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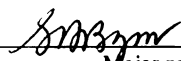
CHILDREN AND PARENTS OF TEEN MOTHERS:  
THE REMEDIAL EFFECTS OF SOCIAL SUPPORT ON  
THE GENERATIONAL CYCLE OF PARENTING

presented by

BELLE LIANG

has been accepted towards fulfillment  
of the requirements for

Ph.D. degree in Psychology

  
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**CHILDREN AND PARENTS OF TEEN MOTHERS: THE REMEDIAL EFFECTS OF  
SOCIAL SUPPORT ON THE GENERATIONAL CYCLE OF PARENTING**

by

**Belle Liang**

**A DISSERTATION**

**Submitted to  
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## ABSTRACT

### CHILDREN AND PARENTS OF TEEN MOTHERS: THE REMEDIAL EFFECTS OF SOCIAL SUPPORT ON THE GENERATIONAL CYCLE OF PARENTING

By

Belle Liang

The current study on the intergenerational transmission of parenting among adolescent mothers attempts to incorporate variables that are relevant to this population, such as adolescent development and outcomes, social support, and parenting styles of both the adolescents and their mothers. In doing so, this research combines theories and constructs from three separate disciplines--developmental, clinical, and community psychology--all of which have thus far produced separate lines of inquiry on teenage pregnancy and parenting.

In this study, 86 girls at two separate alternative education programs for pregnant and parenting teens (and their mothers) were extensively interviewed regarding their parenting attitudes; and adolescents also reported their own perceptions of their mothers' acceptance, control, and discipline toward them. The study then examined whether these two sets of perceptions systematically affected teen attitudes toward rearing their own children. Furthermore, adolescent's self-reports on measures of autonomy and self-esteem were also obtained in order to test the mediating effects of these variables in the parenting model. Finally, the direct effects of stress on adolescent variables, and the direct and interaction effects of social support were tested in the context of the proposed models.

This study examined the mechanism of first generation impact on second generation outcomes in two parenting models. These intergenerational models of family influence and parenting were tested by interviewing both first generation and second generation parents. In Model A, first generation over-controlling parenting style was

found to be linked directly with conflictual autonomy and self-focused parenting. Conflictual autonomy ultimately predicted self-focused parenting, and a direct positive link between stress and conflictual autonomy was confirmed. In Model B, first generation child-focused parenting was found to predict second generation confident parenting and self-esteem. In addition, adolescents' self-esteem was also linked to their confidence in parenting. Finally, stress was found to negatively influence self-esteem. These findings all confirmed the original research hypotheses of this study.

In addition to the intergenerational models tested in this study, the direct and mediating effects of social support in the context of the proposed models was probed, yielding interesting and not always expected findings. In brief, social support's role in the proposed models centered on affecting adolescent development and outcomes directly and indirectly. Social support was found to have a positive main effect on self-esteem, but a negative main effect on conflictual autonomy. Furthermore, social support had a negative stress-buffering effect on adolescent conflictual autonomy. Social support did not interact with adolescent development and outcomes nor first generation parenting styles to effect adolescent self-focused and confident parenting.

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## DEDICATION

*To Eli*

## ACKNOWLEDGEMENTS

I recognize that the acknowledgements section is traditionally long and winded in most dissertations, however, I must deviate from the norm one final time before I leave graduate school since no amount of pages can do more than understate my appreciation for many individuals who have made this project possible and pleasureable. First, I would like to express my gratitude to the participating teens and their mothers who shared invaluable information about their personal lives, and have helped to elucidate the effects of intergenerational parenting among adolescent mothers. Furthermore, I would like to thank my research assistants who diligently conducted interviews, entered data, and joined in stimulating discussions on the important social phenomenon of teen pregnancy.

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## INTRODUCTION

In the American experience, few social issues have elicited as much debate as the growing pandemic of pregnancy among teenagers. This problem has raised questions and challenges whose answers and solutions will have tremendous impact on future generations. One such critical question is this: “When a child gives birth to a child, how does the teen mother’s own upbringing affect how she will raise her child?”

This question contains implications for predicting the outcome of teen pregnancy and for intervening to ensure the best outcomes of teen pregnancy. Yet, surprisingly little research has probed the intergenerational mechanisms by which the parents of pregnant adolescents influence how the teens will parent their own children. (For clarity’s sake, parents of adolescent parents will be referred to hereafter as “first generation,” adolescent parents as “second generation,” and the adolescents’ offspring as “third generation.”) The present study addresses this deficiency by examining the mechanism of first generation impact on second generation outcomes. In order to do this, results and concepts from the literature in clinical-community social support research and developmental psychopathology are synthesized into a comprehensive model of adolescent parenting antecedents and determinants. Through this work, an important theoretical framework is laid, upon which future research and interventions may be grounded.

### *Background*

Over a decade ago, an estimated 12 million teenagers, approximately seven million males and five million females, were sexually active in the United States (Davis & Harris, 1982). On average, adolescent girls became sexually active at 16 years of age; and at least one million sexually active adolescents became pregnant every year (Jaffee & Dryfoos, 1980). Of expectant teens, an estimated two-thirds carried their pregnancies to term and one-third opted for abortions (Baldwin, 1983). By 1986, the rate of pregnancies among adolescents in the United States was more than double the rate in Canada and other Western countries (McDaniel, 1986), and by 1987, American teenage girls under 15 were at least five times more likely to give birth than young adolescents in any other developed country (Hayes, 1987).

In response to these fast-climbing figures, health care providers, educators, and interventionists have directed increasing attention to the health risks and psychosocial risks for both adolescent mothers and their offspring. The risks identified over the past decade are manifold and disturbing. For example, when compared with older women, school-aged girls who become pregnant are more likely to experience medical complications (Klerman & Jekel, 1973). This holds particularly true for pregnant teens under 15 years of age, as they suffer the highest complication risk of any age group, except mothers over the age of 40 (Brooks-Gunn & Furstenberg, 1986; Furstenberg, 1976). Furthermore, infants born to adolescent mothers are at high risk for a number of negative consequences including prematurity, low birth weight, infant mortality, mental retardation, lower IQs, birth defects, an array of social interaction problems, and maltreatment (Belmont, Cohen, Dryfoos, Stein, & Zayac, 1981; Caputo, Goldstein, & Taub, 1976; Janus, 1981; Klerman & Jekel, 1973; Osofsky & Osofsky, 1970). As they grow, the infants face yet further disadvantages because their teenage mothers are often ill-equipped to provide them with a nurturing environment.

Specifically, teen mothers evince less realistic expectations for infant development and less desirable childrearing attitudes than do older mothers (Epstein, 1979; Field, Widmayer, Stringer, & Ignatoff, 1980). Adolescent mothers, compared with older mothers, are apt to be more irritable, punitive, intolerant, impatient, insensitive, prone to use physical punishment, and less satisfied with parenting (de Lissovoy, 1973). Teenage mothers are also less responsive to their infants' emotional signals, less engaged in game play with their infants, more apt to hold their infants in a noncradled position, and less visually engaged with their infants (Field, Widmayer, Stringer, & Ignatoff, 1980; Osofsky & Osofsky, 1970; Sandler, Veitze, & O'Connor, 1981). In contrast, older mothers show greater adaptation to the mothering role and they demonstrate more reciprocity and maintain longer interactive sequences with their infants (Feldman & Nash, 1982; Grossman, Eichler, & Winickoff, 1980). Teenage mothers who were observed in face-to-face interactions with eight-month olds displayed less positive affection, demonstrated activities less often, and were less verbal (Levine, Coll, & Oh, 1984). Finally, many adolescent mothers not only exhibit inadequate verbal interactions, but they also provide minimal intellectual stimulation altogether (Oppel & Royston, 1976).

Such troubling data recapitulate three themes. First, the incidence of teenage pregnancy has achieved crisis magnitude. Second, pregnancy in adolescence places young women at high risk for medical and psychosocial complications. Third, infants born to adolescent mothers are at high risk for developmental and psychosocial problems. Each of these themes has generated a flurry of attention by researchers interested in designing interventions for preventing high risk teenage pregnancies, mediating the health and psychosocial risks encountered during pregnancy, and preventing poor developmental outcomes once the infants are delivered.

The high incidence of teenage pregnancy has prompted much research into the antecedents of adolescent pregnancy--that is, why do adolescents become parents?

Several studies have suggested that the major antecedent of adolescent pregnancy--sexual promiscuity--is associated with characteristics of the family of origin (Babikian & Goldman, 1971; Colleta, 1981; Olson & Worobey, 1984). Pregnant teens are thought to originate from families with maladaptive family structures and parenting styles. More specifically, much of the extant research indicates that adolescent pregnancy may be largely attributed to a dysfunctional relationship between the adolescent and her parent; however, the nature of the dysfunction is unclear (Barth, Schinke, & Maxwell, 1983; Khlentos & Pagliaro, 1965). The majority of subjects in a clinical sample of African American and Puerto Rican pregnant adolescents were raised in single parent homes and reported having poor relationships with their mothers (Babikian & Goldman, 1971). In particular, studies have indicated that pregnant adolescents experience the relationship with their mothers as lacking in disclosure and affection and prone to rejection; these adolescents also reported being subject to casual rule-setting and few demands from their mothers (Colleta, 1981; Olson & Worobey, 1984). In contrast, other studies reveal that pregnant and parenting adolescents, relative to their nonpregnant counterparts, seem less aware of, or perhaps less willing to report, a problematic relationship with their mothers (Barth, Schinke, & Maxwell, 1983). In fact, Khlentos and Pagliaro (1965) found that a close, symbiotic relationship with a mother who was dependent on her daughter for nurturance was characteristic of almost all of their sample of 100 adolescent mothers; these authors concluded that a suffocating relationship with the mother hindered the development of other relationships (this may have obvious implications for the relationship between the adolescent and her own offspring). In a different study of 257 school-aged mothers, 62 percent described their mothers as "dominating" their household (Vincent, 1961). It should be noted that these studies neglected to examine the adolescent's relationship with her father, which may have been equally problematic.

Researchers in developmental psychology and psychopathology have taken the first important steps in addressing the problem of poor infant and child development by

elucidating the significance of parent-child interactions for later child outcomes; this applies both to the interactions where the adolescent is the child, and where she becomes the parent. In other words, the manner in which an adolescent mother is parented has profound effects on her child-rearing style (Kantor, Peretz, & Zander, 1984). For example, adolescents who experienced rejection during their own childhoods are likely to exhibit angry, punitive maternal behavior toward their infants (Crockenberg, 1987). Incest victims, relative to nonrisk mothers, feel less confident and less in-control over their emotions in parenting their own children (Smith, Cole, & Woolger, 1990). Moreover, they endorse statements that are extreme in requiring that children become autonomous quickly (e.g., “Most children are toilet trained by 15 months,” “The earlier a child is weaned from its emotional ties to its parents the better it will handle its own problems”; Cole & Woolger, 1989). These are concerning statements, because parenting values and beliefs are highly correlated with actual parenting behavior and competence (Schaefer, 1991).

