1992

PERCEIVED EMOTIONAL MALTREATMENT AND SELF-ESTEEM: POTENTIAL MEDIATING ENVIRONMENTAL FACTORS

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PERCEIVED EMOTIONAL MALTREATMENT AND SELF-ESTEEM:
POTENTIAL MEDIATING ENVIRONMENTAL FACTORS

BY

CARLA M. PICARIELLO

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY
IN
PSYCHOLOGY

UNIVERSITY OF RHODE ISLAND

1992

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ABSTRACT

This study is an exploratory examination of potential buffer factors which may prove promising in future longitudinal studies addressing resiliency to parental emotional maltreatment (EM). Two additional goals were to replicate previous findings of the relationship between EM and self-esteem on a high school sample, and to further psychometric work on a measure of perceived parental EM.

The overall hypothesis of this study regarding the primary goal was that subjects scoring high on a measure of EM and high on a measure of self-esteem (classified as EM High SE) would be significantly more likely to make use of potential buffer variables (i.e. variables hypothesized to buffer the adolescent's self-esteem from parental EM) than subjects who scored high on EM and low on a measure of self-esteem (EM Low SE subjects). Specifically, EM High SE subjects were expected to: 1) have a later age of EM onset, 2) have experienced a shorter duration of EM, 3) have a warm, loving relationship with at least one parent (most likely the non-maltreating parent), 4) have higher academic achievement, 5) be classified as a higher SES level, 6) be more likely to have special areas of achievement/interest, 7) be more likely to have a relationship with other important people outside of the home, with siblings, with other family members, and/or with friends, and 8) report feeling less attached to their maltreating parent as compared to the EM Low SE subjects. It was expected that EM High SE subjects would be more likely to use the Rejector or Devaluer

conflict resolution styles (Steiner, 1966), while EM Low SE subjects were expected to be more likely to use the Conformer conflict resolution style.

One hundred twenty-one subjects were recruited from a local, urban high school. Subjects were asked to complete an 181 item questionnaire comprised of five subscales designed to measure 1) self-esteem, 2) EM, 3) social desirability, 4) use of potential buffer factors, and 5) parental behavior.

ANOVAs or chi-square analyses were conducted on each of the potential buffer factors between the EM High SE and EM Low SE groups. These findings suggested that EM High SE subjects had significantly higher overall academic achievement, perceived their friends to be a greater source of comfort and support, and showed a trend toward being more likely to use a Devaluer conflict resolution style as compared to EM Low SE subjects.

Previous findings on the relationship between EM and self-esteem were replicated on this high school sample. Specifically, subjects classified as High EM had significantly lower self-esteem scores than subjects classified as moderate or low EM.

A principal components analysis was conducted on the items of the EM measure to determine the factor structure of this measure. This measure appeared to be valid in terms of convergent validity as it moderately correlated with another measure designed to assess parental warmth, hostility, neglect, and rejection.

ACKNOWLEDGEMENTS

There are many individuals who deserve recognition for making both this project and the successful completion of my graduate study possible. I would first like to express my sincere gratitude to Allan Berman and Jerry Cohen, two faculty members who invested much of their time, energy, and confidence in me. Their polar opposite approaches toward me provided a valuable complementarity; one was always there to challenge and push me to exceed what I thought were my limits, the other was always there to pick me up when I felt discouraged and/or questioned my ability to reach these limits.

I am indebted to Dr. Arthur Zarella for being the only one in Rhode Island who would take a chance on me and allow me to conduct my study. Sincere thanks also goes to Paul Grenaris and the teachers who opened up their high school and classrooms to me. I cannot thank Lynn Klar and Leland Hoisington enough for all the time, energy, and marketing they did in subject recruitment; they are true examples of altruism. Special thanks goes to the students who took time out of their busy school day to participate in this study.

As this is one of the final steps in my graduate career, I would like to use this space to express my appreciation to those who helped me make it through the challenges of graduate study.

I would like to express my deepest gratitude to my mentor, supervisor, and friend, Dr. Judith Lubiner. Her constant empathic support helped me to overcome difficulties in both my academic

and nonacademic life. Most importantly, Judith served as an exemplary role model for me; she is among the most cherished introjects in my heart.

I would also like to express my special appreciation to my friends and colleagues, Kim Shaunesey and Abbie Seibert. I will always fondly remember our long talks about life, our cathartic ventilation sessions about graduate life, and perhaps most importantly, our in-depth discussions about television programming.

Much of the credit for my achievements must also go to my family. Their continual support, pride, and confidence in me often carried me through the more difficult times in my life.

Lastly, John Bellino deserves my special gratitude for his ever-present emotional support, encouragement, and patience. Most of all, I thank him for always being the one who knew I could do it.

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**PERCEIVED EMOTIONAL MALTREATMENT
AND SELF-ESTEEM:
POTENTIAL MEDIATING ENVIRONMENTAL FACTORS**

Child maltreatment unfortunately is not a new phenomenon; in fact, it seems to have been a pervasive practice throughout human history. What is new, however, is that people are beginning to write about, research, and most importantly take steps toward prevention of child maltreatment. Chase (1976) pointed out that child abuse and maltreatment stems from the roots of humanity, yet only in the past century have concepts of child advocacy and protection been developed and implemented (Williams, 1980).

Kempe et al.'s work in 1962 on the "Battered Child Syndrome" can be thought of as the groundbreaker for contemporary research and writing in the child maltreatment area. Kempe defined the Battered Child Syndrome as serious physical injury inflicted on the child by adults (Kempe et al., 1962). Kempe's work, writing, and symposium in 1962 sparked national interest in the area of child maltreatment, facilitating the distribution of many research grants from the Federal Children's Bureau to examine this area (Biller, 1986). Twentieth century developments in pediatric radiology made the diagnosis of this syndrome possible; hence, the focus of the ensuing research was mainly on physical abuse, and more specifically on diagnosis and treatment of the physical trauma (Biller, 1986).

Research in child maltreatment began to broaden to include child sexual abuse, and more importantly, shifted its focus from etiology and diagnosis to psychological sequelae of abuse (Finkelhor, 1979; Herman, 1981). In 1976, Garbarino started to focus on another facet of child maltreatment, that of emotional maltreatment (EM), with the emphasis on psychological sequelae (Garbarino, 1986; Brassard, Germain, & Hart, 1987).

Burgdorff's (1980) federally funded National Incidence study attempted to examine the incidence and prevalence of all forms of child maltreatment across twenty-six counties of the United States. Defining emotional abuse as including verbal or emotional assault, close confinement, and threatened harm, Burgdorff found 2.2 per 1000 children were reported to have been subjected to emotional abuse. The definition of emotional neglect (EN) included inadequate nurturance/affection, knowingly permitting maladaptive behavior, and other types of refusal to provide essential care. The incidence rate for EN was found to be 1.0 per 1000 children.

In 1983, the International Conference on Psychological Abuse of Children and Youth came to the agreement that emotional maltreatment is the core issue in all forms of abuse.

There are many supports for this position. It is widely recognized that, while psychological maltreatment is sometimes expressed in forms unique to itself, it almost always accompanies other forms of maltreatment (Garbarino, Guttman, & Seeley, 1986; Holder, Newberger, & Loken, 1983). As stated in one of NCCAN's publications, 'While emotional maltreatment may occur alone, it often accompanies physical abuse and sexual abuse. Emotionally maltreated children are not always physically abused, but physically abused children are almost always emotionally

maltreated as well' (Lauer, Lourie, Salus, & Broadhurst, 1979, p.16). (Brassard, Germain, & Hart, 1987, p.14)

In 1987 the American Psychological Association identified EM as a priority area of study, yet in reviewing the existing literature, it becomes evident that very little has been empirically tested. The lack of both a universally agreed upon definition and consensus of what should go into this definition are partly responsible for the paucity of research in this area. In considering which acts are emotionally maltreating, Hart and Brassard (1986) developed seven parental behaviors which they felt were maltreating across three developmental levels: ignoring, rejecting, terrorizing, isolating, corrupting, degrading, or denying emotional expression. Paulson (1983) defined EM as withholding of parental affection or compassion, and/or having parental empathy, regard, and affection given to the child on a conditional basis. Others feel an important component of EM that is often overlooked is witnessing severe family violence (Rosenberg, 1987; Grusznski et al., 1988).

A valid argument against defining EM solely by parental behaviors is that the same behavior may be reacted to very differently by different children.

While in the case of physical abuse, there are at least some universals- a broken bone is a broken bone is a broken bone - in the matter of emotional abuse there are few. As developmental psychologists have recognized, the impact of any specific parental behavior is to some degree dependent upon the child toward whom it is directed. Temperament and experience produce a context in which parental behavior acts upon development, and some children seem to be almost invulnerable. (Garbarino & Gilliam, 1980, p.72)

Thus another way of defining EM is to focus on the effects on the child's development as a consequence of the parental behavior. As proposed by Garbarino and Jacobson (1978), " ... a developmental approach [should] be adopted and that emotional abuse can then be seen as a deliberate behavior that seriously undermines the development of competence" (Trowell, 1983, p.2). Thus EM can be defined in terms of an integration between both specific parental behaviors and the emotional impact of these behaviors on the child in a particular developmental stage (Kavanagh, 1982; Garbarino et al. 1986; Garbarino, 1989; Rosenberg, 1987). For example, Kavanagh (1982) defined EM as an insult [parental behavior] on the intellectual or emotional part of the child, which in turn causes impaired function in daily areas. Similarly, Navarre (1987) defines EM as an assault not on the physical body of the child, but an assault which manifests itself as damage in the child's cognitive and emotional development and/or functioning, self-denigration and destructive behavior, lack of effective interaction skills and/or ineffective or self-defeating patterns of interaction, or an inability to maintain close long-term relationships. Thus, as Garbarino (1986) points out, "What they [the parents] are doing and saying jeopardizes the development of self-esteem, of social competence, of the capacity for intimacy, and of positive and healthy interpersonal relationships" (p.1).

The parental behavior that constitutes EM does not always need to be a direct verbal assault; in some cases the more subtle and indirect forms of EM (such as emotional neglect) can be equally, or even more, harmful. "Emotional neglect is a result of subtle or

blatant acts of omission or commission experienced by the child which causes handicapping stress on the child and are manifested in patterns of inappropriate behavior." (Montgomery County, MD Workshop on Emotionally Neglected Children, Whiting, 1976, p. 4). Additional indirect EM behaviors that others have noted are role reversal between the parent and the child (such that the child becomes the caretaker of the parent) (Lesnik-Oberstein, 1982), low parental availability (Eglund, 1989), excessive parental expectations (Lesnik-Oberstein, 1982; Trowell, 1983), and lack of emotional support, parental warmth, sense of security in the home, and feeling loved and wanted (Whiting, 1976).

In looking over the definition and literature on emotional neglect, it is not clear if and why emotional neglect and emotional maltreatment are separate phenomena. It seems instead, as if emotional neglect is a subset of EM. As summarized by Garbarino, Guttman, & Seeley (1986, p.3),

We have chosen to bypass the dichotomy between emotional abuse and neglect. To be sure, some acts of psychological maltreatment are active in nature - verbal assaults, clearly intentional efforts to undermine the child's sense of self. Others seem more passive, reflecting a withdrawal from interaction. But the 'active/passive' abuse/neglect distinction may obscure the multifaceted nature of much psychological maltreatment. For example, the actively abusive act of rejecting a child is linked to a withdrawal of attention in some cases but an increase in verbal assault in others.

In summary, the essence of the various EM definitions appear to suggest that EM is the affective (i.e. emotional) and cognitive (i.e. the meaning the child ascribes to a particular event) components of

child maltreatment. EM constitutes any direct or indirect caretaker behavior(s) which punishes or denies development toward self-esteem (or self-concept) and interpersonal skills. More generally, EM involves any act(s) which denies or frustrates the child's efforts to satisfy their basic psychological needs to the degree that the child's functioning could become maladaptive (Brassard, Germain, & Hart, 1987).

This particular investigation will focus on parental emotional maltreatment, yet it is duly acknowledged that the family is not the sole place in which EM can occur. As a child grows up and away from the family, other sources will become more salient in their impact on the development of the child and increase in their potentiality for EM. Some examples of sources of EM outside the family are peers, schools (their organization, teacher attitudes and other teacher factors, school practices, interaction with schoolmates), and even within the helping system (Strickland & Campbell, 1982; Paulson, 1983; Fortin, 1984). The theoretical argument for the major role of the family in EM is best summarized by those with a family orientation which share , " ... the conviction that family is the most vital, lasting, and influential force in human life. Such social contexts as the community, work, friendship networks, and schools can never approach the unique and powerful effects of family, not only because of its close blood ties and personality-forming influences, but because of the special rules which apply to family relationships." (Framo, 1970, p.24). Additionally, there is much evidence for the primacy of the parents' role in EM, most of this coming from the literature discussing the

effects of deviant parenting and parental rejection (Powell et al., 1967; Bullard et al., 1967; Greenberg, 1970; Wolf, 1970; Rutter, 1970; Coppollilo, 1970; Money, 1977; Kavanagh, 1982; Rohner, 1986; Cournoyer, 1989).

Brassard's (1989) family systems model of EM emphasizes the effects of parenting on the child's psychological development. Brassard conceptualized the child's development in an organizational approach whereby the role of the parent is to provide a model of relationships in terms of trust, ability to depend on others, and confidence in the self. Much of this model has been empirically substantiated by research relating patterns of caregiving to the success of the child in adequately resolving developmental tasks (Brassard, 1989). Further evidence for this model is Burt, Cohen, & Bjork's (1988) findings that perceptions of the family as cohesive, organized, and facilitative of expression were related to the child's positive psychological functioning; whereas conflict ridden, controlling perceptions of the family were related to negative psychological functioning of the child. One focus of treatment for emotionally maltreated children attempts to change the parent-child interaction to increase the child's psychological functioning (Jeffrey, 1976; Eglund & Swift, 1989).

