made and related to other research. Conclusions and implications will be stated and recommendations made for further research.

Summary

The problem of this study was the relationship between self-esteem and family life attitudes of adolescents. This chapter presents a summary of the preceding chapters. The conclusions reached based on the data analysis are discussed and recommendations for further study are made.

The concept of self-esteem has continued to attract writers and researchers in many disciplines. Previous studies have provided evidence of the value of self-esteem. The possibility that self-esteem could be related to family life attitudes led to the focus of this descriptive study. The null hypothesis tested was that there is no relationship between self-esteem

and family life attitudes of male and female adoles-

The sample was obtained from a local high school located in a rural area of approximately 21,000 people. The sample group consisted of 36 subjects between the ages of 15 and 18 years, enrolled in elective courses. The subjects were given a verbal presentation and a written presentation form to take home to obtain written parental permission. Each subject consenting to participate in the study also gave written permission.

Two instruments were used in this study. A 10-item questionnaire developed by Rosenberg (1965) was used to measure self-esteem. Family life attitudes were measured by a modified version of the Parental Attitude Research Instrument (Emmerich, 1969).

Data were analyzed in an attempt to test the research hypothesis. The analysis was conducted by pairing and totaling the subjects' self-esteem and family life attitude scores. The data obtained were subjected to the Pearson product-moment correlation test. The results demonstrated \underline{r} to be -.143. The significance of r was p = .325 (Linton, 1975). Using

.05 as the level of significance, the null hypothesis was not rejected.

The Pearson product-moment correlation coefficient test was performed for male and female individuals' self-esteem and family life attitude scores. For females, $\underline{r} = -.123$, and the significance of \underline{r} was $\underline{p} = .361$. For males, $\underline{r} = -.621$ with the significance of \underline{r} being $\underline{p} = .811$. At the .05 level of significance, the relationship between self-esteem and family life attitudes was not significant for male or females.

Discussion of Findings

The data from this study indicated that selfesteem accounts for less than 2% of the variance in attitudes toward family life. The null hypothesis that there is no relationship between self-esteem and family life attitudes of adolescent individuals was not rejected.

Additional findings showed that 92% of the subjects had high self-esteem scores (range 20-30) with only 8% having low self-esteem scores (range less than 20). The literature, however, is inconsistent regarding self-esteem of adolescents. Erikson (1963) identified the adolescent period as concerned with

developing self-esteem. Both Coopersmith (1967) and Schonfeld (1969) described self-esteem as beginning to take place in early childhood, but Coopersmith (1967) also believed that self-esteem was somewhat nebulous until the preadolescent years. Schonfeld (1969) and Rosenberg (1970) agreed that self-esteem was not fully established until late adolescence, and Rosenberg (1972) described individuals 15 to 18 years of age as vitally concerned with attitudes regarding self or self-image.

The data obtained in the present study showed that positive attitudes toward family life were not found among the subjects. This finding is inconsistent with the literature. According to Havighurst (1972), the developmental task during the adolescent period is to prepare for marriage and family life. The goal is to develop a positive attitude toward family life and having children (Havighurst, 1972). Two reasons may account for the negative attitude among subjects. In previous uses of the Parental Attitude Research Instrument, the studies had considerably larger sample sizes and the data regarding parental attitudes were obtained from adults rather than adolescents. Thus, the instrument may be inappropriate for adolescents.

Although Rosenberg (1972) has suggested the influence of self-esteem on attitudes and behavior, the data obtained in the present study regarding self-esteem and family life attitudes did not reflect Rosenberg's findings. The null hypothesis for this study was not rejected. Both male and female adolescents had high self-esteem scores and did not have a positive attitude toward family life. Therefore, there is no significant relationship between self-esteem and family life attitudes of adolescent individuals.

Conclusions and Implications

Based on the findings of high self-esteem scores among the subjects in this study, it may be concluded that adolescents have the ability to develop to their fullest potential in terms of coping and successful adaptation to events in their daily, routine lives.