In short, because their childhoods are often marked by child abuse or otherwise maladaptive parenting styles, these teen mothers *themselves* never develop the personal prerequisites for healthy growth, and thus are unable to impart them to their children (Biglan, Metzler, Wirt, & Ary, 1990; Romig & Bakken, 1990). As a consequence, the third generation--that is, the infants and children of these teenage mothers--is at increased risk. How exactly the third generation is affected by adolescent parenting style has been approached in part through attachment theory. Research into the mother-child relationship has revealed an increasing awareness that early and poor parent-child interactions may be associated with inadequate attachment (Ainsworth, 1973; Egeland & Farber, 1983; Lyons-Ruth, Connell, Zoll, & Stahl, 1987; Main & Hesse, 1990) as well as deficits in the child’s developmental level, competency, and intelligence (Beckwith, 1971; Beckwith, Cohen, Kopp, Parmelee, & Marcy, 1976; Coates & Lewis, 1984; Cohen & Beckwith, 1979; Ramey, Farran, & Campbell, 1979). The consequences of inadequate

attachment and developmental delay are far-reaching. Slowed cognitive development has been associated with poor school achievement, behavior problems, adolescent depression (Erickson, Sroufe, & Egeland, 1985; Kellam, Brown, Rubin, & Ensminger, 1983), and substance abuse (Kandel, Kessler, & Margulies, 1978). A few longitudinal studies have specifically identified insecure or disorganized attachment relationships as the strongest single predictor of seriously maladaptive social behavior in later childhood (Erickson, et al., 1985; Lyons-Ruth, Alpern, & Repacholi, 1993).

This implies that the insecure or disorganized attachment often seen in the mother-child relationships of adolescent mothers may predispose their children to aggressiveness, antisocial behavior, low self-esteem (Patterson, DeBaryshe, & Ramsey, 1986), poor peer relationships (Hartup, 1983), and poor school performance (Garnezy, Masten, Nordstrom, & Farrarese, 1979; Kazdin, 1987; Walker, Shinn, O'Neill, Ramsey, 1987; Wilson & Herrnstein, 1985). Later, continuing the unfortunate spiral, antisocial behavior, bolstered by ambiguous family roles, low self-esteem, and parental modeling, may lead to delinquency, sociopathy, schizophrenia, and substance abuse (Caspi, Elder, & Bem, 1987; Farrington, 1983; Kellam et al., 1983; Robins, Davis, & Wish, 1977; Newcomb & Bentler, 1989; Simons & Robertson, 1989). Synergistically, families of antisocial children tend to use harsh, inconsistent discipline, tend to have little positive involvement with their children, and tend not to monitor or supervise their children (Patterson, DeBaryshe, & Ramsey, 1989). For all of these reasons, when children who have experienced neglect or abuse become adults, they are at risk of passing on this legacy by abusing their own children, exhibiting delinquent behavior, and suffering adverse mental health outcomes (Altemeier, O'Connor, Sherrod, Tucker, & Vietze, 1986; Briere & Runtz, 1988; Gelfand, Hartmann, Lamb, Smith, Mahan, & Paul, 1974; George & Main, 1979; Steele, 1986).



### *Mechanism of Intergenerational Parenting Effects*

The research discussed thus far describes the connection between former generation parenting and subsequent generation parenting, however, little empirical work has directly examined the *mechanism* of the former's influence on the latter, and the latter's influence on their offspring. Furthermore, most of the literature suffers from either limited scope or excessive breadth. Whereas most authors examine a single link between two specific variables, others attempt to include broad concepts (e.g., developmental history, personality, and parenting) in a comprehensive model of intergenerational parenting (Belsky & Vondra, 1989). To be sure, both approaches have been invaluable in our understanding of the impact and complexity of former generation parenting on the outcomes and parenting styles of subsequent generations; however, specification of the process remains elusive.

This study examined the mechanism of first generation impact on second generation outcomes in two specific parenting models. Direct measures of third generation outcomes were not analyzed here; however, second generation measures employed in this study are reported to be strong predictors of third generation outcomes. In any effort to describe the mechanism by which first generation parenting style influences second generation development and, subsequently, second generation parenting style, it is first necessary to choose salient variables for investigation. As a matter of convenience, this study grouped these variables according to whether they describe first generation phenomena (i.e., first generation parenting style) or second generation phenomena (adolescent development and outcomes, and adolescent parenting style). A heuristic schema illustrating this point is outlined in Figure 1a. However, in the actual analyses of models, variables which fall under the same general headings (e.g., first generation parenting style or adolescent development and outcomes) are not interchangeable. For example, certain first generation parenting styles are more associated to certain adolescent development and outcome variables than others based on

## 1st Generation

Parent of Adolescent

## 2nd Generation

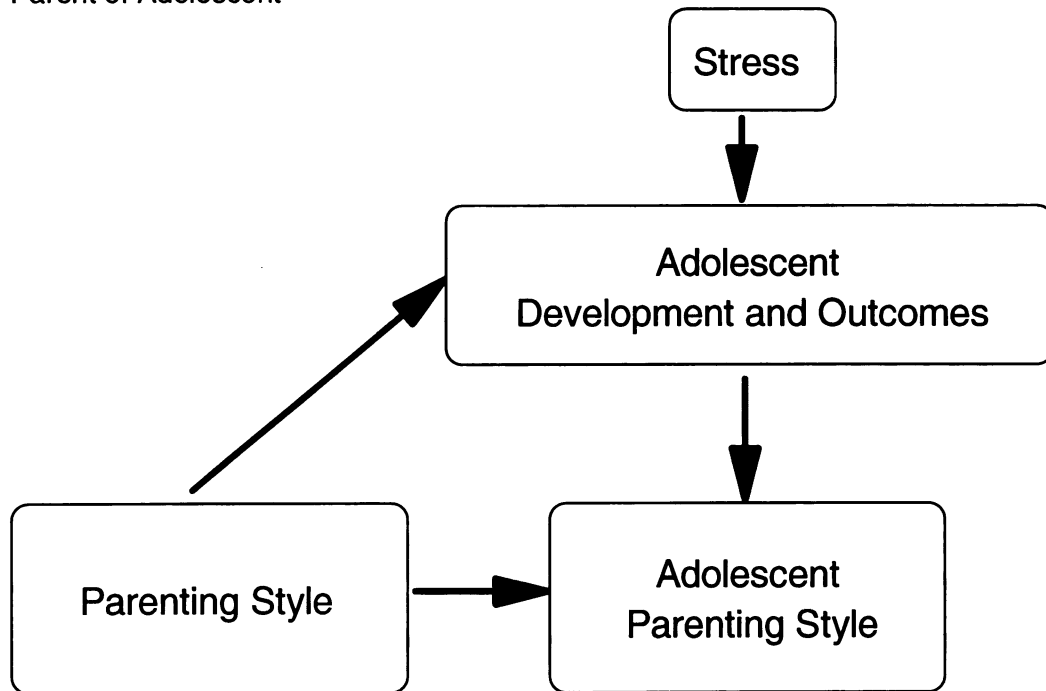


Figure 1a. Heuristic schema describing first generation parenting style influences on second generation development and, subsequently, second generation parenting style

theoretical and empirical studies. Thus, the current study examines two separate models (Figures 1b and 1c) that have not been explicitly tested in previous research. In the following sections, the justification for choosing the variables under investigation will be outlined, and specific links between these variables will be argued.

### Variables Describing Second Generation Development and Outcomes

Belsky and colleagues' (1986) earlier parenting models assumed the importance of environmental influences (e.g., marital adjustment) to parenting and child outcomes. His empirical analyses challenged this notion and indicated the greater importance of parental developmental history as a direct predictor of parenting behavior (Belsky & Vondra, 1989). For adolescent parents, a focus on intraindividual, developmental variables seems especially salient; the developmental literature suggests that the maturational crisis of adolescence itself mediates the effect of first and second generation parenting on third generation outcomes. Because theoretical and empirical literature has identified self-esteem (or self-concept) and autonomy (or individuation) as areas of intraindividual development that are highly affected by the adolescent maturational crisis, these variables were chosen to operationalize adolescent development and outcomes in the present study (Hill, 1987; Paris, 1976).

*The Role of Autonomy or Individuation in Adolescence.* Developmental and psychoanalytic theories have placed great importance on the critical role that psychological individuation during early and late adolescence assumes in healthy adjustment (Blos, 1979; Erikson, 1968, 1978; Schafer, 1973; see Tyson & Tyson, 1990 for a review). Blos (1979) describes the principle task of adolescence as a "second individuation" process (or developing healthy *autonomy* in relation to parents) in which the adolescent simultaneously separates from and gives up the parents as primary attachment objects and finds substitutes outside the family. A central aspect of the second individuation process is the deidealization of parental object representations developed earlier in childhood. Early in childhood, when the child's thought processes