Another important justification for examining EM within the family is that other forms of abuse (such as physical and sexual) that more commonly occur within the family are accompanied by EM. Martin and Beezley (1976) suggest physical abuse is almost invariably accompanied by EM, regardless of whether the child is or is not the recipient of the physical abuse. In these physically

abusive families, the ingredients necessary to nurture the children are missing and the resultant impact effects the child's psychological development. " ... there appears to be a growing body of evidence to support the belief that children of battered women are being emotionally, if not also physically, injured." (Grusznski et al., 1988, p.432). Violent families have well learned patterns of abusiveness and even if they have received treatment for and no longer carry out one form of abuse, these abusive patterns are still very much intact and these families merely change their form of abuse. Robertson and Robertson (1983) conducted a five year follow-up study of physically abusive families and clearly showed the resiliency of these abusive patterns; on follow-up none of the previously abusing families were physically abusive, yet in two-thirds of these families EM now prevailed.

Effects of Emotional Maltreatment on the Child

Thus far the discussion has focussed on what EM is. In reviewing the literature the necessity to consider the interrelationship between actions of the parent and effects on the child's development becomes apparent. Accepting the definition of EM as the interaction between any indirect or direct caretaker behavior which denies or frustrates the child's efforts to satisfy their basic psychological needs and the impact of this behavior on the child's development, the focus of this discussion will now turn to the specific effects of EM on the child.

Information concerning the effect of EM on the child comes from three different areas; expert opinion, clinical case studies, and empirical inquiry (Brassard, Germain, & Hart, 1987). A review of

EM's effects as stated by these three areas (see Brassard, Germain, & Hart, 1987) gives an extensive list of problematic outcomes which further emphasizes the widespread destructiveness of EM.

In their review of the EM literature, Briere and Runtz (1988) described the following effects of maltreatment that have thus far been found; namely, low self-esteem, depression, dependency, scholastic underachievement, and "problem" behavior (such as lying, cheating, stealing, etc.) (Hart, Germain, & Brassard; Egeland, Sroufe, & Erickson, 1988). Martinez-Roig et al. (1983) reported a clear relationship between clinical manifestations in the child and degree of EM suffered. Others feel EM effects are very hard to measure and predict, and feel that since EM exerts its influence across many psychological functions and developmental levels, and for such extended periods of time, " ... EM, like incest, may be a time bomb for some children. The impact does not fully occur until many years after the abuse has taken place." (Baily & Baily, 1989).

Strickland and Campbell's (1982) definition of EM also incorporates into it the specific effects of the maltreatment, namely that it is an abuse, or attack on, the child's self-concept and feelings of worth. This study will focus on this aspect of an EM definition, that is the interaction of the the parents' behavior and the effects on the child's self-concept and sense of worth.

It is interesting to examine the effects of familial EM on the child's self-concept because much of what the developmental literature states as necessary ingredients and basic foundations for the normal development of self-concept are missing in these families. The normal developmental literature has empirically

found parental nurturance, acceptance, and support of children to be positively correlated with the child's subsequent self-esteem (Coopersmith, 1967; Sears, 1970; Bachman, 1970; Gecus, 1971; Buri et al., 1987). The same relationship was found for Rogers' (1957 & 1959) theoretical ideas of the importance of parents communicating unconditional positive regard, empathy, and congruence in the development of the child's self-concept (Cramer, 1985). Jourard and Remy (1955) reported a significant positive correlation between a child's self-regard and their perception of their parents' regard for them; likewise, Manis (1958) found that adjusted subjects felt that they were more highly esteemed by their parents than did maladjusted subjects. Others have discussed the importance of the overall family environment in developing a positive self-esteem and self-worth (Coopersmith, 1967; Bonnington, 1988; Crouch & Straub, 1983).

Differences in development of self-esteem in EM children also have been empirically examined. Picariello (1990) found that subjects classified as experiencing high EM had significantly lower self-esteem scores and reported greater feelings of being a failure/inadequate than did subjects classified as low EM. Rolston (1971) reported that emotionally and/or physically abused children exhibited lower self-esteem and resulted in docile and placid behavior. In their study of violent families of wife batterers, Grusznski et al. (1988) claimed that children were victims of EM in these families even if they did not experience any physical abuse. They felt parental nurturance and energy toward the children were

missing in these families, creating a deleterious effect on the children's self-esteem.

Some have noted and discussed the EM child's feelings of intrinsic "badness" and low self-esteem in terms of its being an internalization of the parents' rigid, punitive, and uncompromising value system (Salter, 1985; Lesnik-Oberstein, 1982). These children learn to internalize their parents' behavior and judgments of them, thus contributing to a learned, rigid, and pervasively low self-concept. "Children come into this world without any frame of reference. They have no inherent scale upon which to judge their worth; they must ascertain their value from the messages they receive. Parents largely determine the ratings that children give themselves." (Garbarino & Gilliam, 1980, p.167). Consistent with the theme of a learned poor self-concept, the immutability of this self-concept can be due to the source of learning. EM children receive this "training" from the very people who are supposed to be the ones who care for, love, and have the highest regard for the child; being constantly treated as if one is bad, a failure, worthless, etc. reinforces this low self-concept.

The Study of Resiliency

One trend in the study of childhood psychopathology is to study those factors (internal and/or external) which increase the probability of, or predispose the child to, the development of psychopathology. Another trend is the study of those factors (again internal [constitutional] and/or external [environmental]) that help to buffer the child against increased risk for psychopathology. These protective factors, or coping skills, have been used in

discussions of resiliency (e.g. Werner & Smith, 1982), invulnerability (Garmezy, 1981; Farber & Egeland, 1987), stress-resistant children (Garmezy, 1981), and affective-copers (Rohner, 1986). That is, even though the child is at high risk, there are factors that render the child resilient to the deleterious effects of the predisposing factors.

In the case of EM, the "psychopathology" to be studied is the damaged self-concept, the "risk" factor is the perceived parental EM, the buffering factors are those constitutional and environmental variables which may protect the child's self-concept from the parental attack.

Studies have shown that a proportion of children from disadvantaged, dysfunctional, less adequate homes and child rearing experiences still develop normally (West & Farrington, 1973 & 1977; Rutter, Quinton, & Yule, 1977; Werner & Smith, 1982), and sometimes even exceptionally (Wedge & Prosser, 1973). In relating these findings to EM, even if only a small proportion of EM victims have a high [undamaged] self-concept, the study of this small percentage could prove quite beneficial for other EM victims. As stated by Rutter (1979), "The potential for prevention surely lies in increasing our knowledge and understanding of the reasons why some children are not damaged by deprivation." (p.49).

Rohner has an alternative view on protective or buffering factors against stressful situations (in his case parental rejection). He calls those children/adults who perceive themselves as being rejected by their parents, but who have basically a positive mental health "affective copers" (Rohner, 1986).

I want to emphasize, however, that these children are not 'invulnerable'. They are not protected from rejection by any impregnable suit of armor, as some popular writers suggest. I have no doubt that all rejected children hurt, but some manage to deal more effectively with the hurt than others. (Rohner, 1986, p.129)

The studies in resiliency/invulnerability/stress-resistance to date have looked at factors buffering children against the development of psychopathology (Rutter et al., 1974; Garmezy, 1984 & 1985; Barocas et al., 1985; Werner & Smith, 1982). To briefly review the work thus far, "Rutter et al., 1974, identified the following six risk factors associated with psychiatric disorders in ten year old children 1) severe marital discord, 2) low socioeconomic status, 3) large family size, 4) paternal criminality, 5) maternal psychiatric disorder, and 6) placement of the child outside of the family. " (Wilson, 1990, p.7). Rutter (1974) identified a warm, loving relationship with at least one parent as being a protective factor against the above risk factors.

Garmezy (1985) suggested three broad categories of protective factors; 1) dispositional attributes of the child including temperamental and personality attributes, 2) warm, loving relationships in the family and an absence of marital discord and child neglect, and 3) the use of social networks and external support resources. In their Project Competence, Garmezy and Devine (1984) identified factors that were predictors of competence and moderators of stressful life events in children at risk for psychopathology. Their findings suggested that positive parenting qualities was the most protective factor for girls, whereas high SES

and IQ were protective factors for both sexes. In Werner and Smith's (1982) study,

Resilient high-risk children seemed to have fewer serious illnesses in the first two decades of life; their mothers perceived them to be "active" and "socially" responsive when they were infants, and they were autonomous and competent as toddlers. In middle childhood resilient children demonstrated adequate problem-solving and communication skills and in adolescence resilient youths had a more internal locus of control, positive self-image, were more nurturing and responsible and had an achievement-oriented attitude toward life compared with peers who developed serious coping problems. (Wilson, 1990, p.11)

Additionally, Werner and Smith (1982) identified the nine following environmental factors that buffered high risk children against development of psychopathology: 1) fewer children in the family, 2) greater than two years between the births of the at risk children and their siblings, 3) availability of alternative caregivers in the home (e.g. grandparents), 4) attention given to the child in infancy, 5) siblings who acted as caregivers or confidants, 6) structure and rules within the household, 7) family cohesiveness, 8) supportive network of family and friends, and 9) the cumulative number of stressful events experienced throughout life.

Other work in resiliency has focussed on factors that produce adaptive behavior in children who experience high levels of stress, hence the name stress-resistant children. Garmezy (1983) suggests that the existence of these children indicates that harsh and even hostile environments can produce prosocial, competent children. Rutter (1978) suggested that the multiplicity of stressors experienced, the age of onset, and a positive temperament act as

mediators in adaptive adjustment to stress. Rutter (1978 & 1979) also found that a good relationship with at least one parent served as a protective factor in children living in disharmonious homes.

What becomes apparent in reviewing these studies is that the very factor that creates the risk with EM victims (i.e. the lack of a consistently emotionally supportive relationship with the parent) is often a buffering factor in these other resiliency studies (i.e. the presence of a warm, loving relationship with at least one parent). Thus, the question arises as to what factors then buffer a child from and abusive relationship with the parent.

Psychological maltreatment is the core issue in the broader picture of abuse and neglect. ... The justification for this view is well established in the research on maltreatment of all forms. One source of support for this view derives from studies of what some have called "invulnerable children" or "superkids" or "stress-resistant" children". The research documents that such children are not impervious to psychological maltreatment. Quite the contrary, it suggests that such children are differentiated from other children exposed to stressful life events - such as sick parents and economically impoverished circumstances - precisely because the mistreatment or threat they [the latter] experience at the hands of the environment is counterbalanced by compensatory doses of psychological nurturance and sustenance that enables them to develop social competence, that fortifies self-esteem, and that offers a positive social definition of self. (Garbarino, Guttman, & Seeley, 1986, p.8)

Osborne (1985) reported that there were some self-identified emotionally maltreated victims who attested to their apparent success in overcoming the effects of EM on their development. Yet, there is no work of late examining those precise factors which help to protect the EM victim's self-concept. Thus, when beginning to

study possible resiliency factors in EM, it is necessary to examine, draw from, and perhaps revise factors found to buffer children in other high risk situations. As mentioned above, Garmezy (1985) discussed three broad areas or categories of buffering factors. Although there has been some evidence for genetic, constitutional, and/or personality attribute factors in stress-resistant children (Garmezy, 1981), this paper will focus on those environmental/external factors that may mediate the stress of EM. It must be emphasized that these are only half of the picture of resiliency. Just as EM is defined here as the interaction of the emotionally maltreating behavior of the parent and its effects on the child, resiliency to EM can be conceptualized as transactional in nature. That is, the resilient personality, temperament, and constitutional attributes of the child interacting with, and making use of, the external, environmental buffers. This study, then, is a preliminary step in the examination of potential buffers against EM. Before proceeding, a word of caution, " It is difficult to present a format for research in an area in which there exists neither a substantial body of empirical data nor a formal conceptualization. Unfortunately this is the present status of the study of stress-resistant children." (Garmezy, 1981, p.215).

Potential Buffers

There is a host of potential factors which could be identified as mediators of the effects of EM on self-concept. This study focussed on the following variables as possible buffers to EM: (1) parameters of abuse, (2) attachment to the maltreating and non-maltreating parent, (3) social economic status, (4) intelligence, (5)

special areas of achievement/interest, (6) ability to generate cognitive alternatives/ conflict resolution styles, and (7) other important people. The literature suggests that these above factors help mediate the development of psychopathology and adaptation to stress. It seems then, that these were a good starting point from which to begin an examination of potential mediating factors of EM.

Parameters of abuse

When examining the impact of abuse, among the first questions are those dealing with the parameters of the abuse; e.g. its duration, age of onset, the perpetrator, etc.. A possible external factor that may buffer a child's self-concept against the effects of EM may then be the parameters of the maltreatment, namely age of onset and duration, and degree of attachment to the maltreating parent.

Rohner (1986) felt that parental rejection (one aspect of EM) is most crucial and damaging if it begins in childhood. He reasons that the two to twelve year old is still within a developmental stage characterized by an egocentric, undifferentiated sense of self. In infancy there is no self-other distinction, thus there cannot be the perception of an other-rejecting self. Likewise, if the maltreatment (rejection) begins in adolescence or adulthood, the person has a positive sense of self due to a past history of being accepted (or not being maltreated). The development of a clearly differentiated internal psychological self lends to the individual's ability to understand what another person thinks and feels and that this can be distinct and different from what oneself feels and thinks. In this instance, the individual may be less affected by negative messages

from a rejecting parent since they would be able to differentiate these messages from their own self judgments. But in childhood, the individual has neither the developmental capabilities of attributing the parent's abuse to anything other than their self (egocentrism), nor the cognitive capacity to challenge the sense of self (since their sense of self is undifferentiated from others, their sense of self is what others think of them). Based on their developmental abilities, "Children who are not loved and cherished by their parents tend to conclude that they must be unlovable." (Garbarino & Gilliam, 1980, p. 13).

Garbarino and Gilliam (1980) studied two groups of abused youths, one group had been abused since childhood (termed the long-term abuse group), the other group had their abuse begin in adolescence (short-term abuse group). It was found that the psychological effect of long-term abuse was more damaging, "At least the short-term group has a chance to put some psychological 'money in the bank'." (Garbarino & Gilliam, 1980, p.168). They also reported that those for whom the abuse began in adolescence reported not expecting it, and finding it intolerable and undeserveable, statements not made by the long-term group. They reported that the long-term abuse tended to be "emotionally crippling" for the youths and created within them extremely strong dependency needs.