Based on the finding that positive attitudes toward family life were not found among the subjects, even though self-esteem scores were high, it may be concluded that programs and structured experiences need to be established to assist adolescents in preparing for future family life as this is an essential

developmental task (Havighurst, 1972). Apparently, attitudes toward family life are not related to levels of self-esteem among adolescents. With regard to this conclusion, however, a warning is issued. The instrument needs to be tested for validity in examining attitudes of adolescents toward family life.

Until further research, two tentative implications of the study, based upon the above conclusions, can be made for nurses:

- 1. Focus on the positive attribute of high selfesteem among adolescents. Do not automatically assume
 that all adolescents have a low self-esteem because of
 the impact of change occurring biologically, socially,
 and behaviorally. Encourage expression of fears,
 anxieties, and discouragements to minimize impact and
 help recognize own individual strengths.
- 2. Provide experiences and programs that would enhance attitudes toward family life and would assist in preparation of family life roles among adolescents. These implications are of special importance for school nurses, community health nurses, and family therapy nurses working with adolescents. Nurses can assist individual adolescents by communicating healthy

family attitudes and by working with teachers, administrators, and counselors to develop curriculum for use in school settings.

Recommendations for Further Study

The following recommendations are offered for subsequent studies in the area of self-esteem and family life attitudes:

- 1. The study be replicated with an increased number of subjects including both males and females.
- 2. The study be replicated with controls for variables such as race, age, and socioeconomic level.
- 3. A study involving validation of a standard program to assist adolescents in preparing for family life.
- 4. A correlation study of attitudes of both parents and adolescents be designed to determine possible relationships.

APPENDIX A

TEXAS WOMAN'S UNIVERSITY

Human Research Committee

numan Research Committee
Name of Investigator: Judy R. Rodgers Center: Dallas
Address: 504 Love Circle Date: 12/18/79
Corsicana, Texas 75110
Dear Ms. Rodgers:
Your study entitled Adolescents' Self-Esteem and Family
Life Attitudes
has been reviewed by a committee of the Human Research
Review Committee and it appears to meet our requirements
in regard to protection of the individual's rights.
Please be reminded that both the University and the
Department of Health, Education and Welfare regulations
require that written consents must be obtained from all
human subjects in your studies. These forms must be
kept on file by you.
Furthermore, should your project change, another
review by the Committee is required, according to DHEW
regulations.
Sincerely,
Entitle S. Kuch
Chairman, Human Research Review Committee

at_____Dallas

APPENDIX B

TEXAS WOMAN'S UNIVERSITY

DENTON. TEXAS 76204

THE GRADUATE SCHOOL

August 4, 1980

Ms. Judy Ruschhaupt Rodgers 504 Love Circle Corsicana, TX 75110

Dear Ms. Rodgers:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,

Robert S. Pawlowski

Provost of the Graduate School

RP:d1

cc Dr. Margie Johnson Dr. Anne Gudmundsen Graduate Office APPENDIX C

TEXAS WOMAN'S UNIVERSITY COLLEGE OF NURSING DENTON, TEXAS

DALLAS CENTER 1810 Inwood Road Dallas, Texas 75235

THE

HOUSTON CENTER 1130 M.D. Anderson Blvd. Houston, Texas 77025

AGENCY PERMISSION FOR CONDUCTING STUDY*

Corsicana High School

GRANTS TO Judy R. Rodgers	
student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem: the relationship between self-esteem and family life attitudes	
The conditions mutually agreed upon are as follows:	
1. The agency (may) (may not) be identified in the final report.	
 The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report. 	
 The agency (wants) (does not west) a conference with the student when the report is completed. 	
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.	
5. Other:	_
	-
	-
ate 5-14-80 May 7. Culwill Signature of Agency Personnel	-
ignature of Student Signature of Faculty Advisor	_
Fill out and sign three copies to be distributed as follows: Originaltudent; first copyagency; second copyT.W.U. College of Nursing.	-

APPENDIX D

Consent Form TEXAS WOMAN'S UNIVERSITY COLLEGE OF NURSING

(Form A--Written presentation to subject)

Consent to Act as a Subject for Research and Investigation:

The following information is to be read to or read by the subject. One copy of this form, signed and witnessed, must be given to each subject. A second copy must be retained by the investigator for filing with the Chairman of the Human Subjects Review Committee. A third copy may be made for the investigator's files.