**1st Generation**  
Parent of Adolescent

**2nd Generation**

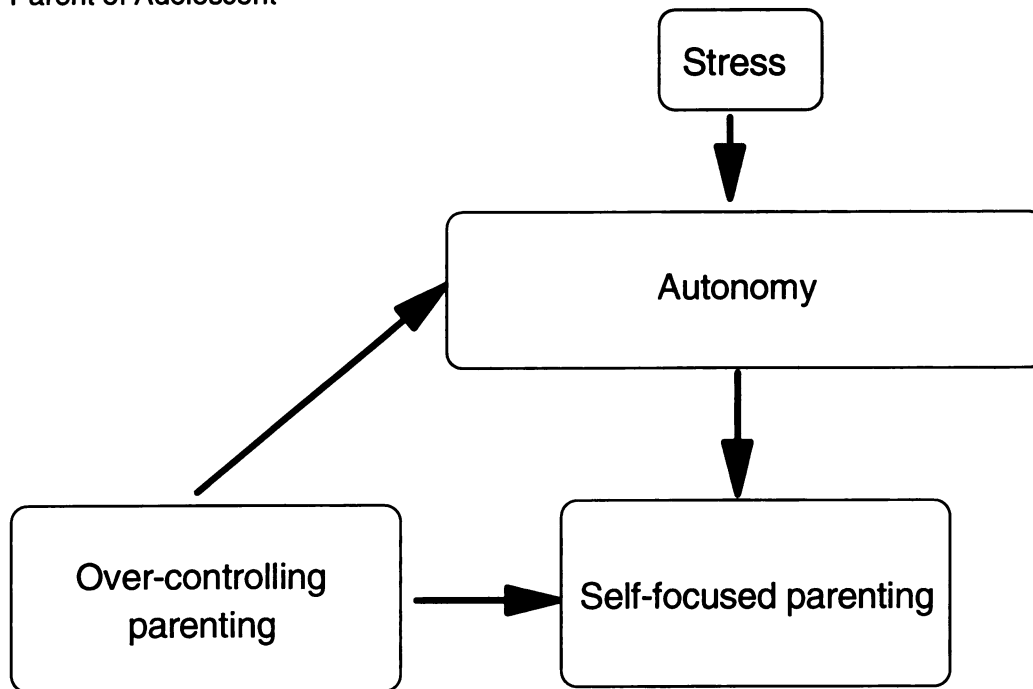


Figure 1b. Parenting Model A

## 1st Generation

Parent of Adolescent

## 2nd Generation

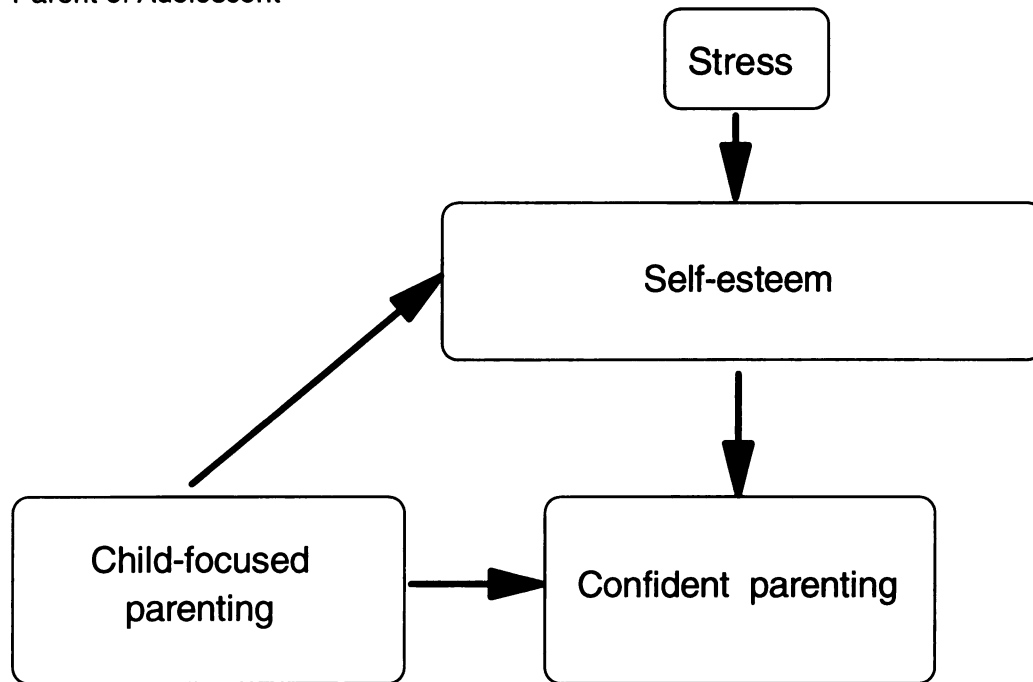


Figure 1c. Parenting Model B

are egocentric, she idealizes her parents because they maintain a central role in her life. In adolescence, the child continues to hold to these idealized notions, but also begins to criticize her parents, finding them disappointing, inadequate, and unfair.

To the extent that the adolescent is able to differentiate the earlier omnipotent, idealized object representations from the parents of her current life, she will be able to establish less conflicted, respectful relationships with her parents while still experiencing herself as independent of them. This independence remains superficial if the adolescent is not able to resolve conflicted parental idealizations. That is, if the adolescent goes her own way, and even attempts to undermine her parents' wishes, she may demonstrate behavioral or external signs of autonomy, but is obviously intrinsically controlled by her parents' wishes. True independence is marked by the adolescent's ability to act on her own volition whether the action is incongruent or congruent with her parent's wishes. If the adolescent is able to negotiate the individuation process successfully, and develop conflictual autonomy, her capacity for mature love and intimacy develops. These more mature love relationships that result from successful individuation provide a context within which the adolescent can practice *independence* and *mutuality* simultaneously (Erikson, 1959; Kernberg, 1974a, 1974b, 1977, 1980; Person, 1988). Freedom from unresolved conflict with parents (i.e., conflictual autonomy) allows the adolescent to be less self-focused, but rather more reciprocal in extrafamilial relationships.

A large body of empirical evidence has emerged to support the theoretical importance of developing healthy autonomy or individuation in adolescence (Austin & Inderbitzin, 1983; Grolnick & Ryan, 1989; Hoffman, 1984; Kenny & Donaldson, 1991, 1992; Lopez, 1991; Ryan & Grolnick, 1986; Ryan, Connell, & Deci, 1985 ). The implications of an adolescent's success or failure in navigating this "second individuation" process are far-reaching. Some researchers globally conceptualize adolescents' emotional difficulties to be symptomatic manifestations of the struggle for separation from their parents (Austin & Inderbitzin, 1983; Fulmer, Medalie, & Lord,

1982). More specifically, higher levels of autonomy and self-regulation have been positively associated with performance indices, such as greater motivation and adjustment, school grades, achievement test scores, and classroom behavior (Grolnick & Ryan, 1989; Ryan & Grolnick, 1986; Ryan, Connell, & Deci, 1985).

Hoffman (1984) developed a theoretical formulation of psychological separation as a multidimensional construct with four separate aspects: functional, attitudinal, emotional, and conflictual independence from the parents. Functional independence may be reflected in adolescence as the ability to manage and direct one's practical and personal affairs without the help of her parents. Attitudinal independence is defined as perceiving oneself as being unique from one's parents--having separate beliefs, values, and attitudes. Emotional independence is defined as freedom from an excessive need for approval, closeness, togetherness, and emotional support in relation to the parents. Conflictual independence is the freedom from excessive guilt, anxiety, mistrust, responsibility, inhibition, resentment, and anger in relation to the parents. This formulation of multidimensional autonomy has subsequently been supported in several empirical studies that point to the lattermost dimension as having particular relevance for psychological adjustment (Hoffman & Weiss, 1986; Lopez, Campbell, & Watkins, 1986). Conflictual autonomy has been consistently associated with measures of adaptive psychological outcomes, including emotional and academic adjustment (Hoffman, 1984; Hoffman & Weiss, 1986; Kenny & Donaldson, 1991, 1992), absence of psychopathology (Lopez, Campbell, & Watkins, 1989; Transeau & Eliot, 1990) and eating disorders (Friedlander & Siegel, 1990), adjustment to college (Lapsley, Rice, & Shadid, 1989; Lopez, 1991; Rice, Cole, & Lapsley, 1990), and vocational success (Blustein, Walbridge, Friedlander, & Palladino, 1991). Other types of autonomy assessed by Hoffman's measure, the Psychological Separation Inventory (PSI), have been associated with inconsistent outcomes. For example, Frank, Pirsch, and Wright's study (1990) of adolescent women suggested that maintaining "emotional" attachments (rather than

emotional autonomy) with parents was more psychologically important than perceiving oneself as a separate individual with self-chosen values. These results substantiate theories of female adolescent development (Gilligan, 1982, 1988; Josselson, 1988). Viewing oneself as attitudinally, emotionally, and functionally autonomous may even reflect feelings of rejection or alienation from parents; in fact, Ryan and Lynch (1989) indicated that certain measures designed to assess adolescent autonomy actually measure emotional *detachment*, which involves the loss of a major source of support. These authors found that emotional autonomy was negatively correlated with individuation, felt security, and emotional utilization of parents.

Findings obtained from studies using Hoffman's autonomy measure support psychoanalytic theories that emphasize adolescent resolution of conflictual feelings toward parents as being key in the process of individuation, resulting in *conflictual autonomy* but not necessarily *emotional autonomy*. In other words, successful individuation is marked by conflictual autonomy, but not necessarily emotional or other types of autonomy in relation to parents. Therefore, although all four of Hoffman's categories of autonomy are assessed in the present study, special attention is given to the role of conflictual autonomy, which has not only demonstrated greater construct validity in previous studies, but also seems more relevant to the parenting variables of interest in this study.

*The Role of Self-Esteem in Adolescence.* In addition to adolescent autonomy, the development of self-esteem also plays a central role in a number of psychological theories (see Wells & Marwell, 1976, for a review of the literature), and is of obvious importance to adolescents. Most of these theories conceptualize self-esteem as an individual's feelings and attitudes toward herself, which are especially pertinent in adolescence when individuals are becoming more self-aware and self-critical. Individuals with high self-esteem are characterized by self-respect and feelings of worthiness (Bibring, 1953; Coopersmith, 1967; Felker, 1974; Rosenberg, 1965), a sense



of belonging (Felker, 1974; Maslow, 1954), and feelings of competence (Diggory, 1966; Young, 1988). Those with low self-esteem are marked by a lack of self-respect and the belief that they are insignificant, unsuccessful, incapable, and unworthy (Coopersmith, 1967). These self-concepts have significant implications for an individual's actual performance and behavior (Crockenberg & Soby, 1988). High self-esteem is expected to predict and reflect healthy adjustment and behavior valued by the society, whereas low self-esteem is associated with deviant behavior. Kaplan (1975) offers a complex explanation of the association between self-esteem and behavior. He posits that individuals strive to develop, maintain, and improve positive self-attitudes. These positive self-attitudes are derived from culturally sanctioned or normative experiences (e.g., academic achievement, acceptance by parents). Eventually, experiences that are conducive to emotionally gratifying self-attitudes become gratifying in and of themselves and, therefore, encourage behavior that fosters other such experiences. Individuals who develop self-esteem in this way would thus naturally continue to engage in socially sanctioned behaviors. Alternatively, those with normatively derived negative self-attitudes not only are apt to avoid the distress-producing experiences, but also are "motivated to deviate from normative patterns by virtue of their intrinsically distressing nature" (Kaplan, 1975, p.54). Therefore, low self-esteem is expected to correlate with high frequencies of deviant behavior. Several empirical studies with adolescents substantiate Kaplan's theory in that those with higher self-esteem practiced more prosocial behavior (Rigby & Slee, 1993) and had higher levels of academic achievement (Liu, Kaplan, & Risser, 1992); whereas, those with lower self-esteem were more depressed (Smart & Walsh, 1993) and more likely to use illicit drugs (Vega, Zimmerman, Warheit, Apospori, 1993; Taylor & del Pilar, 1992). In particular, Crockenberg and Soby (1989) discuss at length how lower self-esteem is likely to effect a series of deviant decisions among girls that ultimately lead to their becoming pregnant and parenting adolescents.

### Variables Describing First Generation Parenting Style

Although parenting is a complex, multidimensional construct, empirical research consistently confirms two robust dimensions of parenting: control and acceptance (Baumrind, 1967, 1971; Maccoby & Martin, 1983). Control relates to parental efforts to influence a child, such as demands for maturity, strictness, and methods of discipline. Acceptance involves the degree to which the parent is child- versus self-focused, demonstrating warmth and healthy involvement with a child.