This finding of increased dependency needs ties in with another parameter of abuse, that of which parent was the perpetrator. Past work has suggested that a warm, loving relationship with a least one parent to be a buffering factor (Rutter,

1971, 1978, & 1979; Rutter et al., 1974; Garmezy & Devine, 1984; Garmezy, 1985; Werner & Smith, 1982). What has not been addressed is whether the abuse suffered at the hands of the mother, father, or both parents is more or less damaging. That is, will abuse at the hands of one parent be buffered by having a close relationship with the other parent? Cournoyer (1989) found this not to be the case with parental rejection. He found that the presence of one warm, accepting parent did not appear to provide a protective effect from severe rejection by another caretaker. Additionally, the question may be raised as to whether abuse is more or less harmful if the abuser is the parent with whom the child has an otherwise close relationship with and/or excessive dependency upon. These questions are uncharted waters in both the resiliency and EM literatures.

Attachment

As mentioned above, one moderating factor in resiliency to psychopathology and stress is a warm, loving relationship with at least one parent. However, in the case where the "risk" is abuse by the parent, the picture becomes more clouded. Investigators have found that parental hostility is a significant factor producing dependency in children, "Macoby and Masters (1970) explain this fact by arguing that if mothers withdraw from their children, becoming unavailable to them, or reject them in other ways, the children are frustrated and seek to regain parental attention, help, praise, approval, or physical contact. Nonreward or punishment for this dependency behavior generates further conflict within a child and his dependent behavior increases." (Rohner, 1975, p.76).

Moreover, Rohner and Rohner (1981) state that the effects of parental rejection not only lead to excessive dependency on the rejecting parents, but can also create a state of "defensive independence". Unfortunately, this independence appears to be a more negativistic reaction to the child's experience of rejection rather than a secure, constructive sense of autonomy.

Egeland et al. (1983) examined the competence of children of verbally abusive, psychologically unavailable, physically abusive, and normal control parents. It was found that the abused children who were competent at twenty-four months, forty-two months, and preschool had a history of a secure attachment with their mothers. However, the most securely attached, abused children were incompetent by the time they reached preschool. Thus it needs to be examined as to whether having a secure attachment to the perpetrator of the abuse is in fact deleterious or beneficial to the EM victim.

To summarize, the resiliency literature from other fields suggests a secure attachment to a parent buffers against excessive stress. However, the studies of Rohner and Egeland suggest that this attachment may work in a counter productive manner for EM victims; that is, the abuse may create an excessive dependency on the abusers, and being emotionally abused by an individual with whom the child is securely attached and overly dependent upon may expose the child's self-concept to greater risk.

Social economic status

Garmezy's (1987) work on stress-resistant children found that children in a higher SES group appeared to be more competent and would be more socially engaging with their peers and in their classroom when under stress as compared to lower SES group children. Likewise, in their Project Competence, Garmezy and Devine (1984) found SES to be a predictor of competence and to moderate the effects of stressful life events. Murphy and Moriarty (1976) also found that freedom from economic stress contributed to the coping capacity of children who has suffered significant life trauma. Based on these past findings it seems that SES may play a role in resiliency to EM, yet the process by which it does so remains unclear.

Intelligence

Rutter et al. (1970) and Varlaam (1974) have demonstrated that highly intelligent children are less likely to show behavioral deviance than children of average intelligence. Additionally, they have shown that there is increased psychiatric vulnerability of children with low scholastic attainment.

These results, however, do not necessarily mean that the protective effect is mediated through high self-esteem and a sense of achievement. Maybe it is just that the more intellectually able children are constitutionally more resilient. Several further steps are needed to disentangle the mechanisms. The first question is whether the same association holds for nonacademic sources of achievement.(Rutter, 1979, pp. 61-62)

Garmezy and Devine (1984) found that high IQ was one of the predictors of competence and was a moderator in the effects of stressful life events for both boys and girls. Garmezy (1987) found

that children with a higher IQ appeared to be more competent and socially engaged with their peers and their classrooms when under stress as compared to children of lower IQ. One of the factors that Rutter (1978) found to produce adaptive rather than maladaptive behaviors to stress was IQ. In his study he found a significant difference in IQ between a high stress-well adapter group and a high stress-low adapter group. He found sufficient overlap between the groups which he felt evidenced that the difference in adaptation was not simply a reflection of IQ difference. He reasoned that this difference was due to the high IQ group possessing more cognitive skills critical for adaptation to stress; that is, noting that they possessed problem-solving marked by greater variety, flexibility, and resiliency.

The hypothesis could be offered that intelligence may serve as a protective factor for children by enabling them to generate cognitive alternatives. In the case of EM, the children of higher intelligence may possess the intellectual capability to challenge their parents' derogatory statements toward them. The lower intelligence children may not have this ability to challenge these statements, thereby accepting their parents' messages as truths. An alternative explanation for the protective factor of intelligence is one posed by Rutter (1979). Having a higher intellectual capacity may bring with it certain experiences that give the child a sense of achievement, perhaps bolstering the child's self-esteem. As suggested by Rutter (1979), one strategy to assess the processes by which intelligence may buffer against EM (if in fact it is a protective

factor) is to examine whether the same buffering association holds for nonacademic areas of achievement.

Special areas of achievement/interest

There has been little to no work done on areas of special achievement/interest as moderators in resiliency. Rutter (1979) in discussing protective influential factors outside of the home suggested school and work to be two such factors. He also found that adaptive-stressed children seemed to have compensatory experiences outside of the family. Although not directly stated, by discussing these apart from IQ, it may be implied that these may provide a compensatory source of self-esteem for the child. Similarly, Werner (1984) indicated that a "positive classroom experience" is a potential protective factor (see West & Printz, 1987). Again, not implicitly stated, it may be implied that the positive experience in the school lends to a feeling of special achievement and increased self-esteem.

It seems that it may be fruitful to begin examining whether areas of special achievement/interest do in fact bolster one's self-concept in cases of EM.

Generating cognitive alternatives/ Conflict resolution styles

Wylie (1961) underscores the importance that personality theory places on parent-child interaction in the development of self-concept.

This notion follows from such general ideas as these: (a) The self concept is a learned constellation of perceptions, cognitions, and values. (b) An important part of this learning comes from observing the reactions one gets from other persons. (c) The parents are the persons who are

present earliest and most consistently. For this reason, and because of the child's dependence on them, and his affection for them, the parents have a unique opportunity to reinforce selectively the child's learning. (p.121)

Thus Wylie states that parents can influence the development of such aspects of the self-concept as self-regard and the realism of his view of his abilities and limitations and acceptance of them.

Rohner (1986) suggested that two to twelve year old children were most vulnerable to rejection because of their undifferentiated sense of self and the lack of the ability to generate cognitive alternatives to the parent's rejecting messages, whereas, " ... the differentiated child seems to function psychologically with greater degrees of separateness from others, for example, from the rejecting parent(s)." (Rohner, 1986, p.133). He feels that these children would have more internal social-cognitive resources for avoiding, or at least minimizing some of the more serious effects of rejection.

Rohner (1986) discussed depersonalization as an ability that may help children cope with parental rejection. He explains personalization as egocentrically relating life events to the self and interpreting events primarily in terms of oneself in usually a negative way. Interpersonal encounters and accidental events have reference to the self. In depersonalization, Rohner claims the individual can realistically distinguish events that are actually intended to be inferring to the self from those not referring to the self. This is a nonpersonal stance in interpreting others' behaviors or motives, "It is very different, for example, for a child to interact with an indifferent or hostile parent if the child is able to infer that the parent's hostility is not meant for him or her personally than if

the child personalizes all of the parental hostility regardless of its intended or true target." (p.135).

This is a means by which the child can protect his/her self-concept by not accepting, or generating cognitive alternatives to, the parents messages. A potential buffer against EM then, may be how the child cognitively deals with the parental attack. Steiner (1966) discusses four styles of handling conflict resolution: Conformity, Underrecall, Rejection, and Devaluation.

Consequently, the individual may achieve balance [between one's thoughts and other's contradictory statements] by 'altering' any one of the relationships depicted by the triangle. He may change his own attitude so that it is brought into accord with the position expressed by the message (conform), or he may change his evaluation of the source so that it is no longer positive (reject the source). He may also alter the message by misconstruing its meaning or by autistically forgetting its disagreeable features (assimilation or underrecall of disagreements). Finally, the individual may ... isolate the issue from the larger ideological framework of which it is normally a part, and convince himself that disagreements concerning this inconsequential issue do not threaten other beliefs or imply that he or the source is inadequate or culpable (devaluation of the issue). (p.197-198)

When considered along with EM, Conformers in Steiner's classification system may be those children who accept their parents' negative messages. Rejectors would be those children who change their evaluation of the maltreating parent so that is no longer positive. An attack by a person who is negatively evaluated by the child may not be as threatening to the child; if (s)he rejects the source, it may be easier to reject the negative message. Devaluers would be similar to children who could take a

depersonalized stance, rejecting the negativity of their parents' *statements* as not being applicable to them. Devaluers may be children who have the ability to generate cognitive alternatives, thereby being able to disagree with their parents (or hold different) values, opinions, and self statements, while still positively evaluating themselves and their parents. A negative attack coming from a parent whose lifestyles, ideas, and opinions the child devalues may not be as abusive to the self-concept. In line with this idea, Murphy and Moriarty (1976) discussed fending off intolerable demands as being a factor in resiliency to life trauma. They described children who refused to (perhaps rejectors and/or devaluers?) participate in adults' requests, protecting the self by not doing what would have been overwhelming for them. It seems that in their study, children who refused to conform actually helped buffer themselves against stress.

Although no work has been carried out on EM victims' conflict resolution styles, ability to depersonalize, and to generate cognitive alternatives, it seems that this may be a promising area especially for its implications in treatment of EM victims.

Other important people

Perhaps the most extensively examined external resiliency factors are those addressing supportive relationships with other caretaker figures. "We do know from other work (Rutter, 1972 & 1977) that children develop bonds and attachments to a variety of people other than their natural parents. The findings suggest that these bonds have the same psychological effect in spite of persistent differences in the strength." (Rutter, 1979, p. 66). Murphy and

Moriarty (1976) found that children who had mentally ill mothers who had been taken out of the house and fathers who spent little time at home, benefitted from staff helpers assuming a parental surrogate role. Others have shown that for institutionalized children, a stable relationship with an adult (not necessarily the parents) is associated with better social adjustment (Conway, 1957; Pringle & Bossio, 1960; Pringle & Clifford, 1962; Wolkind, 1974: see Rutter 1979).

Garmezy (1981) demonstrated that adaptive-stressed children had a bond with supportive surrogate figures. Coletta (1981) found the possibility of reducing continuous interaction between the parents and their children seemed to be the primary structural factor predicting acceptance-rejection in different types of households. It was found that single parent families had the greatest risk for rejection, two parent families had intermediate risk for rejection, and stem families (consisting of extended family members) had the lowest risk for rejection. Further support for this can be found in Werner and Smith (1982) who found that the availability of siblings as caretakers and/or the availability of alternative caregivers in the home (e.g. grandparents, aunts and uncles, etc.) were factors that seemed to promoted resiliency to psychopathology.

Considered together, these findings suggest that supportive figures, external to the parents, not only help to mediate the effects of the maltreatment, but also help to decrease the risk of EM (and specifically parental rejection). Garbarino et al. (1986) cite isolation from the community, neighborhood, and the lack of social support

networks as being common elements in EM families. It would be interesting to examine whether a bond with a figure external to the family (e.g. a teacher, neighbor, clergy member) or a bond with alternative caregivers within the family (e.g. siblings and extended family members) helps protect an EM victim's self-concept.

Toward a Theory of External Mediating Factors in EM

External factors contributing to the reduction of the effects of EM would need to be those variables which buffer against the parental attacks on the self-concept, leaving the self-concept relatively undamaged. Some of these buffers can be discussed as alternative ways (that is, ways beyond the parents) for the child to get his/her self-concept dependency needs (of acceptance, regard, and approval) met. A second general class of EM buffers would be those factors which serve a restorative function to the self-concept. These would help to restore an already positive self-concept back to its original state during or after a parental attack; these could be termed buffers which serve to generate cognitive alternatives to the negative parental messages.

Most of the buffers discussed above can be included in either one (or both) of these classes (see Figure 1).

Insert Figure 1 about here

Purpose of the Study

The purpose of this study was : 1) to investigate the relationship between types of potential buffer factors and self-esteem of subjects who reported perceived emotional maltreatment by their parents; 2) to extend previous findings (see Picariello, 1990) of emotional maltreatment and its relationship to self-esteem in an adolescent population and; 3) to establish further reliability, validity, and factor structure for the emotional maltreatment measure.

The overall hypothesis of the first part of this study was that emotionally maltreated subjects who scored high on a measure of self-esteem (EM High SE group) would be significantly more likely to make positive use of the buffer variables than emotionally maltreated subjects who scored lower on a measure of self-esteem (EM Low SE group) .

Specifically, EM High SE subjects were expected to :

- 1) have a later age of emotional maltreatment onset,
- 2) have experienced a shorter duration of emotional maltreatment,
- 3) have a warm, loving relationship with at least one parent (most likely the non-maltreating parent),
- 4) have significantly higher academic achievement,
- 5) have significantly higher SES scores,
- 6) be more likely to have special areas of achievement/interest,
- 7 -10) be more likely to have a relationship with other important people outside of the home, with their siblings, with other family members, and/or with their peers, and
- 11) report not feeling particularly attached or bonded to the maltreating parent as compared to EM Low SE subjects.

- 12) It was expected that EM High SE subjects would be more likely to disagree with/devalue their parents' opinions, values, and lifestyle ("Devaluers" in Steiner's terms) as compared to EM Low SE subjects who were expected to be more likely to agree with their parents' opinions, values, and lifestyle ("Conformers" in Steiner's terms).
- 13) It was expected that EM High SE subjects would be more likely to be classified as Rejectors or Devaluers in Steiner's terminology, and that subjects in the EM Low SE group would be more likely to be classified as Conformers.