The problem of this study is to determine the relationship between self-esteem and family life attitudes of male and female adolescents. Two questionnaires will be utilized to obtain information from subjects between the ages of 15 and 18 who are enrolled in elective course classes. One questionnaire is a self-esteem scale and one is an inventory of attitudes on family life and children. These questionnaires are not tests and participation or non-participation will in no way affect school grades.

Anonymity will be maintained as you will only indicate your age, sex, and circle whether you agree or disagree with the questionnaire items. You are not to write your name on the questionnaires. The questionnaires will be given out by the investigator in the classroom setting. The time required to complete the questionnaires is approximately 30 to 45 minutes. The questionnaires will be collected by the investigator upon completion.

2. The procedure or investigation listed in Paragraph 1 has been explained to me by Judy R. Rodgers .

If you have additional questions, you may call me at this number after 5 p.m.--872-3545.

- 3. (a) I understand that the procedures or investigations described in Paragraph 1 involve the following possible risks or discomforts: (Describe in detail)
 - 1) Public release of the results of the study.
 - 2) Possible fatigue from answering questionnaires resulting from the length of the questionnaires.
 - 3) Subjects' discomfort related to the nature of the statements on the questionnaires.
 - 4) Fear resulting from perception that grades may be influenced by participation/ non-participation.
 - (b) I understand that the procedures and investigations described in Paragraph 1 have the following potential benefits to myself and/or others:

Knowledge gained can be utilized to assist the adolescent achieve a higher degree of adulthood and more positive attitudes towards family life. Both the individual and society could profit from individuals who strive to develop to their fullest potential.

- (c) I understand that--No medical service or compensation is provided to subjects by the university as a result of injury from participation in research.
- 4. An offer to answer all of my questions regarding the study has been made. If alternative procedures are more advantageous to me, they have been explained. I understand that I may terminate my participation in the study at any time.

Subject's	Signature	Date

(If the subject is a minor, or complete the following:)	otherwise unable to sign,
Subject is a minor (agesign because:), or is unable to
Signatures (one required)	
Father	Date
Mother	Date
Guardian	Date
Witness (one required)	Date

APPENDIX E

SELF-ESTEEM SCALE

Age_	Sex: Male	_ Female .					
them	Read each of the as follows:	following	statements	belo	W á	and	rate
	A a strongly agree	ee di	d isagree	str dis			
arou you	Indicate your oping if you strongly agonal the "d" if you strongly disagree. ers, so answer according to the strongly disagree.	ree, arour disagree, There ar	nd the "a" i and around se no right	f yo the or w	u a "D"	gre	e.
				Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I feel that I'm a least on an equal			А	a	d	D
2.	I feel that I have qualities.	e a number	of good	A	a	đ	D
3.	All in all, I am i that I am a failur		o feel	A	a	d	D
4.	I am able to do the most other people.		ell as	A	a	d	D
5.	I feel I do not ha	ave much to	o be				

Note: Morris Rosenberg, Society and the adolescent self-image, 1972. Copyright 1972 by Princeton University Press. Reprinted by permission of Princeton University Press.

A a d D

proud of.