*Influences on Adolescent Parenting Style.* Much of the research supporting the relationship between a parent's past history and current parenting behavior has emerged from studies of intrafamilial child sexual abuse. The study of these and other "developmentally disturbed" families can enhance our understanding of normative family processes (Belsky, Hertzog, & Rovine, 1984), just as the study of developmental disturbance clarifies our understanding of normative developmental processes within individuals (Cicchetti, 1984). By underscoring the deleterious consequences of environmental stress, a problematic developmental history, and disturbed personality, research on the etiology of child abuse elucidates crucial sources of influence on parenting, that might otherwise be undetected. In particular, clinical data suggests that sexually abusive families are characterized by dysfunctional boundary patterns (Finkelhor, 1984; Main & Goldwyn, 1984; Minuchin, Rosman, & Baker, 1978).

All families have boundaries consisting of rules that regulate participation within and without their particular system. The two-fold purpose of boundaries involves the preservation of the family as a differentiated entity as well as the differentiated roles within the family. Appropriate internal boundaries are defined by differences in status and responsibility between parents and their children. Families in which sexual abuse occurs are generally considered to be "enmeshed," a term that refers to both inadequate internal boundaries and an overly strong external boundary. By limiting contacts with extrafamilial relationships, the impermeable external boundary serves to maintain

isolation from the outside community. Internal boundaries, on the other hand, become too diffuse, fostering inadequate role distinctions between generations. Parents who enlist their children to meet their own sexual needs are an obvious example of boundary violation and its self-focused nature. More subtly, parents may usurp their child's attentions to meet their own needs for companionship, nurturing, and affirmation. Studies with abusive families suggest that these parents often fail to provide support to their children and have difficulty curbing tendencies toward self-gratification (Justice & Justice, 1979; Mrazek & Kempe, 1981). The dysfunction of these families is therefore characterized by *over-controlling* and *self-focused* parenting. Such parenting styles frequently involve domineering and emotionally needy parents who produce "parentified" children who, in turn, use their own offspring to satisfy unmet emotional needs. In this way, first generation over-controlled parenting may lead to second generation self-focused parenting. Smith et al. (1990) demonstrated that incest victims, as compared to "no known risk" women, were also more likely to report feeling less confident and less in control of their emotions in parenting their own children. Self-focused parenting may therefore be conducive to less confident or insecure parenting in future generations.

Studies with non-abusive or premorbid families confirm that these processes of intergenerational transmission generalize beyond abusive behaviors. For example, several investigators have found that a father's involvement with his children is positively correlated with the level of involvement displayed by his own father (Reuter & Biller, 1973). Those fathers who were particularly involved in their child's care recalled that their own fathers had been highly involved (Sagi, 1982) and very nurturant (Manion, 1977). A large body of research on parent-child interactions suggests there is a relationship between child-focused parenting and "mastery" among offspring (Frodi, Bridges, & Grolnick, 1985; Lyons-Ruth & Zeanah, 1993; Matas, Arend, & Sroufe, 1978; Yarrow, MacTurk, Vietze, McCarthy, Klein, & McQuiston, 1984). Morgan and

colleagues (Morgan, Harmon, & Maslin-Cole, 1990; Morgan, Harmon, & Maslin-Cole, 1991) posit that “mastery” refers to activities that a child performs in order to increase her sense of competence, and these behaviors are thought to reflect early precursors of individuals’ cognitive and social competence. Mothers who were responsive to their child’s needs and supported their strivings for autonomy (i.e., those who were “child-focused” during interactions) had children who demonstrated greater social competence, resourcefulness (Matas, Arend, & Sroufe, 1978), and persistence in mastery tasks (Frodi, Bridges, & Grolnick, 1985). Therefore, it appears that a mother’s more child-focused parenting leads to greater confidence and sense of competence in her offspring.

*Influences on Adolescent Development and Outcomes.* A large body of research has specifically examined parental attitudes, child-rearing behaviors, and parent-child relationships as they relate to aspects of intraindividual development. In particular, parenting style appears to play a critical role in the development of adolescent autonomy (Bartle, Anderson, & Sabatelli, 1989; Pardeck & Pardeck, 1990) and self-esteem (Bartle, Anderson, Sabatelli, 1989; Gecas & Schwalbe, 1986; Johnson, Shulman, & Collins, 1991; Richards, Gitelson, Petersen, & Hurtig, 1991). The development of autonomy has often been associated with parental control; over-control restricts successful individuation (Quintana & Lapsley, 1990), even in the form of overprotectiveness (Blum, 1992). Optimal developmental outcomes are most likely to evolve from a context that gradually reduces adult control as the child’s need or desire for autonomy increases (Eccles, Buchanan, Flanagan, & Fuligni, 1991). Effective, non-over-controlling parents direct and guide their child’s behavior without thwarting the child’s evolving autonomy and agency. A major goal of such parenting involves the eventual relinquishing of overt control in order that the child may test personal limits through the exercise of internalized rules and values.

Baumrind (1967, 1971) delineated three styles of parenting (authoritarian, authoritative, and permissive) based on two relevant dimensions: firm versus lax control

and psychological autonomy versus psychological control. Parents who scored high in psychological control and firm control were classified as authoritarian, those high in psychological autonomy and low on firm control were neglectful, and those high on psychological autonomy-granting and high on firm control were authoritative. Maccoby and Martin (1983) later suggested an alternative to this tripartite typology by classifying permissive, or "low control," parents as either "indulgent" or "neglectful," depending on their degree of warmth. The high warmth, or "indulgent," style is related to outcomes similar to the authoritative style in regard to autonomy (Lamborn, Mounts, Steinberg, & Dornbusch, 1991) and self-esteem (Maccoby & Martin, 1983). Self-evaluations of children from "neglectful" homes do not differ significantly from those of children reared by "authoritarian" parents (Lamborn et al., 1991). A number of studies have consistently associated the authoritative parenting style (which involves the parental use of induction or reasoning, consistent discipline, and expression of warmth) with a constellation of positive developmental outcomes for adolescents that include higher levels of self-esteem and autonomy, academic achievement, prosocial orientation, and social competence during the school-age years (Baumrind, 1967, 1971; Coopersmith, 1967; Hoffman, 1970; Lamborn et al., 1991; McCall, 1974; Maccoby & Martin, 1983). Parents' authoritarian versus democratic beliefs are correlated with their conformist versus self-directing and autonomy-granting beliefs, respectively (Schaefer, 1991). The studies discussed in this section consistently implicate autonomy-granting as one aspect of parenting that is particularly beneficial, and perhaps it is the aspect that characterizes "authoritative style" parenting. Parental autonomy support has been positively related to children's self-reported autonomous self-regulation, teacher-rated competence and adjustment, and school grades and achievement (Grolnick & Ryan, 1989).

Just as adolescent autonomy results from a parenting style that buttresses an appropriate level of control and autonomy-granting, a parenting style that is sensitively attuned to the child's needs fosters self-esteem (Belsky, Lerner, & Spanier, 1984;

Litovsky & Dusek, 1985; Paulson, Hill, & Holmbeck, 1991). In a longitudinal study, children of mothers who were consistently more responsive during both infancy and early adolescence, as well as children whose mothers became responsive over time, had more positive self-esteem (Beckwith, Rodning, & Cohen, 1992). Another study, examining seven adolescent to young adult age groups (including those no longer residing with parents), demonstrated that paternal nurturance was a consistent and robust predictor of self-esteem even in the latter years (Buri, Murphy, Richtsmeier, & Komar, 1992). Unfortunately, research has indicated that the reverse is also true: lacking healthy, child-focused attention from parents has lasting and substantial negative consequences on the self-attitudes of their offspring (Smith, Cole, & Woolger, 1990; Colleta, 1981; Olson & Worobey, 1984). Women who have been victims of incest (characterized by self-focused parenting) were more likely to report feeling denigrated and a lack of overall confidence (Lowery, 1987; Smith et al., 1990). Similarly, adult mothers who had been subject to cold, hostile, neglectful, and rejecting childrearing exhibited low self-esteem (Belsky, Hertzog, & Rovine, 1986). In two studies specifically examining pregnant and parenting adolescents, low self-esteem was also highly related to rejection by their mothers (Colleta, 1981; Olson & Worobey, 1984).

A number of major psychoanalytic theorists, including Winocott, Mahler, and Kohut elucidate how individuals with pathologically narcissistic or self-focused parents (who treat their child's needs as secondary or unimportant) may develop a compromised self-concept or self-esteem. They emphasize that a child has the primary need to be regarded and valued as "the person she really is" at any given time (requiring sensitivity toward her real emotions, sensations, and their expressions), and as the *center* of her own activity; the fulfillment of this "narcissistic" need is essential for the development of healthy self-esteem. To wit, narcissism (self-love) is a normal developmental process that regulates self-esteem (Kernberg, 1975; Kohut, 1971). According to psychoanalytic theory, the child develops an "ego ideal" (or idealized self-concept) to maintain this self-

love (Freud, 1925). The ego ideal at first evolves from the primary narcissism of the infant when she is unable to differentiate her self from nonself and believes herself to be the source of all pleasure (Hartmann, Kris, & Loewenstein, 1946; Spitz, 1959). As she begins to perceive herself as separate, the mother is idealized and internalized. The infant believes she is the admired, omnipotent, and idealized other (Reich, 1960). In normal development, identification with idealized parental figures to maintain self-love shifts to a realistic critical conscience or superego (Sandler, Holder, & Meers, 1963). Narcissism or self-love is sustained when the ego judges itself by the standards of the superego, so that an individual's self-worth is determined by how close the realistic self-concept is to the ideal.

Psychoanalytic theorists draw a distinction between healthy narcissism that is conducive to self-esteem and pathological narcissism that leads to disorders of the self, such as borderline personality and narcissistic character disorders (Kohut, 1971, 1972; Kernberg, 1970, 1974a, 1975). Kernberg (1970) noted that mothers of his pathologically narcissistic patients seemed to be cold and hostile, or narcissistic themselves. He reasoned that individuals whose narcissistic needs were unlikely to be met or responded to appropriately at each developmental stage, were then unable to regulate their self-esteem through the mechanism described above. Conversely, Mahler and colleagues' studies (1975) of separation-individuation demonstrated how the mother's child-focused sensitivity and attunement, if it is developmentally appropriate, allowed for the evolution and maintenance of adequate self-esteem. This child-focused sensitivity starts from infancy in the form of understanding an infant's often-subtle cues and responding to her needs without inappropriate delay (Ainsworth, Blehar, Waters, & Wall, 1978; Lamb & Easterbrooks, 1980). Child-focused parents are able to continue demonstrating warmth and affection while increasing the demands for age-appropriate behavior, throughout childhood. The success of this process may be especially evidenced when the child

reaches adolescence; the child-focused parent has prepared the child for the transition into adolescence by equipping her with necessary self-esteem.