Thus, the first aspect of this study was a preliminary, exploratory examination of potential buffer factors which may prove promising in future longitudinal studies addressing resiliency to emotional maltreatment.

The overall hypothesis of the second part of this study was that previous findings on the relationship between emotional maltreatment and self-esteem in a college-age population would be replicated in this adolescent population. That is, high school students classified as scoring high on perceived emotional maltreatment were expected to have significantly lower self-esteem scores than high school students classified as scoring low on perceived emotional maltreatment.

The final goal of this study was to further the work in the establishment of the psychometric properties of a measure of emotional maltreatment. It was expected that scores of internal reliability on the emotional maltreatment measure would be similar to those found for this measure on a previous study using college

students (Picariello, 1990). The factor structure of this instrument that emerged in a previous study was expected to be found in the current population as well. Finally, this study examined the convergent validity of the emotional maltreatment measure by comparing scores on this measure to scores on another measure of children's perceptions of parental behaviors.

Method

Subjects

This study utilized accidental sampling procedures, recruiting 145 high school students from a local, urban high school. Twenty-four subjects were excluded based on their responses to the physical and/or sexual abuse items on the EM measure. This exclusion of abused subjects was made to ensure that any differences in self-esteem could not be attributed to other forms of maltreatment (i.e., physical and/or sexual abuse). The final study sample consisted of 121 subjects.

There was a majority of females ($n = 80$, 55.2%) as compared to males ($n = 56$, 38.6%); 9 subjects did not report their gender in this sample. The mean age of this population was 16.69 ± 1.29 , with a modal age of 16.0 years. Eleven (7.6%) of the subjects were Freshmen, 36 (24.8%) were Sophomores, 43 (29.7%) were Juniors, and 46 (31.7%) were Seniors (9 [6.2%] of the subjects did not report their year in school). This sample was comprised of 49 (33.8%) Black subjects, 36 (24.8%) Hispanics, 15 (10.3%) Caucasians, 8 (5.5%) Asians, 5 (3.4%) Cape Verdians, 5 (3.4%) Portugese, 2 (1.4%) Pacific Islanders, 1 Liberian (.7%), and 15 (10.3%) subjects who designated themselves as "Unspecified other" (9 subjects did not report their

race). Sixty-eight (46.9%) of the subjects were classified as SES Level 1 (the lowest social economic status level), 25 (17.2%) were classified as SES Level 2, 17 (11.7%) as SES Level 3, 23 (15.9%) SES Level 4, and 12 (8.3%) were classified as SES Level 5 (the highest social economic status level). Twenty-five (17.2%) of the subjects had only one parent, 40 (27.6%) had parents who were divorced, 52 (35.9%) had parents who were married, 1 (.7%) reported that their parents were not yet married, 12 (8.3%) did not live with either of their parents, and 15 subjects (10.3%) did not report their parents' marital status (see Table 1).

Thirteen of the excluded subjects reported being physically abused, five reported being sexually abused, and six reported being both physically and sexually abused. Demographic variables for the subjects who were excluded for physical and/or sexual abuse were similar to the overall study population with the exception of racial distribution. The majority of the excluded subjects consisted of Hispanics (29.2%) and "Unspecified others" (29.2%) (see Table 1).

Insert Table 1 about here

Demographic variables for the High Emotional Maltreatment group (those subjects scoring in the top 1/3 of the EM measure) were calculated as this was the sample used to examine differences between potential buffer variables. This sample was similar to the overall study population (see Table 2).

Insert Table 2 about here

Measures

An 181 item questionnaire comprised of five subscales designed to measure self-esteem, perceived parental emotional maltreatment, a measure of the validity of response, potential buffer factors, and a parental behavior inventory was used (see Appendix A for a copy of the instrument).

Self-esteem (items # 1-10) was measured by the Self-Esteem Scale (Rosenberg, 1965). This measure was originally developed on high school students and focuses on the aspects of self-acceptance and self-worth as a definition of global self-esteem. This scale has been reported to have a Guttman scale reproducibility coefficient of .92, test-retest correlation over two weeks of .85, and its validity has also been demonstrated (Tippet, 1965; Crandall, 1973).

The EM questionnaire (items # 11 - 88) is a seventy-eight item instrument developed by the author (Picariello, 1990) based on past work in this area (Briere & Runtz, 1988; Baily & Baily, 1989; Rosenberg, 1987; Hart & Brassard, 1986; Garbarino, 1986 & 1989; Paulson, 1983; Grusznski et al., 1988; Trowell, 1983; Lesnik-Oberstein, 1982; Whiting, 1976; Rogers, 1957). This questionnaire asked subjects to reflect upon their family experiences and to answer questions regarding particular EM parental behaviors and the negative effect they felt these behaviors had on them. This was

a measure of perceived emotional maltreatment and not an objective rating of parental behavior. This particular format was chosen based on past studies which have shown that children are more affected by how they perceive parental behaviors than by the actual behavior itself (Ausubel et al., 1954; Goldin, 1969; Schaefer, 1965; in Rohner, 1986).

Evaluation of a parent as hostile or accepting cannot be answered by observing a parent's behavior, for neither love nor rejection is a fixed quality of behavior. Like pleasure, pain, or beauty it is in the mind of the beholder. Parental love [or maltreatment] is a belief held by the child, not a set of actions by a parent. (Kagan, 1978, p.57)

This measure reflects the current definition of EM as an integration between parental behavior and effect on the child, and includes most of the parental behaviors that the literature has cited as being potentially emotionally maltreating. This questionnaire contains twelve questions regarding physical and sexual abuse (items # 57 - 68). These questions were included as a means of screening out physically and/or sexually abused subjects from the analyses. Subjects who endorsed any of these items as occurring "often", or more frequently, were considered physically and/or sexually abused for the purpose of this study and removed from the sample.

Subjects' scores on the EM measure were calculated by taking the response to each parental behavior item and weighting it by the importance assigned to it by the subject, or negative impact the subject felt this behavior had on them, and then summing these weighted items together to arrive at an overall EM score. Scoring this measure in this way resulted in a scale with a potential score

range of 0 to 528 (the physical and sexual abuse items were not used in scoring), with lower scores reflecting a lesser degree of perceived EM.

Previous use of this scale on a college population (Picariello, 1990) yielded an actual score range of 0 to 225, $M = 31.63 \pm 36.78$. This scale was found to have high internal reliability (coefficient alpha = .89). A principal components analysis yielded four factors: parental warmth/relationship, verbal abuse, conditional regard/affection, and physical abuse.

The EM questionnaire was followed by a five item measure of socially desirable response set (the SDRS-5, items # 89 - 93, Hays et al., 1989) included to assess the extent of subjects' socially desirable responses to the survey. This is a shortened version of the original thirty-three item Marlowe-Crowne scale (Crowne & Marlowe, 1964). Hays et al. (1989) found it to be an expedient, less intrusive measure and reported it to be reliable with internal consistency reliability scores reported at .66 and .68 (ratings which approach lower bound estimates for the thirty-three item Marlowe-Crowne Scale [Crino et al., 1983]), and one month test-retest reliability scores of .75 (Briet, 1989).

The potential buffers (items # 94 - 105 and the section of the questionnaire labeled "Part Two") were measured by a survey developed for this study examining the following areas: parameters of EM (gender of the maltreating parent, age of onset, duration of maltreatment), if the subject had an important relationship with another person outside of the family, within the family (excluding their parents), or with his/her siblings, the degree to which the

subject felt bonded or attached to each of their parents, the degree to which the subject agreed with their parents values, opinions, and lifestyle in general, the degree to which the subject valued, respected, or looked up to their parents, the subject's estimation of their grade point average, areas of special achievement/interest, and the degree to which the subject had a supportive relationship with their peer group. Also included in the buffers questionnaire was the Hollingshead Four Factor Index of Social Status (items #10 - 14 in "Part Two" of the questionnaire, Hollingshead, 1975). The Hollingshead uses sex, marital status, highest level of education, and occupation of the subject's parents as a measure of social status, and is considered to be one of the most flexible measures of SES available (Gottfried, 1985).

Concurrent validation of the EM measure was assessed by comparing the subjects' scores on the Parental Acceptance-Rejection Questionnaire (items # 106 - 165, Rohner, 1976) to their scores on the EM measure. The Parental Acceptance-Rejection Questionnaire-Child Version (PARQ-C) has reported internal reliability ratings ranging from .72 to .90 (Rohner & Pettengill, 1985). Rohner (1984) has also demonstrated satisfactory convergent, discriminant, and construct validity for this scale.

Procedure

The study was conducted at a local urban high school in December of 1991.

Teachers who had agreed to allow the study to be conducted in their classrooms announced a brief description of the study. Students were informed that as an incentive for participation,

subjects who returned their consent forms signed by their parents and filled out the questionnaire, would be entered into a drawing of ten, \$25 cash prizes. At this time, parental informed consent forms were distributed (see Appendix B). Only those students who had returned their consent forms on or before the day of the study were allowed to participate. A list of students with parental consent was given to teachers who subsequently distributed the 181 item questionnaire to be filled out in their classrooms. Subjects' responses were anonymous and were recorded directly on the questionnaire. The questionnaire took approximately thirty-five to forty-five minutes to complete. Some students, however, took considerably longer and were instructed to finish as much of the questionnaire as the classroom time permitted. Upon completion of the survey, subjects signed a separate sheet of paper so that their names could be entered into the incentive drawing. Winners of the drawing received the \$25 cash prizes two days after the study.

Results

The 181 item questionnaire was broken down into the seven subscale measures (Self-esteem, EM, SDRS-5, Potential Buffer Measures, Demographic Measures, and PARQ-C) and analyses were conducted on each of these subscales.

Internal reliability (coefficient alpha) was calculated for the EM, Self-Esteem, SDRS-5, and PARQ-C measures yielding adequate to high internal consistency (see Table 3). A comparison of the EM, Self-Esteem, and PARQ-C values with previously reported values suggested that subjects responded to these measures in a way similar to other populations (EM previously reported coefficient alpha = .89; Self-Esteem previously reported Guttman reproducibility coefficient of .92, test-retest correlation of .85, coefficient alpha = .82; PARQ-C previously reported internal consistency values ranging from .72 to .90). However, a comparison of the SDRS-5's internal reliability value (alpha = .41) with previously reported internal consistency values (ranging from .66 to .68) suggested that the measure lacked internal consistency for use with this sample.

Insert Table 3 about here

Pearson product-moment correlation coefficients (Pearson r) between the social desirability measure (SDRS-5) and the other measures were calculated to examine the extent to which subjects responded in a socially desirable manner. The low correlations

which emerged (see Table 4) suggest that subjects' responses to the measures were not influenced by social desirability.

Insert Table 4 about here

Descriptive statistics were calculated for the EM, Self-Esteem, SDRS-5, and PARQ-C (see Table 5). The distribution of scores on the EM measure was positively skewed with considerable variability ($M = 48.60 \pm 57.01$). The range of EM scores for this population was greater than that of a previous (college) sample's scores on this measure (ranges equaled 0 to 261 and 0 to 225, respectively). Scores on the Self-Esteem, SDRS-5, and PARQ-C measures were symmetrically distributed. A comparison of this population's Self-Esteem scores ($M = 5.21 \pm 2.75$) with a college population's Self-Esteem scores using the Rosenberg Self-Esteem measure ($M = 7.86 \pm 2.33$) suggests that subjects in this study were somewhat lower in self-esteem.

Insert Table 5 about here

Pearson r correlation coefficients were conducted between all demographic variables and the EM measure, and between all demographic variables and all potential buffer factors to identify any covariates. The low correlations yielded in all analyses suggested that no variables needed to be used as covariates in further analyses.

Replication of Previous Findings on an Adolescent Population

One of the purposes of this study was to investigate whether previous findings of a difference in self-esteem scores among EM groups could be replicated in a high school population. Subjects were divided into high EM (top 1/3 of the subjects), medium EM (middle 1/3), and low EM (bottom 1/3) groups. An ANOVA conducted on the Self-Esteem scores yielded a significant difference among the three EM groups ($F(2,118) = 7.31, p < .01$). A Tukey post hoc comparison test found that high EM subjects reported a significantly lower mean Self-Esteem score ($M = 4.02$) than both the medium EM ($M = 5.59$) and low EM ($M = 6.12$) groups. This pattern of findings is consistent with previous findings utilizing a college sample (Picariello, 1990).

Analysis of the Relationship Between EM and Potential Buffers

Subjects' scores on the buffer measures were examined to ascertain whether potential buffer measures were used differentially among the three EM groups. Specifically, analyses were conducted to examine whether high EM subjects were in fact less apt and/or able to make effective use of factors which have been found to contribute to resiliency (especially to resiliency to poverty and maternal psychopathology). Again, subjects were divided into high, medium, and low EM groups. ANOVAs were conducted on each of the continuous buffer measures and chi-square analyses were conducted on categorical buffer measures.

Social Economic Status:

A significant chi-square value for SES and EM group ($\chi^2(8) = 16.67$, $p < .05$, $\Phi = .37$) revealed that more subjects in the low EM group were classified as high SES (Levels 4 and 5) than subjects in the medium and high EM groups. Conversely, more subjects in the high EM group were classified as low SES (Levels 1 and 2) than the other two EM groups.

Generating Cognitive Alternatives/ Conflict Resolution Styles:

A significant difference was found when comparing the three EM groups on degree of agreement with parents' values, opinions, and lifestyles ($F(2,118) = 9.39$, $p < .01$). A Tukey post hoc comparison test found that low EM subjects reported significantly higher mean agreement scores ($M = 13.49$) than both the medium ($M = 9.19$) and high EM ($M = 8.72$) groups.

Similarly, an ANOVA conducted on degree of respect for parents yielded a significant difference among the three EM groups ($F(2,118) = 5.23$, $p < .01$). A Tukey post hoc comparison test revealed that low EM subjects reported significantly higher mean respect scores ($M = 6.12$) than both the medium EM ($M = 4.62$) and high EM ($M = 4.91$) groups.