		Strongly Agree	Agree	Disagree	Strongly Disagree
6.	I take a positive attitude toward myself.	A	a	d	D
7.	On the whole, I am satisfied with myself.	A	a	đ	D
8.	I wish I could have more respect for myself.	A	a	d	D
9.	I certainly feel useless at times.	А	a	d	D
10.	At times I think I am no good at all.	А	a	d	D

APPENDIX F

PRINCETON UNIVERSITY PRESS

PRINCETON · NEW JERSEY 08540

19 October 1979

5(ndy Rodgers 34 Love Circle prsicana, Texas 75110
SC	OCIETY AND THE ADOLESCENT SELF-IMAGE, by Morris Rosenberg (Princeton University ress, 1965; Princeton paperback, 1968): Self-Esteem Scale
	We hereby grant you permission to reprint the above material in your master's degree
_	to be published by
uı	as requested in your letter of
15	October 1979without charge.
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(Mrs.) Nora H. Bangs, Manager Permissions Department

NHB:s

APPENDIX G

MODIFIED PARI

INVENTORY OF ATTITUDES ON FAMILY LIFE AND CHILDREN

Read each of the following statements below and rate them as follows:

A a d D strongly agree disagree strongly disagree

Indicate your opinion by drawing a circle around the "A" if you strongly agree, around the "a" if you agree, around the "d" if you disagree, and around the "D" if you strongly disagree.

There are no right or wrong answers, so answer according to your opinion.

		Strongly Agree	Agree	Disagree	Strongly Disagree
l.	Parents should shelter children from life's little difficulties.	A	a	d	D
2.	Children should be taught about sex as soon as possible.	A	a	d	D
3.	People who think they can get along in marriage without arguments				

Note: From "The Parental Role: A Functional-Cognitive Approach" by Walter Emmerich, Monographs of the Society for Research in Child Development, 1969, 34, 1-71. Copyright 1966 by Child Development Publications.

Permission granted to anyone to reproduce this material with proper acknowledgement without permission of authors or of the Society for Research in Child Development.

A a d D

just don't know the facts.

		Strongly Agree	Agree	Disagree	Strongly Disagree
4.	Parents should not have to earn the respect of their children by the way they act.	A	a	đ	D
5.	Parents who want lots of parties seldom make good parents.	А	a	đ	D
7.	A child has a right to his own point of view and ought to be allowed to express it.	А	a	d	D
8.	If a parent is wrong he should admit it to his child.	А	a	d	D
9.	A child should be taught to avoid fighting no matter what happens.	А	a	d	D
10.	Most parents can spend all day with the children and remain calm and even-tempered.	А	a	đ	D
11.	Parents who are interested in hearing about their children's parties, dates, and fun help them grow up right.	А	a	d	D
12.	A child should learn that he has to be disappointed sometimes.	A	a	d	D
13.	It is very important that young boys and girls not be allowed to see each other completely undressed.	А	a	d	D
14.	If a couple really loves each other there are very few arguments in their married life.	А	a	d	D
15.	Parents should adjust to children some rather than always expecting children to adjust to the parents.	А	a	d	D

		Strongly	Agree	Agree	Disagree	Strongly Disagree
16.	A good parent should develop interests outside the home.	А	ć	a	d	D
17.	Settling down to family life is hard because it means giving up so many other things.	А	ć	ā	d	D
18.	Children should not be allowed to disagree with their parents, even if they feel their own ideas are better.	А	ć	ì	d	D
19.	It's best for the child if he never gets started wondering whether his parent's views are right.	А	ā	ı	d	D
20.	A child should be taught to fight his own battles.	А	ā	l,	d	D
21.	Children will get on any parent's nerves if they have to be with them all day.	А	а	Ĺ	d	D
22.	Children would be happier and better behaved if parents would show less interest in their affairs.	А	a		d	D
23.	A child should be protected from jobs which might be too tiring or hard for him.	А	a		d	D
24.	Sex play is a normal thing in children.	А	a	(d	D
25.	Sometimes it's necessary for a wife/husband to tell off her/his husband/wife in order to get her/his rights.	А	a	(f	D