The parenting outcome of adolescent self-esteem therefore requires that the parent demonstrate the capacity to prohibit her own egocentric and narcissistic tendencies in order to nurture and focus on the child's needs. To do so, such parents must successfully negotiate their own intraindividual conflicts. Indeed, parents' experience of midlife identity concerns and well-being was positively associated with the level of emotional autonomy reported by their same-sex adolescent children (Silverberg & Steinberg, 1987). Other studies have similarly demonstrated that the adolescent's identity formation may be affected by the identity formation status of her parents; parents with more mature identities had adolescent daughters with more mature identities (Adams, 1985). Furthermore, mothers' self-concepts are correlated with their child-rearing style and relationship with their child; for example, mothers who perceive less personal control over their own lives have lower levels of positive parent-child interaction with their infants, and this eventually leads to the child deficits described above (Schaefer, Edgerton, & Hunter, 1983). Mothers who have poor self-concepts are also more likely to impose authoritarian and conformist beliefs and values on their children and are less apt to possess democratic and autonomy-granting beliefs and values. These findings may be explained by psychoanalytic theory which posits that parents who have been narcissistically deprived themselves are compelled to gratify their own needs through substitute means (Kohut, 1971; Miller, 1981; Tyson & Tyson, 1990; Winnicott, 1956, 1960). The most likely objects for gratification are a parent's own children:

“A newborn baby is completely dependent on his parents, and since their caring is essential for his existence, he does all he can to avoid losing them. From the very first day onward, he will muster all his resources to this end, like a small plant that turns toward the sun in order to survive” (Miller, 1981, p.7).



The child is therefore forced to meet the mother's narcissistic needs and any of the child's "specialness" is used to bolster the mother's self-admiration and greatness (Kernberg, 1970). Consequently, these children are apt to suffer serious deficits in their own self-esteem.

In summary, evidence indicates that a combination of identification processes and possible internalization of reflected appraisals of perceived self-worth contribute to the adolescent's identity formation (Adams, 1985). Specifically, first generation child-focused parenting would presumably be related to higher levels of self-esteem among adolescents; and first generation over-controlling parenting would result in a lack of adolescent independence, especially a lack of conflictual autonomy.

#### Variables Describing Second Generation Parenting Style

The status of adolescent developmental processes and outcomes, such as psychological maturity, health, and autonomy, may, in turn, determine adolescent parenting styles and success. For example, in a longitudinal study linking parenting with constructs of psychological maturity and health, scores on standardized personality assessments (e.g., MMPI, Rorschach), consistently predicted parental competence among fathers (Heath, 1976). Those parents who displayed more personality integration, less depression and anxiety, and more independence and stability also demonstrated greater emotional and affectional involvement and time spent playing with offspring. Mothers' self-empowering beliefs (i.e., internal locus of control orientation) were correlated with higher levels of positive interaction with their infants during bathing, dressing, and play and less authoritarian child-rearing (Schaefer, Edgerton, & Hunter, 1983).

Intraindividual characteristics, such as self-esteem, autonomy, and depression, may also determine one's coping style, another factor linked to parenting outcomes (Teti & Gelfand, 1991). Current theories link the onset and course of depression with appraisal and coping styles (Abramson, Seligman, & Teasdale, 1978; Hammen & Krantz, 1985). Those individuals who were less depressed or dysfunctional reported greater

direct problem-solving, and less reliance on avoidant coping and emotional discharge responses (Cronkite & Moos, 1984; Fondacaro & Moos, 1987). Based on the child abuse literature, it is obvious that unreasonable, nondiplomatic emotional outbursts, or passive-aggressive behavior from a parent may result in negative consequences for her child.

Other research has drawn direct links between intraindividual variables and confidence in parenting. Adolescents with high levels of social-emotional maturity have more positive attitudes toward parenting (Larsen & Juhasz, 1985). In particular, the intrapersonal variable of self-esteem is thought to be highly related to parental functioning (Cowan & Cowan, 1983; Gamble & Belsky, 1984). Individuals with high self-esteem had better attendance for scheduled postpartum appointments at a perinatal clinic (Giblin, Poland, & Sachs, 1987), were more involved with their infants (Cowan & Cowan, 1983), and provided more responsive, stimulating, and affectionate care to their preschoolers (Gamble & Belsky, 1984). Alternatively, mothers with lower self-esteem appeared less interested, less effective in soothing, and less able to maintain synchronous exchanges with their newborns (Farber & Egeland, 1980).

Achieving a general sense of self-worth and esteem is prerequisite to the ability to perceive oneself as a competent parent (Young, 1988). Parents' self-perceptions of competence have been assessed by the Parenting Confidence subscale of the Family Experiences Questionnaire (Frank, Hole, Jacobson, Huyck, 1986). Parents at the high end of this scale viewed parenting as a process and trusted their coping abilities; whereas those at the low end felt that they had inadequate resources to cope with the demands of parenting (items include, "I know that I am doing a good job as a parent"). It seems likely that assessments of self-esteem among adolescent mothers would have direct bearing on their reports of confident parenting.

Besides level of parenting confidence, an adolescent's intraindividual characteristics also seem to be related to the manner in which she derives gratification from parenting. Clinical observations suggest that insecure parents seek to gratify

unfulfilled wishes for nurturance and self-esteem through their offspring and have difficulty relating to the latter as separate, unique individuals (Frank, Hole, Jacobson, Justkowski, & Huyck, 1986). Because a lack of autonomy (especially the conflictual type) creates such an intense need for emotional resolution or gratification in adolescence, it seems likely that adolescent parents who experience a lack of conflictual autonomy would be prone to self-focused gratifications. Self-focused gratification versus child-focused gratification in parenting has been measured by two related subscales of the Family Experiences Questionnaire (FEQ) which query respondents regarding whether they view their child as a means to fulfilling narcissistic needs for power, love, or self-esteem (e.g., “Being a parent makes me feel more important because I know that I am the center of someone’s world”), or whether they see their child as valuable, irrespective of their own needs and involvement (e.g., “I like watching my children’s personalities develop even when they turn out differently from what I expected”). Data obtained from these scales seem to substantiate Anastasiow’s (1982) notion that many adolescent mothers view pregnancy as a means for recouping emotional loss or for achieving self-esteem and feminine identity. Adolescent mothers who have lower autonomy are more dependent and needy by definition, and may therefore be most susceptible to self-focused gratification tendencies.

### The Effect of Stress on Adolescent Development and Parenting

In addition to the multiple determinants of teen parenting, including adolescent development and first generation parenting influences, a major complication encountered by adolescent mothers is severe stress. In an earlier model of adult parenting, Abidin (1982, 1986) emphasized stress as the central construct, with stress leading directly to dysfunctional parenting. His test of this model, however, demonstrated that a simple linear relation did not exist between stress level and dysfunctional parenting. This information was incorporated into a new model which examined how intraindividual differences mediated the relationship between stress and parenting (Abidin, 1992). In

order to understand the relationship between stress and adolescent parenting, it seems equally important (if not even more so) to understand first how developmental variables that characterize the adolescent period mediate this relationship. That is, how does stress impact the adolescent (which may ultimately effect her parenting)?

Although adolescent and adult mothers do not differ in the number of stresses reported, adolescent mothers rate these events as significantly more stressful (Garcia, Hoffman, Vanhouten, & Oh, 1987). Specific stressors that are frequently identified as characteristic to teen mothers, compared to nonparent peers, include their greater likelihood of dropping-out of high school, of being at a lower socio-economic status, of receiving public assistance, and of being placed at a vocational disadvantage (Card, Reagan, & Ritter, 1988; Hughes, 1986; Levering, 1983; Moore & Hofferth, 1978). Furthermore, adolescent mothers are often subject to multiple, simultaneous transitions, including school transitions and the transition into parenthood and adult responsibility (Bogat, Liang, Caldwell, Davidson, Bristor, Phillips, & Suurmeyer, 1993). Becoming a parent is a life transition in itself, involving some degree of stress (Holmes & Rahe, 1967; LeMasters, 1968), but the teenager makes this transition prematurely, at the onset of adolescence, further exacerbating the stress (Bacon, 1974; Russell, 1980). Elster, McArney, and Lamb (1983) note the following:

“Adolescent parents, particularly younger ones, are faced with a variety of situational crises, which are superimposed upon a maturational crisis (adolescence) . . . each of which may be associated with some degree of normal stress” (p. 497).

The “maturational crisis” of adolescence is characterized by a period of tumultuous changes, including physical or biological changes brought on by puberty (Simmons, Burgeson, Carlton-Ford, & Blyth, 1987); social changes such as the increasing importance of peers (Mazor & Enright, 1988; Petersen & Taylor, 1980); and emotional, cognitive, and psychological changes such as the development of adolescent autonomy

and self-esteem (Austin & Inderbizin, 1983; Grolnick & Ryan, 1989; Hoffman, 1984; Kenny & Donaldson, 1991, 1992; Lopez, 1991; Ryan, Connell, & Deci, 1985; Ryan & Grolnick, 1986; see previous discussion of these variables). Clearly, the development of adolescent autonomy and self-esteem is not only a stressor in itself, but is also intimately affected by the other relevant stressors of this period. For example, the increased importance of peers also increases their potential for bolstering or lowering an individual's self-esteem. In two recent studies, the perceived facilitativeness of an adolescent girl's closest friend was significantly correlated with higher self-esteem (Cramer, 1993); whereas social stress, or the *cost* of peer relationships, was significantly correlated with lower self-esteem (Moran & Eckenrode, 1991).

Although the causal relationship between stress and adolescent development is not known, one way to explain this relationship may be that adolescent variables such as self-esteem and autonomy determine the adolescent's experience of stress (Bird & Kemerait, 1990; Pasley, Langfield, & Kreutzer, 1993). That is, the adolescent's developmental status (e.g., level of autonomy and self-esteem) has a direct role in her subjective appraisal of the event and number of concurrent life stresses, both of which ultimately determine the degree to which stress is experienced (Lazarus & Folkman, 1984). Individuals with low levels of autonomy and self-esteem may feel helpless and lacking in control of a stressful situation, and may lack confidence in their coping ability, thus heightening their experience of stress.

In addition to the possibility that adolescent variables (such as autonomy and self-esteem) may effect the appraisal or experience of stress, the reverse causal explanation may also be true: stress may impact adolescent development. Cross-sectional studies have consistently shown that an accumulation of recent negative events is positively related to psychological and physical health problems (see Johnson, 1986, for a review of this literature). However, research examining the specific effects of life stress on adolescents (not to mention adolescent parents) is strikingly scarce, despite the obvious

vulnerability of this population to multiple, disruptive environmental and developmental changes (Rutter, 1983). For adolescent mothers, these changes, coupled with the challenges of parenthood, would seem to have significant implications for adolescent parenting. In particular, adolescent variables, such as autonomy and self-esteem, might mediate the relationship between stress and parenting, with stress directly effecting these adolescent outcome variables first and indirectly effecting adolescent parenting.