A chi-square analysis conducted on the three types of Steiner's conflict resolution styles (Rejectors, Devaluers, and Conformers) yielded a significant relationship between degree of perceived EM and conflict resolution style ($\chi^2(4) = 9.89$, $p < .05$, $\Phi = .59$). Specifically: 1) more subjects in the low EM group (75%) were classified as Conformers than subjects in the medium and high EM groups, 2) more subjects in the medium EM group (50%) were

classified as Rejectors than subjects in the low and high EM groups, and lastly, 3) more subjects in the high EM group (50%) were classified as Devaluers than subjects in the low and medium EM groups.

Other Buffer Factors:

ANOVAs conducted on degree of attachment to parents, number of special areas of interest/achievement, and number of other important people yielded no significant differences among the three EM groups. Likewise, chi-square analyses conducted on academic achievement, presence of any special areas of interest/achievement, and presence of any important other people yielded no significant relationship between these variables and degree of perceived EM.

Analyses of Potential Buffers

The primary purpose of this study was to investigate whether subjects scoring high on EM and high on self-esteem (EM High SE) had different scores on potential buffer variables as compared to subjects scoring high on EM and low on self-esteem (EM Low SE). Only those subjects scoring in the top 1/3 of the EM questionnaire were utilized for this part of the analysis. These high EM subjects were divided into two groups; the EM High SE group consisted of those emotionally maltreated subjects scoring in the top half of the Self-Esteem measure, the EM Low SE group were those emotionally maltreated subjects scoring in the bottom half of the Self-Esteem measure. This grouping procedure resulted in a large exclusion of subjects from these analyses (78 subjects excluded) and a small

number of subjects in each of the comparison groups ($n = 20$ for EM High SE, $n = 23$ for EM Low SE).

ANOVAs were calculated for each of the continuous potential buffer measures to identify significant differences between the EM High SE and EM Low SE groups' use of potential buffer factors; chi-square analyses were conducted to determine the relationship between each of the categorical buffer factors and the EM High SE and EM Low SE groups.

Parameters of Abuse:

ANOVAs were conducted on age of EM onset, duration of EM, and degree of attachment to the maltreating parent to determine any differences between the EM High SE and EM Low SE groups; these analyses yielded no significant differences between the two groups.

Attachment:

To determine whether any differences existed between the degree of attachment to parents in the EM High SE and EM Low SE groups, ANOVAs were conducted on subjects' degree of attachment to mother and father. There were no significant differences found between the two groups on degree of attachment to mother or father.

Social Economic Status:

A chi-square analysis was conducted on SES to examine the relationship between SES and self-esteem in emotionally maltreated subjects. The results of this analysis yielded no significant relationship between EM High SE and EM Low SE subjects and SES level.

Academic Achievement:

The relationship between academic achievement and self-esteem in emotionally maltreated subjects was examined through a chi-square analysis. A significant relationship emerged on a chi-square examining the average grades of the EM High SE subjects and EM Low SE subjects ($\chi^2(4) = 12.39, p. < .01, \Phi = .54$). Fifty percent of EM High SE subjects had grades in the A range, while only 9.09% of EM Low SE subjects reported their average grades to be in the A range; five percent of the EM High SE subjects, as compared to 27.27% of EM Low SE subjects, reported their average grades to be in the C range (see Table 6).

Insert Table 6 about here

Special Areas of Achievement/Interest:

To determine whether a significant difference existed between the EM High SE and EM Low SE groups on number of areas of special achievement/interest, an ANOVA was conducted on the total number of areas of special achievement/interest. This analysis yielded no significant difference between the EM High SE and EM Low SE groups.

A chi-square analysis was conducted to examine the relationship between self-esteem in emotionally maltreated subjects and the *presence* of any areas of special achievement/interest. The results of this chi-square yielded no significant relationship between this variable and the the two

groups. In hindsight, the questionnaire was designed to force subjects into listing at least one area. The design of this questionnaire, then, precluded any findings of significant relationships between the presence of any areas of special achievement/interest and the grouping variable. Chi-square analyses were also conducted on each of the different areas of special achievement/interest (e.g. athletics, arts, carpentry, etc.) as well as which areas subjects reported as the "most special" areas of achievement/interest to determine if a relationship exists between these variables and the self-esteem of emotionally maltreated subjects. Again, these analyses yielded no significant relationships between these variables and the EM High SE and EM Low SE groups.

Generating Cognitive Alternatives/ Conflict Resolution Styles:

ANOVAs were conducted on the degree of agreement with parents values, opinions, and lifestyles, and degree of respect for parents to determine the presence of any significant differences between the two groups on these variables. These analyses yielded no significant differences between the EM High SE and EM Low SE groups on wither of these variables.

A chi-square analysis was conducted to determine the relationship between conflict resolutions styles (Rejectors, Devaluers, and Conformers) and the EM High SE/EM Low SE grouping variable. No significant relationship was found between the two groups and their use of the different conflict resolution styles.

Other Important People:

To determine whether any significant differences existed between the EM High SE and EM Low SE groups on the degree to which subjects have a supportive relationship with their friends, an ANOVA was conducted and revealed a significant difference between the two groups ($F(1,41) = 12.13, p < .01$). The results of this analysis suggest that EM High SE subjects have a significantly higher mean peer support/comfort score ($M = 3.40$) than the EM Low SE group ($M = 2.35$).

An ANOVA was conducted on the total number of important other people in the subject's life to determine the presence of any significant differences between the EM High SE and EM Low SE groups; this analysis yielded no significant differences .

A chi-square analysis was conducted to examine the relationship between the self-esteem of emotionally maltreated subjects and the *presence* of important other figures in the subjects' lives. This analysis yielded no significant relationship between presence of any important other figures and the two groups. As with the areas of special achievement/interest measure, this measure forced subjects into listing at least one important other person. Again, the design of this measure precluded finding any significant relationships in the presence of important other people and the EM High SE/EM Low SE grouping variable. Chi-square analyses were also conducted on each of the different important other people in the subject's life (e.g. brother, sister, teacher, coach, neighbor, etc.), as well as which important other person was

reported to be the "most important" person in the subject's life to determine the relationship between these variables and the self-esteem of emotionally maltreated subjects. Again, these analyses yielded no significant relationships between these variables and the two groups.

Summary of Significant Findings for Potential Buffer Factors:

To summarize the significant findings for the analyses conducted on potential buffer factors: 1) a significant ANOVA conducted on degree of support/comfort from friends suggested that EM High SE subjects have a significantly higher mean degree of support/comfort score ($M = 3.40$) than EM Low SE subjects (2.35) and, 2) a significant chi-square conducted on academic achievement revealed a relationship between academic achievement and the EM High SE/EM Low SE grouping variable. That is, more (50%) EM High SE subjects' grades are in a higher academic range (A range) as compared to EM Low SE subjects' grades.

Multivariate Analyses of Potential Buffer Factors:

An exploratory stepwise discriminant function analysis was conducted to examine which combination of potential buffer factors best discriminated among the EM High SE and EM Low SE groups, and to examine the degree to which these variables could correctly classify subjects into the two groups.

Eighteen potential buffer variables were used in the discriminant function analysis. Extreme caution should be taken in interpreting this function as the number of variables used in this

analysis far exceeds the recommended number of variables given a sample size of 43. The following variables passed the tolerance test and were entered into the discriminant function (variables are listed in the order of descending discriminatory power): degree of attachment to father; degree of comfort/support by friends; the use of a Rejector conflict resolution style with father; the use of a Devaluer conflict resolution style with mother; degree of agreement with parents' values, opinions, and lifestyles; subject's attachment to an emotionally maltreating mother; the use of a Conformer conflict resolution style with father; subjects' average grades; and degree of attachment to mother (see Table 7 for the standardized canonical discriminant function coefficients). The above nine variables yielded a significant discriminant function ($\text{Wilks Lambda } (9) = .41$, $p < .01$) which correctly classified 90.70 % of the subjects, the base rate of chance being 50%.

Insert Table 7 about here

Analysis of Principal Components and Convergent Validity of the EM Measure

In order to get a better understanding of the EM measure in this population, more specifically, its subscales and the meaningfulness of these subscales, a principal components analysis with an orthogonal rotation was conducted. This analysis utilized all subjects in the sample (including the subjects reporting physical

and/or sexual abuse) and included those question in the EM measure which addressed physical and sexual abuse.

The principal components analysis yielded five factors. The first factor, labeled verbal abuse, accounted for 33% of the variance and included such items as parents calling the subject names or swearing at them; parents saying things which hurt the subject's feelings; insulting them either alone or in front of others; criticizing, ridiculing, humiliating, and embarrassing subjects; and making them feel (or telling them) that they are a bad person. This is quite similar to a factor which emerged when using this EM measure on a college population (Picariello, 1990).

The second factor, labeled quality of relationship with parents accounted for 7.9% of the variance and consisted of such items as feeling close, supported, protected, cared for, and loved by the parents; feeling that they could talk with their parents about problems; feeling that parents understood, sympathized with, and comforted the subjects during particularly hard times; and feeling like parents were a source of comfort and emotional support. Again, this factor is similar to a factor which emerged in a previous study using the EM measure.

The third factor was a physical and sexual abuse factor and accounted for 6.5% of the variance. This factor contained such items as whether the parents slapped or hit the subject; struck the subject with their fist, foot, or other object; whether the subject had received bruises or other injuries from their parents; and whether subjects felt (or were told by somebody else) that they were either physically or sexually abused by their parents. The physical abuse

component of this factor is consistent with the physical abuse factor which emerged using the EM measure on a college populations (the sexual abuse question was not included in the EM measure given to the college population).

The fourth factor discipline, rules, and limit setting (accounting for 4.1% of the variance) was a unique factor emerging in this population. It consisted of such items as whether subjects felt they were forced to do tasks that their parents were unwilling to do; if parents refused to let subjects participate in extracurricular activities; and if parents were consistent in their expectations, household rules, and punishments.

The final factor, also unique to this population, is labelled parental compliance with treatment recommendations. This factor accounted for 3.9% of the variance. The two following questions were included in this factor: "Do either one (or both) of your parents see to it that you receive any medical treatment that is recommended for you (such as eye glasses, vaccinations, or other medications you may need)?" and "Do either one (or both) of your parents see to it that you receive any educational or psychological treatment that is recommended for you (such as seeing a counselor, being placed in a remedial classroom, etc.)?".

Internal reliability coefficients were calculated for each of these factors; $\alpha = .95$ for the verbal abuse factor, $\alpha = .83$ for the quality of parental relationship factor, $\alpha = .83$ for the physical/sexual abuse factor, $\alpha = .21$ for the discipline, rules, and limit setting factor, and $\alpha = .66$ for the parental compliance with treatment recommendations factor. The internal consistency

values of the first two factors are similar to internal consistency values found for these factors in a previous study (verbal abuse current alpha = .95 and previous alpha = .85; parental relationship current alpha = .83 and previous alpha = .87).

To assess the degree of convergent validity that the EM measure had with another scale of parental behavior, Pearson product-moment correlations were conducted between subjects' scores on the EM measure and 1) their total scores on the PARQ-C and 2) their scores on the subscales of the PARQ-C (Parental Warmth Subscale, Parental Hostility Subscale, Parental Neglect Subscale and Parental Rejection Subscale).

Scores on the EM measure and the total PARQ-C measure were found to be moderately correlated ($r = .66$). In general, subjects' scores on the EM measure were moderately correlated with the PARQ-C's subscales (see Table 8).

Insert Table 8 about here

Discussion

As stated previously, this study had three general goals: 1) to extend previous findings (Picariello, 1990) of the relationship between emotional maltreatment and self-esteem to an adolescent population, 2) to determine the relationship between potential buffer factors and the self-esteem of emotionally maltreated subjects, and 3) to establish further reliability, validity, and factor structure on the EM measure. Before addressing these issues, a brief discussion of the limitations of this study is necessary.

In examining the demographic variables, it is evident that there exists some sampling issues. First, the sample is not representative of the general population of adolescents as it consists primarily of lower SES, minority adolescents living in an urban community. Thus, these findings can only be generalized to urban, minority high school students. In addition, the distribution of EM scores was positively skewed, leading to a large exclusion of subjects (and conversely a small inclusion of subjects) in the analyses examining buffer factors in the high maltreatment group. The small number of subjects in the comparison groups substantially decreased the power of these analyses, i.e. decreasing the chances of finding a significant relationship between buffer factors and self-esteem of emotionally maltreated subjects. Given the decreased power of these analyses, the findings that did emerge hold some degree of importance as they suggest a robustness in the relationships. Further inquiry into the relationship of these buffer

factors and the self-esteem of emotionally maltreated subjects may prove quite promising in a larger sample.

Replication of the Relationship Between Emotional Maltreatment and Self-Esteem:

This study was able to replicate previous findings of the relationship between self-esteem and EM on an adolescent population. That is, results consistent with previous findings emerged, suggesting that adolescents who perceive a high degree of parental EM report significantly lower self-esteem than those who perceive moderate and low levels of EM. This study provides further validation for Strickland and Campbell's (1982) definition of parental emotional maltreatment as being an abuse, or attack, on the child's self-concept and feelings of worth.

Relationship Between Emotional Maltreatment and Potential Buffer Factors:

This study examined whether buffer variables were used differentially among subjects reporting high, medium, and low perceived EM. These relationships were explored to determine whether high EM subjects were less apt, or able, to make use of certain variables hypothesized to protect and/or sustain a positive self-esteem. It was found that high EM subjects, as a group, were: 1) less likely to agree with their parents' values, opinions, and ✓ lifestyles, 2) more likely to make use of a Devaluer conflict resolution style (i.e., less likely to accept what their parents said about them as a true reflection of their self-concept), and 3) had

less respect for their parents as compared to subjects experiencing lower levels of EM. This suggests, then, that high EM subjects are able to make use of some factors which are felt to buffer self-esteem. It was found, however, that high EM subjects were more likely to be in the lower SES level than lower level EM subjects. Past work on invulnerability to stress (Garmezy, 1987; Garmezy & Devine, 1984; Murphy & Moriarty, 1976) suggests that a lower SES contributes to an increased vulnerability to stressful life events, perhaps making the high EM subjects less able to cope with (i.e. more vulnerable to) the stress of parental EM.