		Strongly	Agree	Agree	Disagree	Strongly Disagree
26.	Children should learn to compromise and adjust to the demands of their parents.	A		a	d	D
27.	Too many parents forget that a parent's place is in the home.	A	ć	a	d	D
28.	Most parents don't mind spending most of their time at home.	А	ć	ā	d	D
29.	A child's ideas should be seriously considered in making family decisions.	А	ć	ì	d	D
30.	A child should be encouraged to look for answers to his questions from other people even if the answers contradict his parents.	А	ō	ı	d	D
31.	Children should not be encouraged to box or wrestle because if often leads to trouble or injury.	А	а	L (d	D
32.	Raising children is an easy job.	A	а		d	D
33.	If parents would have fun with their children, the children would be more apt to take their advice.	A	a		d	D
34.	Children have to face difficult situations on their own.	A	a	(i	D
35.	Sex is one of the greatest problems to be contended with in children.	A	a	C	i	D
36.	Almost any problem can be settled by quietly talking it over.	A	a	C	1	D

		Strongly	Agree	Agree	Disagree	Strongly Disagree
37.	There is no reason parents should have their own way all the time, any more than children should have their own way all the time.	А	ā	ì	d	D
38.	Parents can have a nice home and still have plenty of time left over to visit with neighbors and friends.	А	ā	ı	d	D D
39.	One of the bad things about raising children is that you aren't free enough of the time to do just as you like.	А	a	ě	d	D
40.	Children should be discouraged from telling their parents about it when they feel family rules are unreason- able.	А	a		d	D
41.	The child should not question the thinking of his parents.	А	a		đ	D
42.	It's quite natural for children to hit one another.	А	a		d	D
43.	Parents very often feel that they can't stand their children a moment longer.	А	a	,	d	D
44.	Laughing at children's jokes and telling children jokes usually fail to make things go more smoothly.	A	a	(i	D
45.	Children should be kept away from all hard jobs which might be discouraging.	А	a	(i	D
46.	Children are normally curious about sex.	A	a	(1	D

		Strongly	22461	Agree	Disagree	Strongly Disagree
47.	It's natural to have quarrels when two people who both have minds of their own get married.	А	a		d	D
48.	It is rarely possible to treat a child as an equal.	A	a		d	D
49.	A good parent will find enough social life within the family.	А	a		d	D
50.	Most parents are pretty content with home life.	A	a		d	D
51.	When a child is in trouble he ought to know he won't be punished for talking about it with his parents.	А	a		d	D
52.	A good parent can tolerate criticism of themselves, even when the children are around.	А	a	(d	D
53.	Most parents prefer a quiet child to a "scrappy" one.	А	a	(d	D
54.	Parents should keep control of their temper even when children are demanding.	А	a	C	i	D
55.	When you do things together, children feel close to you and can talk easier.	А	a	C	1	D

APPENDIX H

77
Total Self-esteem and Family Life Attitude Scores for Individual Subjects by Age and Sex

Questionnaire Number	Age	Sex	Total Self-esteem Score	Total Family Attitude Score
1	17	М	22	9
2	17	F	22	9
3	17	М	23	17
4	18	М	23	6
5	15	F	26	-10
6	16	М	22	4
7	17	F	23	14
8	16	F	25	-11
9	17	F	23	-3
10	16	F	26	-6
11	17	М	22	14
12	16	F	19	18
13	16	F	23	-4
14	16	F	24	- 3
15	16	F	25	- 9
16	15	F	24	5
17	15	F	19	- 2
18	17	М	24	-11
19	16	F	20	5
20	16	F	20	-12

Questionnaire Number	Age	Sex	Total Self-esteem Score	Total Family Attitude Score
21	15	F	20	1
22	16	F	26	-7
100 - 23 ·	15	F	27	19
24	16	F	28	-6
25	16	F	22	.1
26	16	F	23	- 7
27	15	F	27	15
28	1.5	F	21	17
29	15	F	21	22
30	15	F	27	-1
31	16	F	24	14
32	16	F	21	4
33	15	F	24	-2
34	17	F	15	-6
35	16	F	20	6
36	15	F	21	5

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