*Specific Impact of Stress on Self-Esteem.* Several studies have explicitly studied and documented the negative consequences of stress on adolescent self-esteem (Cohen, Burt, & Bjorck, 1987; Johnson & McCutcheon, 1980; Kroger, 1980; Youngs, Rathge, Mullis, & Mullis, 1990). Self-esteem declined among adolescents who reported experiencing stresses such as a school transition (Kroger, 1980), as well as an accumulation of their own controllable and uncontrollable negative life events (Cohen et al., 1987; Youngs et al., 1990). Although previous longitudinal studies had failed to predict change in adolescent mental health criteria due to negative life experiences (Gersten, Langner, Eisenberg, & Simcha-Fagan, 1977; Swearingen & Cohen, 1985), a longitudinal analysis, with an improved methodology, confirmed causality (Cohen et al., 1987). Furthermore, the relationship between high stress and low self-esteem may be particularly strong for adolescent females as opposed to males (Moran & Eckenrode, 1991), and even stronger for adolescent mothers who, compared to their nonmother peers, were more likely to react to environmental stressors with self-abasement (Oz, Tari, & Fine, 1992).

*Specific Impact of Stress on Autonomy.* Given the findings that stress predicts a constellation of adolescent health and developmental outcomes, such as self-esteem (Cohen et al., 1987), it would seem that stress should have a particularly deleterious effect on adolescent autonomy. By definition, autonomy entails the inner freedom to make choices about how one responds to the environment; by definition, stress imposes constraints on that environment and decreases a person's control, thus limiting a person's

choices and ability to make choices. The relationship between stress and autonomy seems especially salient in adolescence because this developmental period represents a transitional phase with respect to responsibility for the occurrence of life experiences. Adolescence, compared with earlier age periods, is marked by more active involvement with the environment (Scarr & McCartney, 1983). Unfortunately, the early adolescent is subjected to many stressful events, often originating within the family, over which she lacks control (Coddington, 1972). This threat to personal control may ultimately compromise the adolescent's sense of autonomy and agency.

*Integrating Developmental and Clinical-Community Research:*

*The Issues of Social Support and Stress*

Independent from the developmental psychopathology literature reviewed so far, the clinical-community psychology literature has produced a parallel line of inquiry that also examines the antecedents and determinants of adolescent parenting--both protective and risk factors. Whereas the developmental literature primarily focuses on the effects of first generation parenting on adolescent mothers, the clinical-community model implicates other social and environmental influences. Specifically, this research extensively chronicles the positive effects of social support in relation to parenting success and parent or child outcomes (Cooley & Unger, 1991; Dunst, Trivette, & Cross, 1986; Frodi, Keller, Foye, Liptak, Bridges, Grolnick, Berko, McAnarney, & Lawrence, 1984; Koniak-Griffin, 1987). Social support has been associated with the adolescent parent's long-term chances for educational or vocational success, as well as the health, development, and competence of her offspring (Baldwin & Cain, 1980; Cooley & Unger, 1991; Dunst, Trivette, & Cross, 1986; Furstenberg & Crawford, 1978; Powell, 1980; Turner, Grindstaff, & Phillips, 1990). Other studies, using mixed-age populations of mothers, have specifically demonstrated the relationship between social support and more adaptive parenting styles or attitudes (Luster, 1986); less maternal rejection of the infant (Colletta, Lee, & Gregg, 1981; Sherman & Donovan, 1991); diminished use of

authoritarian punishment techniques (Colletta, 1979); greater emotional and verbal responsivity (Powell, 1980); better infant attachment (Cranley, 1981; Crockenberg, 1986); and more effective coping among parents with premature infants (Minde, Marton, Manning, & Hines, 1981; Minde, Shosenberg, Marton, Thompson, Ripley, & Burns, 1980). Among adolescents, mothers who were more satisfied with their social support were more affectionate with their toddlers by comforting, cuddling, playing with, and praising them, whereas dissatisfied teens tended to be hostile, rejecting, and uninterested (Lee & Colletta, 1983).

Based on this research, it seems likely that social support benefits adolescent parents; however, the mechanism by which social support derives its positive effects for this population is unclear. This lack of understanding may result from the underdevelopment of models of social support in interaction with parenting variables; to date, no model has included all of the variables discussed in this study (i.e., parenting variables across two generations, adolescent development and outcome variables, life stress, and social support). Therefore, it has not been possible to assess and compare the various direct and mediating effects of social support discussed in the next section. Furthermore, the two most developed and recent models by Abidin (1992) and Belsky and colleagues (1989), which focus on similar constructs, albeit for an adult population, have yet to be empirically tested. Belsky et al.'s (1986) analyses of an earlier model were exploratory in nature and prone to capitalization on chance; that is, when their data did not fit the proposed structure, they tested several alternative models, retrospectively.

In general, a major problem with existing longitudinal intervention and cross-sectional studies has been their lack of clarity in defining and operationalizing social support. In most instances, the global impact of a supportive intervention was assessed rather than the specific aspects of support provided by the intervention. In a review of parent interventions, Bogat, Sullivan, and Grober (1993) note that each program supplied *informational* support to the mother by educating her on various aspects of pregnancy,



child development, and child care. Emotional support was also provided in many of the interventions. Other programs aimed to enhance the mother's social network by helping her to identify and engage existing supports, as well as connect with new supports in the community. Although these studies were expressly designed to provide informational and emotional support, and each attempted to enhance social networks overall, few studies actually assessed whether beneficial effects could be specifically attributed to gains in these intended support activities. Furthermore, these studies neglected to assess what specific behavioral activities are involved in receiving help from these interventions. In cross-sectional or interview research, nonspecific indices of support were also frequently used. For example, Belsky et al. (1986) assessed the effects of social support in his model by a very global measure--"frequency of social network contact."

Future research should make multi-dimensional assessments of support. For example, it may be that recently unemployed persons benefit more from material and tangible support, whereas depressed persons benefit more from emotional support. In particular, teen mothers may especially benefit from guidance and informational support, the form of support most commonly provided by existing parent support interventions in order to improve parenting skills and attitudes. Although all new parents may suffer from a lack of knowledge regarding parenting, adolescent mothers typically have even less realistic expectations and less optimal attitudes than do older mothers (Field, Widmayer, Stringer, & Ignatoff, 1980; Reis, 1988). This lack of knowledge of child growth and development puts teen mothers at greater risk of maintaining inaccurate perceptions of child abilities, and thus, employing harsh or abusive disciplinary techniques and ineffective teaching approaches (Epstein, 1979; Showers & Johnson, 1984).

### *Social Support's Direct and Mediating Effects*

In light of the variables of interest in this study, social support's beneficial effects on parenting may occur via several alternative paths (see Figures 2a and 2b). First, the positive relationship between mothering and social support may be caused by two, more distal, remedial effects of social support; specifically, the presence of a positive relationship with persons other than parents or guardians may directly effect adolescent development and adjustment (path A) as well as moderate the effects of stress on these two variables (path B). Support for these paths can be found in the large literature indicating that social support moderates or "buffers" the impact of stressful circumstances on an individual's health and adjustment (Caplan, 1974; Cohen & McKay, 1984; Eaton, 1978; Thoits, 1986) as well as evidence that social resources may have an overall beneficial effect on health and adjustment, irrespective of stress level (Cohen, Struening, Muhlin, Genevie, Kaplan, & Peck, 1982; Lin, Simeone, Ensel, & Kuo, 1979; Williams, Ware, & Donald, 1981).

#### Path A: Direct Impact Of Social Support On Adolescent Development and Adjustment

The direct effects of social support on adjustment are confirmed by longitudinal studies that demonstrate social support's ability to mitigate or enhance an individual's esteem, self-confidence and self-concept, psychological adjustment, and sense of autonomy (Barrera, 1981; Nuckolls, Cassel, & Kaplan, 1972; Schilmoeller, Baranowski, & Higgins, 1991). Research findings among general adolescent populations have indicated that those with strong supports were more likely to report greater life satisfaction (Schilmeoller, Baranowski, & Higgins, 1991), psychological well-being (Barth, 1983), and self-esteem in areas related to home life (Koniak-Griffin, 1987). In relation to adolescent mothers and other parents, lack of social support has been a strong predictor of self-reported emotional stress (Colletta & Lee, 1983; Colletta & Gregg, 1981; Lee & Colletta, 1983), depressive symptomatology (Barrera, 1981; Cutrona, 1989; Turner, Grindstaff, & Phillips, 1990), and well-being (Kissman & Shapiro, 1990).