Relationship Between Self-Esteem and Potential Buffer Factors in Emotionally Maltreated Adolescents:

The overall findings of the "resiliency" analyses seem to indicate that there is a relationship between the self-esteem of emotionally maltreated adolescents and both the overall academic achievement and degree of perceived support/comfort from friends.

Emotionally maltreated subjects in the high self-esteem group had higher overall grades than the group of emotionally maltreated subjects with low self-esteem. These findings are similar to previous work on the relationship between intelligence and resiliency (Rutter et al., 1970; Varlaam, 1974). Moreover, Garmezy and Devine (1984) have found that IQ predicts the child's ability to mediate stressful life events; in terms of this study, it appears that parental EM can be included as one type of stressful life event in which academic achievement is related to a more successful outcome. As this is a correlational study, however, the direction of

influence between academic achievement and the self-esteem of emotionally maltreated subjects is not known. One explanation for these findings could be that the self-esteem of emotionally maltreated adolescents contributes to an increased (or decreased in cases of low self-esteem) sense of confidence which is in turn reflected in the students' grades. Another explanation for these findings could be that the academic achievement of the adolescent buffers self-esteem by providing greater capability to cognitively challenge the parental attacks. That is, higher academic achievement may make it possible for the child to challenge their parents' derogatory statements; adolescents with lower academic achievement may not have this ability and thus accept their parents' statements as true reflections of their self-worth. Similarly, having a higher academic achievement stands in direct contrast to parents' negative statements and thus may serve to decrease the validity of their messages. For example, a child who brings home A's, but is told by their parents that (s)he is dumb, worthless, etc., has tangible proof against these statements, whereas a D student may be more likely to view his/her grades as proof of the truth in the parents' statements. Another explanation that could be offered for the relationship between self-esteem and academic achievement in emotionally maltreated adolescents is that higher academic achievement brings with it certain experiences which foster self-esteem. For example, higher academically achieving children may receive more positive attention from teachers, or have different experiences and opportunities in school

as a result of their achievement which contributes to a positive sense of self-esteem.

Rutter (1979) suggested that examination of nonacademic areas of achievement may be one way to ascertain the processes through which intelligence buffers against stressful life events. Specifically, if academic achievement operates by providing special experiences which in turn foster/buffer self-esteem, one would expect to find the same relationship for areas of nonacademic achievement and self-esteem (i.e., the higher nonacademic achievement related to higher self-esteem). However, if academic achievement functions to increase the adolescent's capacity to cognitively challenge the parents' derogatory statements, one would not expect any relationship between nonacademic areas of achievement and self-esteem. This study provides support for the latter explanation, such that there was no significant relationship found between areas of nonacademic interests/achievement and self-esteem. Thus, if the direction of influence of this relationship was known (e.g. self-esteem causes higher grades versus higher grades causes positive self-esteem) it could be posited that higher academic achievement operates to increase emotionally maltreated adolescent's self-esteem by providing the ability to cognitively challenge the derogatory statements of their parents.

This study found that the emotionally maltreated adolescents with high self-esteem felt that their friends were significantly more supportive and comforting than emotionally maltreated adolescents with low self-esteem. One explanation for this relationship may be that having a close, supportive relationship with friends helps to

buffer against parental attacks. That is, having a close, supportive relationship with one's peers provides experiences that increase one's sense of self-worth and/or stands to contradict the negative parental messages (e.g. having friends who respect, admire, and make one feel worthwhile directly challenges parental statements to the contrary). A second explanation that can be offered is that adolescents with higher self-esteem may be more able to, and competent in, forming close relationships with their peers. Yet another explanation for this finding is that a third factor may be operating to influence both self-esteem and relationships with one's peers. For example, Garmezy (1987) found that children with higher IQs were more competent and socially engaged with their peers when under stress than lower IQ children. As high self-esteem emotionally maltreated subjects in this study were found to have higher academic achievement, it may just be that their peer relationships are in fact an artifact of their higher academic achievement, rather than a separate buffer factor to parental EM.

It is interesting to note that relationships with one's friends was the only relationship with important others that differentiated high self-esteem from low self-esteem emotionally maltreated adolescents (i.e., they did not significantly differ on relationships to teachers, siblings, relatives, neighbors, etc.). This finding is consistent with the developmental task of adolescence; that is, the transition from one's relationship with the family to one's relationship with the peer group. It would be interesting to examine whether high self-esteem and low self-esteem emotionally maltreated children's' relationships to important others changes as a

function of developmental stage. Specifically, to examine if high self-esteem EM subjects had a more supportive relationship with others in the family (e.g. siblings, grandparents, other relatives, etc.) *as children* (when the primary socialization group is the family) as compared to low self-esteem EM subjects.

This study found that emotionally maltreated adolescents as a whole had less respect for their parents, agreed less with their parents' values, opinions, and lifestyles, and were more likely to make use of a Devaluer conflict resolution style (i.e. more likely to devalue their parents statements while feeling attached to these parents). A trend toward significance was found on a chi-square examining the relationship between the EM High SE/EM Low SE groups and conflict resolution styles ($\chi^2(2) = 5.16$, $p = .08$, $\Phi = .80$). Specifically, *within* the high emotional maltreatment group, more high self-esteem EM subjects (80%) made use of the Devaluer conflict resolution style than low self-esteem EM subjects (0%). Thus, more high self-esteem EM subjects were able to take a depersonalized stance with regard to the derogatory statements made by their parents; they were able to reject the negativity of these statements as being not applicable to them *while* still positively evaluating (i.e. respecting, feeling attached to) their parents. This is consistent with the findings that emotionally maltreated high self-esteem subjects were not any different from low self-esteem EM subjects in terms of degree of respect for and degree of attachment to their parents. Specifically, what differentiated high self-esteem from low self-esteem EM subjects was not whether they rejected their *parents*, but whether they

rejected their parents *beliefs*, while being able to remain attached to these parents. Thus high self-esteem EM subjects were able to have the best of both worlds, an attached, relationship with a parent whom they respected and the ability to reject hurtful statements made by their parents.

This study did not find any difference between high self-esteem and low self-esteem EM adolescents with regard to age of onset of EM (i.e., high self-esteem and low self-esteem EM subjects had similar ages of onset of EM) and thus fails to support Rohner's idea that the earlier the onset, the more damaging the abuse. Similarly, the absence of any differences in duration of abuse between the high self-esteem and low self-esteem EM subjects is inconsistent with Garbarino and Gilliam's (1980) findings that long-term abuse was more psychologically damaging than short-term abuse.

Many have found that a warm, loving relationship with at least one parent lends to resiliency to psychopathology and stress (Rutter, 1971, 1978, & 1979; Rutter et al., 1974; Garmezy & Devine, 1984; Garmezy, 1985; Werner & Smith, 1982). Cournoyer (1989), however, found that the presence of a warm, accepting parent did not lend to a resiliency to severe rejection by another caretaker. The findings on attachment in this study are consistent with those of Cournoyer; that is 1) high self-esteem EM subjects were not significantly more attached to their mother or father than low self-esteem EM subjects, and more specifically 2) high self-esteem EM subjects were not more or less attached to their non-maltreating parent than low self-esteem EM subjects.

Regarding degree of attachment to the maltreating parent, although not significantly different, an interesting trend toward significance ($\chi^2(1) = 3.80, p = .05, \Phi = .30$) emerged for the degree of attachment to an emotionally maltreating mother. The direction of this trend is contrary to that which would be expected and suggests that high self-esteem EM adolescents have a higher degree of attachment to their emotionally maltreating mother than low self-esteem EM adolescents. This finding becomes more understandable if considered along with the finding that high self-esteem EM subjects have a greater tendency to use the Devaluer conflict resolution style than low self-esteem EM subjects. That is, these adolescents may be able to reject the derogatory statements of their mother while still having a close, loving relationship with her, and hence a higher self-esteem.

Lastly, although more high EM subjects were in a lower SES level than lower EM subjects, there was no significant difference found between high self-esteem and low self-esteem EM subjects in terms of SES level. This finding is in contrast to past studies (Garmezy, 1987; Garmezy & Devine, 1984; Murphy & Moriarty, 1976) which found SES to be a moderator of stressful life events in children.

In terms of discussing a larger theory of external mediating factors of EM, it is hard to speculate from the results of this study whether variables which tap into alternative ways to get dependency needs met lend more or less to resiliency to parental EM than those variables which help the adolescent to generate cognitive alternatives to parental attacks. The two variables for

which significant findings emerged can be classified in either one (or both) of the two general classes of buffering factors (refer again to Figure 1). That is, the degree of comfort/support by friends can be conceptualized as a buffer to self-esteem by being an alternative way in which the adolescent can get their dependency needs of acceptance, regard and approval met (from their friend), *as well as* being conceptualized as a way the adolescent can generate cognitive alternatives to abusive parental statements. Similarly, academic achievement can be classified as either an alternative way to get dependency needs met (regard, approval, acceptance by teachers, classmates) or as a way to cognitively challenge abusive parental messages.

Regarding the larger scale applicability of findings of this study, programs and interventions with urban, minority, emotionally maltreated adolescents aimed at fostering supportive peer relationships, increased academic achievement, and teaching adolescents to reject derogatory statements made by their parents *may* increase the adolescent's ability to sustain and/or restore a positive self-concept. Although it would be more helpful to know which *class* of buffer variables (i.e. alternative ways of getting dependency needs met vs. generating cognitive alternatives) is more beneficial in the prevention and treatment of cases of parental emotional maltreatment, the present study cannot lend itself to a definitive answer to that question.

A discriminant function analysis was conducted as an exploratory investigation of which of the potential buffer variables may be most promising for future study in this area. Findings of

this analysis suggest that degree of attachment to father and mother; degree of attachment to an emotionally maltreating mother; degree of support/comfort by friends; the ability (to use a Rejector and Conformer conflict resolution style with father and a Devaluer conflict resolution style with mother; degree of agreement with parents' values, opinions, and lifestyles; and academic achievement maximally differentiates high self-esteem from low self-esteem EM adolescents. Moreover, the linear combination of these variables correctly classified EM adolescents as either high self-esteem or low self-esteem approximately 91% of the time. Thus, it is recommended that examining the above nine variables in a larger sample of emotionally maltreated, urban, minority adolescents may be promising in terms of being able to identify factors which differentially impact on the subjects' self-esteem.

Further Psychometric Work on the EM Measure:

The final aim of this study was to establish further factor structure, reliability, and validity on a measure of EM. Subjects' endorsements of items on this measure produced five discrete and clearly definable factors, three of which (verbal abuse, quality of parental relationship, and physical/sexual abuse) were consistent with previous findings using this measure on a college sample. This scale, and its factors, were found to be internally reliable with reliability ratings similar to those of a previous study. Thus, the measure can be said to be internally reliable for both a predominantly female, Caucasian, college population and a predominantly minority, urban, high school population. In addition, this measure consistently produced factors tapping into verbal

abuse, quality of relationships with parents, and physical abuse. This measure appears to be valid in terms of convergent validity as it moderately correlated with another measure assessing parental warmth, hostility, neglect, and rejection.

More work needs to be done to establish the reliability (using different reliability estimates, e.g. test-retest) and validity (again using other validity measures, e.g. concurrent, construct and discriminant validity) of this measure across a variety of populations.

Future Research Implications:

Both this study and a previous study suggest that this EM measure may be promising in future studies on resiliency to EM. The emotionally sensitive nature of this field, however, presents a major obstacle to those who wish to pursue empirical study in this area. As a concrete example, this study was approved in only one of the ten school districts approached for participation. After the approval of the one school district, only one of the five high schools in this district agreed to allow their students to participate; further, only approximately one-third of the faculty within this high school allowed the study to be conducted in their classrooms. Despite the challenge future researchers face in terms of recruiting a subject pool, empirical inquiry into this area is strongly encouraged.

There are several areas in which future study of resiliency to parental EM can progress. First, longitudinal studies addressing resiliency are needed to make causal statements about the variables that influence a maltreated child's self-esteem. Moreover, longitudinal, path analytical studies would not only address causal

relationships of variables lending to resiliency, but would explicate the processes through which these variables were operating to produce an "EM resilient" child. Secondly, this study examined only environmental/external factors that may mediate the stress of parental EM. Future studies examining the genetic, constitutional, and/or personality attributes that contribute to resiliency to EM are also recommended. Thus far, only an age cohort whose primary developmental task was to move away from the family has been studied in terms of potential EM resiliency. It would be interesting, then, to examine the similarity and differences in resiliency factors used by younger children. Finally, resiliency to other areas of child maltreatment need to be addressed, as all forms of child maltreatment appear to be a stable and problematic phenomena in society.

In essence, future research in the area of resiliency to emotional maltreatment in particular, and child maltreatment in general, is a limitless and new frontier; more importantly, however, it is a field which promises great value to children's lives both in theory and in practice.

TABLE 1
SAMPLE SIZES AND PERCENTAGES FOR DEMOGRAPHIC VARIABLES
FOR NON-ABUSED AND ABUSED SUBJECTS

	Non-abused	Abused
Gender		
Male	56 - 38.6%	8 - 33.3%
Female	80 - 55.2%	15-62.5%
Race		
Black	49 - 33.8%	2 - 8.3%
Hispanic	36 - 24.8%	7 - 29.2%
Caucasian	15 - 10.3%	3 - 12.5%
Asian	8 - 5.5%	2 - 8.3%
Cape Verdian	5 - 3.4%	1 - 4.2%
Portugese	5 - 3.4%	0 - 0%
Pacific Islander	2 - 1.4%	1 - 4.2%
Liberian	1 - .7%	0 - 0%
Unspecified other	15 - 10.3%	0 - 0%
Mean age	16.69±1.29	16.55±1.06
Social Economic Status		
Level 1	68 - 46.9%	13 -54.2%
Level 2	25 - 17.2%	3 - 12.5%
Level 3	17 - 11.7%	1 - 4.2%
Level 4	23 - 15.9%	7 - 29.2%
Level 5	12 - 8.3%	0 - 0%
Year in School		
Freshman	11 - 7.6%	1 - 4.2%
Sophomore	36 - 24.8%	7 - 29.2%
Junior	43 - 29.7%	8 - 33.3%
Senior	46 - 31.7%	7 - 29.2%
Parents' Marital Status		
Single parent	25 - 17.2%	7 - 29.2%
Divorced	40 - 27.6%	7 - 29.2%
Married	52 - 35.9%	5 -20.8%
Parents not yet married	1 - .7%	0 - 0%
Does not live with parents	12 - 8.3%	2 - 8.3%

TABLE 2
 SAMPLE SIZES AND PERCENTAGES FOR DEMOGRAPHIC VARIABLES
 FOR SUBJECTS IN THE HIGH EM GROUP

Gender	
Male	15 - 34.9%
Female	28 - 65.1%
Race	
Black	14 - 32.6%
Hispanic	13 - 30.2%
Caucasian	5 - 11.6%
Asian	1 - 2.3%
Cape Verdian	1 - 2.3%
Portugese	5 - 11.6%
Pacific Islander	0 - 0%
Liberian	1 - 2.3%
Unspecified other	3 - 7.0%
Mean age	16.34±1.24
Social Economic Status	
Level 1	24 - 55.8%
Level 2	8 - 18.6%
Level 3	3 - 7.0%
Level 4	5 - 11.6%
Level 5	3 - 7.0%
Year in School	
Freshman	6 - 14.0%
Sophomore	13 - 30.2%
Junior	14 - 32.6%
Senior	10 - 23.3%
Parents' Marital Status	
Single parent	5 - 11.6%
Divorced	13 - 30.3%
Married	20 - 46.5%
Does not live with parents	4 - 9.3%

TABLE 3
INTERNAL RELIABILITY (COEFFICIENT ALPHA) FOR THE MEASURES

<u>Measure</u>	<u>Coefficient Alpha</u>
Emotional Maltreatment	.90
Self-Esteem	.75
Social Desirability	.41
Parental Acceptance-Rejection Questionnaire	.96

TABLE 4
 PEARSON PRODUCT-MOMENT COEFFICIENT CORRELATIONS AMONG
 THE MEASURES

	<u>Emotional Maltreatment</u>	<u>Self-Esteem</u>	<u>Parental Acceptance - Rejection Questionnaire</u>
Social Desirability	-.03	.09	-.13
Emotional Maltreatment		-.28	.66
Self-Esteem			-.29

TABLE 5
DESCRIPTIVE STATISTICS ON THE STUDY MEASURES

<u>Measure</u>	<u>Mean</u>	<u>Standard Deviation</u>	<u>Potential Range</u>	<u>Actual Range</u>
Emotional Maltreatment	48.60	57.01	0 - 528	0 - 261
Social Desirability	1.20	1.17	0 - 5	0 - 4
Self-Esteem	5.21	2.75	0 - 10	0 - 10
Parental Acceptance-Rejection Questionnaire	92.80	28.41	0 - 215	43 - 206

TABLE 6
 FREQUENCY DISTRIBUTION OF GRADES IN THE EM HIGH SE AND EM
 LOW SE GROUPS

	<u>A Range</u>	<u>B Range</u>	<u>C Range</u>	<u>D Range</u>
EM High SE	10	8	1	1
EM Low SE*	2	14	6	0

*data missing for one EM Low SE subject

TABLE 7
STANDARDIZED CANONICAL DISCRIMINANT FUNCTION
COEFFICIENTS

<u>Variable</u>	<u>Coefficient</u>
Degree of Attachment to Father	-1.01
Degree of Support/Comfort from Friends	.77
Rejector Conflict Resolution Style with Father	.76
Devaluer Conflict Resolution Style with Mother	.67
Agreement with Parents' Values, Opinions, & Lifestyles	.50
Attachment to an Emotionally Maltreating Mother	.32
Conformer Conflict Resolution Style with Father	-.30
Overall grades	.28
Degree of Attachment to Mother	.25

TABLE 8
PEARSON PRODUCT-MOMENT COEFFICIENT CORRELATIONS BETWEEN
THE EM MEASURE AND PARQ-C SUBSCALES

	EM
Total PARQ-C Scale	.66
Parental Warmth Subscale	-.26
Parental Hostility Subscale	.57
Parental Neglect Subscale	.51
Parental Rejection Subscale	.54

Figure 1
Classification of Buffers:

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Appendix A

GENERAL INSTRUCTIONS

We are interested in the ways people think about themselves, and the way that their families may or may not influence these self ideas. You will be asked questions dealing with how you feel about yourself, your beliefs, values, and opinions, your activities, as well as questions about your parents' behaviors and your reactions to their behaviors.

All your responses will be kept confidential. In addition, this questionnaire is designed to keep you anonymous so that there is no way anyone can find out how you answered these questions. This study is designed this way because it is important that we get truthful and honest responses to all questions. Please take your time reading each statement carefully, and then darken in the circle on the provided answer sheet that best describes you or your experiences. If there are questions that are unclear to you, please ask the examiner to explain them to you.

Thank you for your participation and help in this important psychological research.

Listed below are a number of statements concerning yourself and how you perceive yourself. Please read each statement carefully and then darken in the circle on your answer sheet which corresponds to the statement that best describes you. (Please note that these are questions 1 through 10 on your answer sheet.)

- 1) How often do you feel there is nothing you can do well?
A) Never B) Seldom C) Sometimes D) Often E) Always
- 2) How often do you feel inferior to most people you know?
A) Never B) Seldom C) Sometimes D) Often E) Always
- 3) How often do you feel that you are a successful person?
A) Never B) Seldom C) Sometimes D) Often E) Always
- 4) How confident do you feel that some day the people you know will look up to and respect you?
A) Not at all B) A little C) Somewhat D) Very much E) Extremely

5) How often do you dislike yourself?

A) Never B) Seldom C) Sometimes D) Often E) Always

6) How often do you have the feeling that you can do everything well?

A) Never B) Seldom C) Sometimes D) Often E) Always

7) Do you ever feel so discouraged with yourself that you wonder whether anything is worthwhile?

A) Never B) Seldom C) Sometimes D) Often E) Always

8) In general, how confident do you feel about your abilities?

A) Not at all B) A little C) Somewhat D) Very much E) Extremely

9) When you speak in a class discussion, how sure of yourself do you feel?

A) Not at all B) A little C) Somewhat D) Very much E) Extremely

10) How confident are you that your success in your future job is assured.

A) Not at all B) A little C) Somewhat D) Very much E) Extremely

The following questions ask you to think about your experiences in your family. Please read each statement carefully and then darken in the circle on your answer sheet which corresponds to the statement that best describes your experiences. (Note that these are questions 11- 88 on your answer sheet)

11) Do either one (or both) of your parents ever yell or scream at you?

A) Never B) Seldom C) Sometimes D) Often E) Always

12) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

13) Do either one (or both) of your parents ever call you names or swear at you?

A) Never B) Seldom C) Sometimes D) Often E) Always

14) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

15) Do you feel like you could talk to either one (or both) of your parents about your problems?

A) Never B) Seldom C) Sometimes D) Often E) Always

16) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

17) Do either one (or both) of your parents ever say things to hurt your feelings?

A) Never B) Seldom C) Sometimes D) Often E) Always

18) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

19) Does it seem like either one (or both) of your parents are better to your brother(s) and/or sister(s) than they are to you? (If you are an only child leave this question blank and go on to question 21)

A) Never B) Seldom C) Sometimes D) Often E) Always

20) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

21) Do either one (or both) of your parents ignore you when you want to talk to them?

A) Never B) Seldom C) Sometimes D) Often E) Always

22) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

23) Do you have a close relationship with either one (or both) of your parents; one in which you feel protected, cared for, secure, and loved?

A) Never B) Seldom C) Sometimes D) Often E) Always

24) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

25) Do either one (or both) of your parents insult you while you are alone?

A) Never B) Seldom C) Sometimes D) Often E) Always

26) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

27) Do either one (or both) of your parents insult you in front of other people?

A) Never B) Seldom C) Sometimes D) Often E) Always

28) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

29) Do either one (or both) of your parents have unrealistic expectations for you, or try to pressure you to do things that are too hard for you?

A) Never B) Seldom C) Sometimes D) Often E) Always

30) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

31) Do either one (or both) of your parents criticize you?

A) Never B) Seldom C) Sometimes D) Often E) Always

32) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

33) Do either one (or both) of your parents provide a sense of security and stability for you?

A) Never B) Seldom C) Sometimes D) Often E) Always

34) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

35) Do either one (or both) of your parents try to make you feel guilty?

A) Never B) Seldom C) Sometimes D) Often E) Always

36) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

37) Do you feel that you could never live up to the goals and expectations of either one (or both) of your parents.

A) Never B) Seldom C) Sometimes D) Often E) Always

38) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

39) Do either one (or both) of your parents expect you to take care of them, as in protecting them, or emotionally supporting them?

A) Never B) Seldom C) Sometimes D) Often E) Always

40) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

41) Are either one (or both) of your parents affectionate towards you?

A) Never B) Seldom C) Sometimes D) Often E) Always

42) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

43) Do either one (or both) of your parents ridicule or humiliate you in front of other people?

A) Never B) Seldom C) Sometimes D) Often E) Always

44) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

45) Do either one (or both) of your parents ridicule or humiliate you when you are alone?

A) Never B) Seldom C) Sometimes D) Often E) Always

46) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

47) Do either one (or both) of your parents embarrass you in front of others?

A) Never B) Seldom C) Sometimes D) Often E) Always

48) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

49) Do either one (or both) of your parents make you feel like you are a bad person?

A) Never B) Seldom C) Sometimes D) Often E) Always

50) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

51) Do either one (or both) of your parents tell you that you are a bad person?

A) Never B) Seldom C) Sometimes D) Often E) Always

52) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

53) Do either one (or both) of your parents seem to understand, sympathize with, and comfort you during particularly hard times?

A) Never B) Seldom C) Sometimes D) Often E) Always

54) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

55) Do either one (or both) of your parents make you feel that if you do not do what they say, they will not love you?

A) Never B) Seldom C) Sometimes D) Often E) Always

56) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

57) Do either one (or both) of your parents slap or hit you?

A) Never B) Seldom C) Sometimes D) Often E) Always

58) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

59) Did either one (or both) of your parents ever strike you with their fist?

A) Never B) Seldom C) Sometimes D) Often E) Always

60) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

61) Have you ever received bruises or other injuries from either one (or both) of your parents?

A) Never B) Seldom C) Sometimes D) Often E) Always

62) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

63) Do you feel that you have ever been physically abused by either one (or both) of your parents, or some other family member?

A) Never B) Seldom C) Sometimes D) Often E) Always

64) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

65) Has someone ever told you that you were physically abused by either one (or both) of your parents, or some other family member?

A) Never B) Seldom C) Sometimes D) Often E) Always

66) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

67) Do you feel that you have ever been sexually abused by either one (or both) of your parents, or some other family member?

A) Never B) Seldom C) Sometimes D) Often E) Always

68) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

69) Do you feel that regardless of your behavior or whatever kind of trouble you get into, either one (or both) of your parents will always love, care about, and support you?

A) Never B) Seldom C) Sometimes D) Often E) Always

70) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

71) Are either one (or both) of your parents a source of comfort and emotional support for you?

A) Never B) Seldom C) Sometimes D) Often E) Always

72) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

73) Do either one (or both) of your parents make you do household tasks that they themselves are unwilling to do?

A) Never B) Seldom C) Sometimes D) Often E) Always

74) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

75) Do either one (or both) of your parents refuse to let you attend extra curricular activities (such as sports, clubs, going out with your friends, religious activities, etc.)?

A) Never B) Seldom C) Sometimes D) Often E) Always

76) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

77) Do you see physical violence going on within your family?

(such as one parent hitting the other and/or your siblings, a brother or sister beating someone else in the family)?

A) Never B) Seldom C) Sometimes D) Often E) Always

78) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

79) Are either one (or both) of your parents consistent in their expectations of you, their household rules, and their punishments?

A) Never B) Seldom C) Sometimes D) Often E) Always

80) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

81) Do you feel that regardless of what you do or say, either one (or both) of your parents will reject you, or not like you?

A) Never B) Seldom C) Sometimes D) Often E) Always

82) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

83) Do either one (or both) of your parents see to it that you receive any medical treatment that is recommended for you? (such as eye glasses, vaccinations or other medications you may have needed, etc.)

A) Never B) Seldom C) Sometimes D) Often E) Always

84) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

85) Do either one (or both) of your parents see to it that you receive any educational or psychological treatment that is recommended for you? (such as seeing a counselor, being placed in a remedial classroom, etc.)

A) Never B) Seldom C) Sometimes D) Often E) Always

86) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

87) Do either one (or both) of your parents appropriately hug, kiss, and hold you?

A) Never B) Seldom C) Sometimes D) Often E) Always

88) Overall, how much does this bother you, hurt your feelings, or negatively affect you?

A) Not at all B) A little C) Some D) A lot E) A great deal

Listed below are a few statements about your relationships with others. Please fill in the circle of the statement that is most like you. (Please note that these are questions 89 through 93 on your answer sheet)

How much is each statement true or false for you?

89) I am always courteous even to people who are disagreeable.

A) Definitely true B) Mostly true C) Don't Know

D) Mostly False E) Definitely False

90) There have been occasions when I took advantage of someone.

A) Definitely true B) Mostly true C) Don't Know

D) Mostly False E) Definitely False

91) I sometimes try to get even rather than forgive and forget.

A) Definitely true B) Mostly true C) Don't Know

D) Mostly False E) Definitely False

92) I sometimes feel resentful when I don't get my way.

A) Definitely true B) Mostly true C) Don't Know

D) Mostly False E) Definitely False

93) No matter who I'm talking to, I'm always a good listener.

A) Definitely true B) Mostly true C) Don't Know

D) Mostly False E) Definitely False

Below are some questions about how you feel about each of your parents, about other people, and about yourself. Please read each statement carefully, and then darken in the circle on your answer sheet which best reflects how you feel . (Please note these are questions 94 through 105 on your answer sheet)

94) How attached or bonded do you feel to your mother (or stepmother or foster mother)? When answering this, think about the following:

Do you feel close to your mother?

Is your mother important to you?

When you are feeling down, do you feel like your mother

can make you feel better or comfort you?