## 1st Generation

Parent of Adolescent

## 2nd Generation

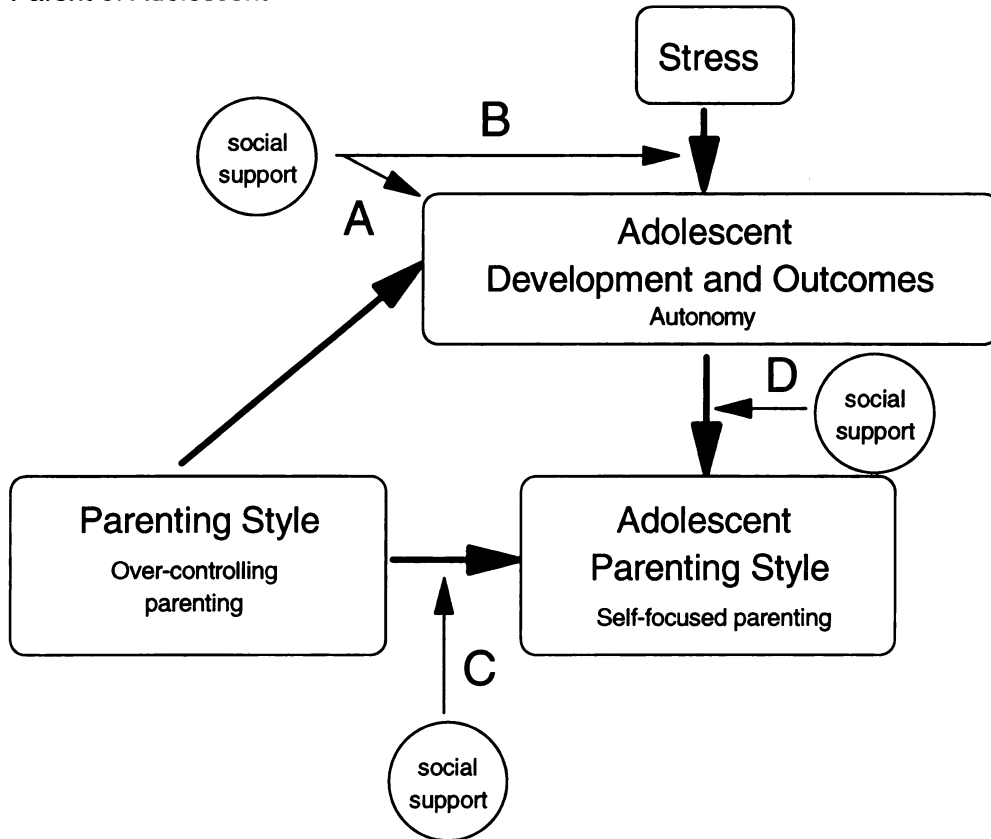


Figure 2a. Intergenerational Adolescent Parenting Model A

## 1st Generation

Parent of Adolescent

## 2nd Generation

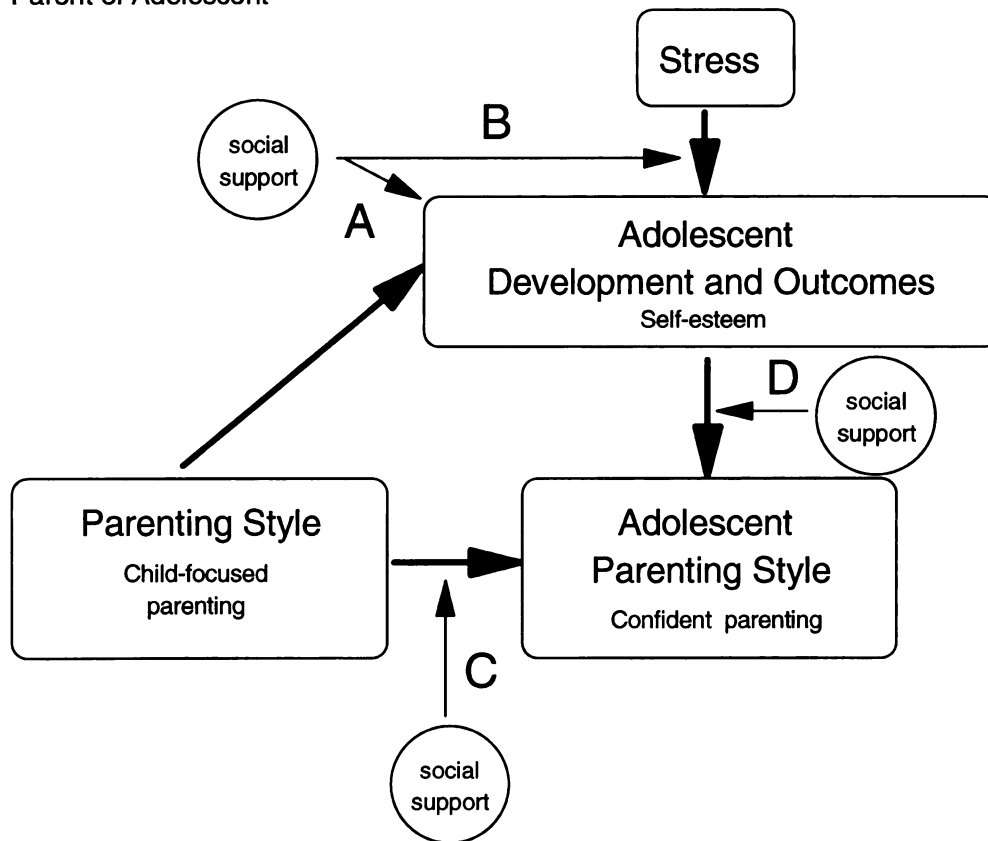


Figure 2b. Intergenerational Adolescent Parenting Model B



Social support may be particularly relevant to outcomes of autonomy; however, little research has specifically examined the link between these variables. In the case of an individual with compromised autonomy due to over-controlling parents, social support (especially of the nondirective type) may provide a corrective experience. In fact, employing a consistent, corrective therapeutic relationship in order to foster healthy autonomy (that has been otherwise thwarted in formative relationships) is a fundamental premise of psychotherapy (McCartney, 1987). It seems, however, that the relationship between support and autonomy would likely vary depending on the type of support given and the type of autonomy to be effected. For example, among adolescents with chronic illness and disability, family and peer support have served to promote autonomy (probably of the functional and emotional types), allowing these teens to successfully negotiate the issues of puberty in the face of chronic problems that disrupt functional and emotional independence (Blum, 1992). On the other hand, more directive types of support (e.g., guidance and informational) may be detrimental to an individual's conflictual autonomy in that too much advice or guidance may undermine an adolescent's growing efforts to make independent decisions, and may therefore exacerbate internal conflict or dissonance for the adolescent.

In addition to the relationship between social support and autonomy, the effect of social support on self-esteem may also be especially pertinent to adolescent populations (e.g., Hoffman, Levy-Schiff, & Ushpiz, 1993; Richter, Brown, & Mott, 1991). In one study, maternal support had a strong positive effect on adolescents' self-esteem; peer support was also positively influential, particularly in the absence of maternal support (Hoffman, Ushpiz, & Levy-Shiff, 1988). Another study, examining the impact of informal, formal, and societal support systems on the mental health of African American adolescent mothers (most of whom were single), demonstrated that both lay and professional supports were important for subjects' psychological well-being, especially self-esteem (Thompson & Peebles-Wilkins, 1992). A variety of supportive interventions

with teenage mothers including maternity homes (Koniak-Griffin, 1988), special schools (Bogat et al., 1993), mentoring projects (Dawson, van Doorninck, & Robinson, 1989), and support groups (Dunst, Vance, & Cooper, 1986) have therefore become increasingly popular, and have aimed to bolster participants' self-esteem (Dunst et al., 1986).

**Path B: Stress-Buffering Effects Of Support On Adolescent Development and Adjustment**

As an alternative to these direct effects of social support, other studies provide empirical evidence for the stress-moderating model; the availability of support buffers the experience of stress inflicted by multiple life changes from complications of pregnancy, labor, and delivery (Nuckolls, Cassell, & Kaplan, 1972), as well as difficult child-rearing situations (Minde et al., 1980). Not only is adolescent pregnancy considered a stressful event (Coddington, 1972; Garcia et al., 1987), it is also an event whose harmful consequences on an individual's well-being might be buffered by supportive relationships. For instance, mothers who were unmarried and were without support from their baby's father made more stressful appraisals of pregnancy (Helper, Cohen, Beitenman, & Eaton, 1968). As stated previously, adolescent mothers may be subject to a variety of other crises besides the transition to pregnancy (e.g., the transition to adolescence and school transition). Social support has been shown to buffer the direct impact of such stressors on self-esteem and personal competence (Fennel, 1991). For parenting adolescents, satisfaction with social support was a major predictor of overall stress and stress stemming from autonomy (Pasley, Langfield, & Kreutzer, 1993). Furthermore, another study examining the role of psychosocial assets (these include social support as well as other assets) in buffering stressful life events for married, first-time mothers, demonstrated that possessing assets had no benefit for those experiencing low levels of stress, and women who had high stress and low assets had far worse outcomes than those who reported high levels of psychosocial assets (Nuckolls, Cassel, & Kaplan, 1972). Garbarino and Sherman (1980) have suggested that each of four

sources of support, which include the father or spouse, the family of origin, the peer group, and community agencies (e.g., providers of medical, religious, and social services), mediate the multiple, regularly occurring stresses commonly associated with parenting. Hence, it appears that social support may occur in a variety of types or forms, and may have multiple modes of influence on the ultimate outcomes for adolescent mothers and their offspring.

#### Path C: Interaction of Social Support and First Generation Parenting

A third possible intervention point is delineated by Path C: social support may mediate the effects of first generation child-rearing style on the adolescent's parenting style (see Figures 2a and 2b). An adolescent mother may learn positive child-rearing techniques and attitudes via advice and information, as well as role-modeling, from sources other than her mother or female guardian (Charbonneau & Kaplan, 1989). Rokeach (1985) found that individuals who compare their values and behaviors with the different ones of someone else tend to change their values and behavior.

In particular, social support may have mediating effects on the way teens internalize two specific parenting attitudes or styles passed down from their mothers: self-focused gratifications and over-control. Although teens with over-controlling or self-focused parents might naturally emulate these powerful influences, the presence of other supportive relationships (especially if these are non-domineering and reciprocal) may allow a teen to experience other sources of control and gratification, and thus make it less likely that they will become over-controlling and self-focused themselves.

Moreover, adolescents whose parents were over-controlling or self-focused tended to be emotionally suppressed to meet the parents' needs for companionship, nurturing, and affirmation (Burkett, 1991). The social development of parentified children is therefore often compromised in regard to their future adult relationships as well as their parenting behaviors (Maccoby, 1980; Sroufe, Jacobvitz, Mangelsdorf, DeAngelo, & Ward, 1985). Social support may correct an adolescent's inability to form



healthy, reciprocal relationships due to previous boundary diffusions precipitated by over-controlling or self-focused parents.

**Path D: Interaction of Social Support and Adolescent Development and Adjustment**

A final path (see path D in Figures 2a and 2b) that describes the possible mediating role that social support plays in the relationship between adolescents' intraindividual status and their parenting attitudes or behavior must also be speculated. That is, social support may mitigate or enhance the adolescent's self-esteem or autonomy in order to effect positively their parenting attitudes or behavior. While no studies to date have explicitly examined this path, several studies present data that lend support to this hypothesis. For example, the support provided to adolescent mothers via other individuals (not community services) decreases their stress and enhances their self-esteem and coping style (Colletta & Lee, 1983; Colletta, Lee, & Gregg, 1981). A recent study by Lamborn and Steinberg (1993) compared adjustment scores among teens who differed in both self-perceptions of autonomy and social support. Subjects high in autonomy but low in relationship support had problematic adjustment profiles, whereas, those with both high autonomy and support reported more internal distress and behavior problems than those without, but showed a greater level of psychosocial development and academic competence than their peers. Similarly, greater satisfaction with one's social resources and higher self-esteem were associated with fewer psychosocial problems among adolescents completing a chemical dependency treatment (Richter, Brown, & Mott, 1991). Research on low-income mothers substantiates this pattern in that women with more instrumental assistance reported less depressive symptoms and a greater sense of control and mastery (Belle, 1981). Emotional support, on the other hand, may enhance an individual's self-esteem and sense of self-efficacy and self-autonomy, which, in turn, may enable her to access and employ adaptive coping strategies that lead to more confident and child-focused parenting attitudes. Ostensibly, an increase in these types of psychological resources (especially self-esteem and

autonomy) through the provision of supports, would serve to meet a parent's own needs and thus increase parenting confidence and enable child-focused sensitivity.