I feel I am:

- A) Extremely attached to my mother
- B) Pretty much attached to my mother
- C) Somewhat attached to my mother
- D) A little attached to my mother
- E) Not at all attached to my mother

95) How attached or bonded do you feel to your father (or stepfather or foster father)? When answering this, think about the following:

Do you feel close to your father?

Is your father important to you?

When you are feeling down, do you feel like your father can make you feel better or comfort you?

I Feel I am:

- A) Extremely attached to my father
- B) Pretty much attached to my father
- C) Somewhat attached to my father
- D) A little attached to my father
- E) Not at all attached to my father

- 96) In thinking about your own values and your father's (or stepfather's or foster father's) values would you say they are:
A) Exactly the same B) Mostly the same C) Sometimes the same
D) Hardly ever the same E) Completely different
- 97) In thinking about what kind of lifestyle you would like and what kind of lifestyle your father (or stepfather or foster father) would like, would you say they are:
A) Exactly the same B) Mostly the same C) Sometimes the same
D) Hardly ever the same E) Completely different
- 98) In thinking about your opinions on a wide variety of things, would you say that your father's (or stepfather's or foster father's) opinions on things were:
A) Exactly the same B) Mostly the same C) Sometimes the same
D) Hardly ever the same E) Completely different
- 99) In thinking about your own values and your mother's (or stepmother's or foster mother's) values would you say they are:
A) Exactly the same B) Mostly the same C) Sometimes the same
D) Hardly ever the same E) Completely different
- 100) In thinking about what kind of lifestyle you would like and what kind of lifestyle your mother (or stepmother or foster mother) would like, would you say they are:
A) Exactly the same B) Mostly the same C) Sometimes the same
D) Hardly ever the same E) Completely different
- 101) In thinking about your opinions on a wide variety of things, would you say that your mother's (or stepmother's or foster mother's) opinions on things were:
A) Exactly the same B) Mostly the same C) Sometimes the same
D) Hardly ever the same E) Completely different
- 102) How much do you consider your father (or stepfather or foster father) a person who you value, respect, and look up to?
A) I highly value, respect, and look up to my father
B) I pretty much value, respect, and look up to my father
C) I somewhat value, respect, and look up to my father
D) I hardly value, respect, and look up to my father
E) I do not value, respect, or look up to my father

103) How much do you consider your mother (or stepmother or foster mother) a person who you value, respect, and look up to?

- A) I highly value, respect, and look up to my mother
- B) I pretty much value, respect, and look up to my mother
- C) I somewhat value, respect, and look up to my mother
- D) I hardly value, respect, and look up to my mother
- E) I do not value, respect, or look up to my mother

104) On average, are your grades:

- A) Mostly in the A Range (90's to 100's)
- B) Mostly in the B Range (80's to 89's)
- C) Mostly in the C Range (70's to 79's)
- D) Mostly in the D Range (60's to 69's)
- E) Mostly below 60

105) How supportive and comforting do you feel your friends are to you?

In answering this question, think about the following:

- **Do they accept you and like you for who you are?**
- **Can you confide in them and turn to them with your problems?**
- **If you are feeling down, does it help you feel better to talk to them?**
- **Do they make you feel good about yourself and important as a person?**
- **Do you feel as if they care about you?**

I feel my friends are:

- A) Extremely supportive and comforting**
- B) Pretty much supportive and comforting**
- C) Somewhat supportive and comforting**
- D) A little supportive and comforting**
- E) Not at all supportive and comforting**

**PLEASE PUT THE ANSWER SHEET AWAY FOR NOW, AND
ANSWER THE NEXT SET OF QUESTIONS DIRECTLY ON YOUR
QUESTIONNAIRE**

PART TWO

Below are some additional questions about your family. Please write your answers to these questions directly on the question sheet.

Please put a check mark next to the statement which best applies to you, and fill in your answers to the following questions.

1) Male _____
 Female _____
 (Please check one)

2) Age: _____

3) Race: (Please check one)

Caucasian (white) _____

Black _____

Hispanic _____

Asian _____

Other _____

4) Year in School: (please check one)

Freshman _____

Sophomore _____

Junior _____

Senior _____

5) Have you ever attended psychotherapy or counseling or sought help for an emotional problem you might have had? (please check one)

_____ Yes

_____ No

6) Do you feel that you have ever been emotionally or verbally abused by either one of your parents?

_____ Yes

_____ No

7) Which of your parent's abuse had the greatest effect on you (hurt your feelings the most, made you feel bad the most)?

_____ Mother / Stepmother / Foster Mother

_____ Father / Stepfather / Foster Father

_____ Both of my parents

_____ I was not emotionally or verbally abused by my parents

8) Please list your approximate age when this emotional or verbal abuse started and ended on the lines below (if it is still going on please indicate that).

Age it started _____

Age it ended _____

9) Has the emotional or verbal abuse negatively effected how you think about yourself, or has it effected how you function in other areas of your life?

_____ Yes

_____ No - If you answered no, please write what you think accounts for the fact that this did not bother you on the lines below

Please answer the following questions about your parents and put a check mark next to the statement that best applies to your parents.

10) What is the current marital status of your parents?

_____ Married

_____ Divorced - I live with one parent but the other parent helps us with money

_____ Divorced - I live with one parent and the other parent does not help us with money

_____ I only have one parent

_____ I do not live with either of my parents

Please answer the questions only for the parents living in your home or for parents not living in your home but financially supporting you.

11) Highest level of school completed by your father (or stepfather or foster father) (please check one)

Less than seventh grade _____

Junior high school (up to ninth grade) _____

Some high school but did not graduate _____

High school graduate _____

Some college (at least one year) OR specialized trade school _____

College or university graduate _____

Graduate or professional training (graduate degree) _____

12) Please list the occupation of your father.

13) Highest level of school completed by your mother (or stepmother or foster mother) (please check one)

Less than seventh grade _____

Junior high school (up to ninth grade) _____

Some high school but did not graduate _____

High school graduate _____

Some college (at least one year) OR specialized trade school _____

College or university graduate _____

Graduate or professional training (graduate degree) _____

14) Please list the occupation of your mother.

15) Is there a person (other than your parents) with whom you have a particularly close relationship ? Some one that you can confide in and turn to with your problems. A person who supports you, helps you feel good about yourself, and who likes you for yourself?

Please check the people that you have a particularly close relationship with (check as many as apply to you) .AFTER YOU HAVE CHECKED ALL THE PEOPLE THAT APPLY TO YOU, PLEASE PUT A "1" NEXT TO THE PERSON WHOSE RELATIONSHIP IS MOST IMPORTANT TO YOU

Brother_____

Sister _____

Teacher _____

Team coach or other activity leader _____

Boss at work _____

Relative outside your immediate family (grandparents, aunts, etc.)_____

Priest _____

Neighbor _____

Counselor/Therapist _____

Other adult _____ (Please specify _____)

There is no one that I am particularly close to_____

16) Do you have any areas of special achievement, things that you do particularly well in, or things that you do that make you feel good about yourself and/or proud of yourself? Please check your areas of special achievement or interest below (check as many as apply to you) AFTER YOU HAVE CHECKED ALL THAT APPLY TO YOU, PLEASE GO BACK AND PUT A "1" NEXT TO THE SPECIAL ACTIVITY/INTEREST WHICH IS YOUR AREA OF MOST SPECIAL ACHIEVEMENT OR INTEREST

athletics_____

arts _____

academics _____

music _____

dancing _____

acting/theater _____

hobbies _____

writing _____

computers _____

special groups, clubs, or teams (not athletic) _____

mechanic/ car repair or other kind of mechanical abilities_____

carpentry skills _____

other (please specify) _____

I have no areas of special interest or achievement_____

PUT THIS PART ASIDE AND ANSWER THE LAST SET OF QUESTIONS ON YOUR ANSWER SHEET (THE ONE WITH THE CIRCLES TO FILL IN). YOU SHOULD FILL IN YOUR ANSWERS TO THE FOLLOWING QUESTIONS STARTING ON #106 OF YOUR ANSWER SHEET

Here are some statements about the way parents act toward their children. We want you to think about how each one of these fits the way your parents treat you.

There are four choices after each sentence. If the statement is basically true about the way your parents treat you then ask yourself, "Is it almost *always* true?" or "Is it only *sometimes* true?". If you think your parents almost always treats you that way, fill in the circle on your answer sheet which corresponds with the ALMOST ALWAYS TRUE statement (letter A); if the statement is sometimes true about the way your parents treat you then fill in the circle that corresponds to the SOMETIMES TRUE (letter B) statement. If you feel the statement is basically untrue about the way your parents treat you then ask yourself, "Is it *rarely* true?" or "Is it almost *never* true?". If it is rarely true about the way your parents treat you, fill in the circle which corresponds to the RARELY TRUE statement (letter C). If you feel the statement is almost never true then fill in the circle which corresponds to the ALMOST NEVER TRUE statement (letter D).

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Answer each statement the way you feel your parents really is rather than the way you might like them to be. (Please note these are question 106 through 165 on your answer sheet).

Either one (or both) of my parents

106) says nice things about me

A) Almost always true	B) Sometimes true
C) Rarely true	D) Never true

107) nags or scolds me when I am bad

A) Almost always true	B) Sometimes true
C) Rarely true	D) Never true

108) totally ignores me

A) Almost always true	B) Sometimes true
C) Rarely true	D) Never true

109) does not really love me

A) Almost always true	B) Sometimes true
C) Rarely true	D) Never true

110) talks to me about our plans and listens to what I have to say

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

111) complains about me to others when I do not listen to them

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

112) takes an active interest in me

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

113) encourages me to bring my friends home, and tries to make things pleasant for them

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

114) ridicules and makes fun of me

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

115) ignores me as long as I do not do anything to bother them

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

116) yells at me when they are angry

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

117) makes it easy for me to tell them things that are important

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

118) treats me harshly

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

119) enjoys having me around them

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

120) makes me feel proud when I do well

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

121) hits me, even when I do not deserve it

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

122) forgets things they are supposed to do for me

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

123) sees me as a big bother

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

124) praises me to others

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

125) punishes me severely when they are angry

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

126) makes sure I have the right kind of food to eat

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

127) talks to me in a warm and loving way

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

128) gets angry easily at me

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

129) is too busy to answer my questions

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

130) seems to dislike me

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

131) says nice things to me when I deserve them

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

132) gets mad quickly and picks on me

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

133) is concerned who my friends are

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

134) is really interested in what I do

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

135) says many unkind things to me

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

136) ignores me when I ask for help

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

137) thinks it is my own fault when I am having trouble

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

138) makes me feel wanted and needed

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

139) tells me that I get on their nerves

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

140) pays a lot of attention to me

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

141) tells me how proud they are of me when I am good

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

142) goes out of their way to hurt my feelings

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

143) forgets important things I think they should remember

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

144) makes me feel I am not loved any more if I misbehave

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

145) makes me feel what I do is important

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

146) frightens or threatens me when I do something wrong

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

147) likes to spend time with me

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

148) tries to help me when I am scared or upset

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

149) shames me in front of my friends when I misbehave

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

150) tries to stay away from me

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

151) complains about me

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

152) cares about what I think and likes me to talk about it

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

153) feels other kids are better than I am no matter what I do

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

154) cares about what I would like when they make plans

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

155) lets me do things I think are important, even if it is inconvenient for them

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

156) thinks other kids behave better than I do

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

157) makes other people take care of me (for example a neighbor or relative)

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

158) lets me know I am not wanted

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

159) is interested in the things I do

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

160) tries to make me feel better when I am hurt or sick

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

161) tells me how ashamed they are when I misbehave

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

162) lets me know they love me

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

163) treats me gently and with kindness

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

164) makes me feel ashamed or guilty when I misbehave

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

165) tries to make me happy

- A) Almost always true B) Sometimes true
C) Rarely true D) Never true

THANK YOU FOR YOUR PARTICIPATION IN THIS STUDY!

Appendix B

Dear Parent or Guardian:

We would like your permission for your son or daughter to take part in a study being conducted by Carla M. Picariello, M.A., a graduate student at the University of Rhode Island, and supervised by Dr. A. Berman. The purpose of this study is to improve our understanding of adolescents' self-perceptions, their perceptions of their activities, their opinions, and their family experiences. The questionnaire will take approximately thirty-five minutes to complete.

All participating adolescents will be asked to complete a questionnaire in their study hall or approved classroom. These measures are well-researched instruments which address how adolescents see themselves, their activities and opinions, and their family experiences.

We believe that minimal risk is involved in this process. However, if your child feels uncomfortable during or after completion of the measures, Miss Picariello will be available for consultation. Your child's individual performance on the measure will be anonymous and will in no way effect his or her grades. All responses will be anonymous, since names will not be filled in on the measures. The information gathered will only be looked at by the researchers. Teachers and other school personel will not have access to the completed measures.

We hope that you will allow your child to participate in this study. In order to allow your child to participate, please take a moment for you and your child to sign and date the second page of this letter, and ask your child to bring the signed form back to school as soon as possible. The researcher will collect the form in your child's study hall. Please note that your permission is entirely voluntary and you are free to change your mind at any time. If your child wishes to withdraw from the study, he or she may tell this to the study hall teacher or Miss Picariello. If you have any questions, please feel free to contact Carla Picariello at (401) 364-9744, Dr. A. Berman at (401) 792-4257, or the Vice Provost for Research of the University of Rhode Island at 70 Lower College Rd, Kingston , RI 02881, (401) 792-2635.

Allan Berman, Ph.D.

Carla M. Picariello, M.A.

The University of Rhode Island
Department of Psychology
Research Participation Form
Adolescent Self-Perceptions and Family Experiences Study

I have read the previous letter and my child and I have agreed to his or her participation in the study described.

I understand that my child's participation will aid in the understanding of how adolescents view themselves, their activities and opinions, and their family experiences, that minimal risk is involved, and that if my child feels uncomfortable Miss Picariello is available for consultation.

I understand that my permission is entirely voluntary and that my child and I are free to change our minds at any time and withdraw from the study.

I understand that all results will be kept confidential and that my child's name will not be associated with his or her performance.

I grant permission for _____ to participate
(Child's Name)
in the study as described.

Signature of Child

Child's Birthdate

Signature of Parent or Guardian

Today's date

Bibliography

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