As an alternative to the explanation that support enhances psychological resources to effect parenting, the reverse may also be true: psychological resources may enhance a person's ability to procure or utilize support that may ultimately foster healthy parenting. To wit, individual's with higher self-esteem, self-efficacy, and self-autonomy, may be more able to access and employ support resources that lead to more confident and child-focused parenting attitudes. A study (Giblin, Poland, & Sachs, 1987) assessing the influence of social support on maternal attitudes and behaviors in third-trimester adolescent women indicated that pleasure and confidence with pregnancy was positively associated with the receipt of assistance from the adolescent's mother as well as favorable opinions of friends; high self-esteem was associated with attendance at postpartum clinic visits. This study supports the notion that teen parents with higher levels of self-esteem, compared with those that are less self-assured, may be more apt to seek out relationships and better able to utilize these supports in order to bolster their parenting confidence. Similarly, teens with greater conflictual autonomy may be less ambivalent about seeking help and companionship that may help curb self-focused parenting tendencies. The current model does not test these alternative interaction explanations.

### *The Current Study and Hypotheses*

The present study represents an effort to integrate research on social support from the clinical-community literature with the extant developmental psychopathology literature in order to delineate a more comprehensive model of adolescent parenting antecedents and determinants. The multifaceted processes that determine whether parenting is adaptive or not must be represented by an ecological model that takes into account the personality and developmental history of adolescent parents, as well as the social mediators of these variables. Poor parenting outcomes occur only when either

transient or chronic risk factors outweigh compensatory influences that are at work in an adolescent parent's life. To date, primarily descriptive, univariate methodologies have been employed to examine the impact of first generation characteristics on adolescent parenting and child outcomes. These methodologies have focused on restrictive, Bi-variable studies of a complex and dynamic system.

In the current study, the intergenerational, developmental parenting and social support models, reflected by Figures 2a and 2b, were tested via path analysis. The proposed heuristic schema was an attempt to approximate a more precise and appropriate representation of teenage parenting. It stands in contrast to adult models of parenting (Belsky, 1984) whose constructs such as work and marital satisfaction, are not germane to most teenage parents. Instead, the constructs of adolescent development, adjustment, and social support that are represented by the present model have particular relevance for teen mothers who must assume adult responsibilities prematurely. Furthermore, because much of the extant literature on the family background of teen mothers is based on information gleaned from single source respondents (i.e., only teens and not their mothers), it is not certain whether the relationships between parenting variables described thus far transcend generational lines. Studies where teens are asked to describe their parents' behavior may actually show that teen outcomes correlated more with confounded or biased perspectives on their parents, rather than with the actual attitudes and behavior of their parents. Therefore, this study conducted primary source interviews with the parents of adolescent parents as well as with the adolescents themselves. This provides mutually independent and unbiased data that has been virtually nonexistent in the literature.

Although some might argue that it would be preferable to use behavioral methodologies, rather than self-report or interview data, to observe actual parent-child relations, in recent years, researchers have made the strong argument that self-report of parental cognitions is an "important data source for both theory construction and clinical

assessment” (Abidin, 1992, p. 411). Those devaluing self-report and personality measures have largely based their skepticism on research of the 1960’s and 1970’s that failed to demonstrate significant and substantial correlations between global attributes and specific behaviors. More current studies demonstrate that narrowly-focused personality measures consisting of items that are directly associated with a specific belief system can predict and help define the determinants of parenting behaviors (Abidin, 1992; Siegel, 1985). Moreover, data stemming from specific and sensitive assessment of parenting belief systems have been shown to predict real, observed parenting behavior (Kochanska, Kuczynski, & Radke-Yarrow, 1989).

Another noteworthy aspect of this study is its retrospective design. It would be preferable to observe parent-adolescent relations prior to the adolescent’s delivery of her child, and to follow the adolescent prospectively as she delivers and rears her children. But because such an approach is costly, it is warranted only after this pilot research has been accomplished.

In the current project, the intergenerational model of family influence and parenting was tested by interviewing both first generation and second generation parents (see Figures 2a and 2b). It was expected that the child-rearing styles and attitudes possessed by parents of adolescents (first generation) would be associated with adolescent autonomy, and self-esteem (second generation outcomes), as well as factors considered to be strong indices of adolescent parenting competence or incompetence (and third generation outcomes), such as parenting attitudes and behaviors, and maternal self-efficacy beliefs (Flynn, 1979; Reis & Herz, 1987; Rokeach, 1985; Schaefer, 1991; Teti & Gelfand, 1991).

Two versions of the proposed path model were tested. In Model A (see Figure 3), first generation over-controlling style was expected to be linked directly with conflictual autonomy and self-focused parenting. It was expected that conflictual autonomy would

## 1st Generation

Parent of Adolescent

## 2nd Generation

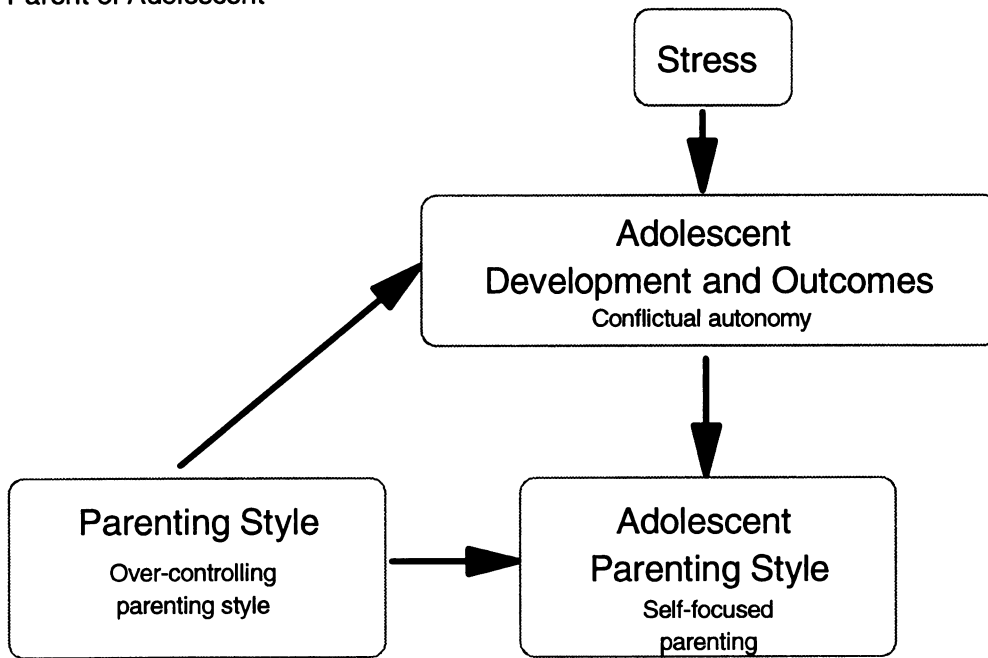


Figure 3. Parenting Model A

predict self-focused parenting. A direct link between stress and conflictual autonomy was also hypothesized.

In Model B, (see Figure 4), first generation child-focused parenting was expected to predict second generation confident parenting and self-esteem. It was hypothesized that the latter would also be linked to confidence in parenting. Finally, stress was expected to predict self-esteem negatively.

For each of these models, it was predicted that social support would have four separate, main and interaction effects on adolescent outcome and parenting variables (see Figures 2a and 2b). In particular, social support was expected to have a positive, main effect and stress-buffering effect on adolescent development and outcomes (self-esteem and conflictual autonomy). It was also expected that social support would interact with adolescent development and outcomes to effect positively adolescent parenting (self-focused and confident parenting). Finally, social support would interact with first generation parenting styles (over-controlling and self-focused parenting) to impact positively adolescent parenting.

Because only primary source indices of first generation parenting were used in the path model (i.e, control and gratifications measures obtained from direct interviews with first generation mothers), the measure differentiating first generation authoritarian, authoritative, and permissive parenting styles based on teen reports were not included in the model to be tested. However, in a separate analysis, it was expected that authoritative parenting would be most highly related to the positive adolescent outcomes of high self-esteem and conflictual autonomy; authoritarian style was expected to be negatively correlated with these same outcomes.



## 1st Generation

Parent of Adolescent

## 2nd Generation

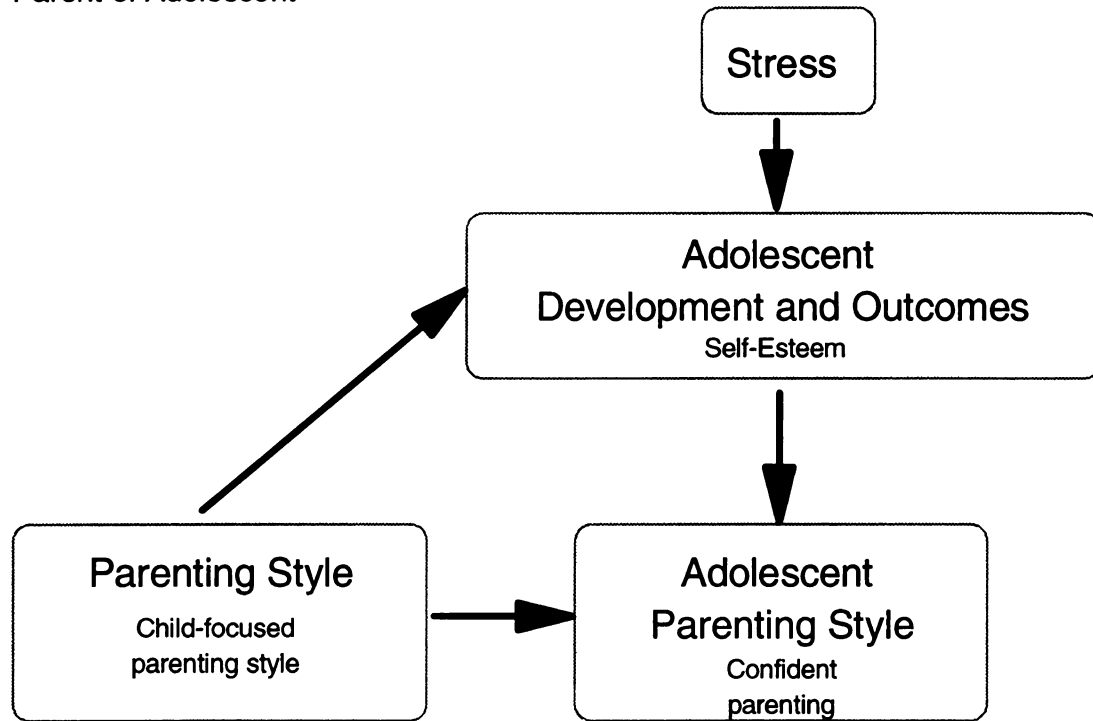


Figure 4. Parenting Model B



## METHOD

### *Participants*

The participants were 86 pairs of expectant or new mothers, ranging from 13-18 years of age (Mean = 16.7, Median = 17), and their mothers or female guardians. All of the expectant mothers were students enrolled in one of two alternative education programs for pregnant teens during the academic year in which they were due to deliver. Seventy-two pairs of subjects were obtained from an alternative education program in which the Program Coordinator interviewed all incoming students. The research project was explained to each of them and they were invited to participate. Those who indicated an interest in participating and met project criteria for eligibility (e.g., first time mothers in their first trimester of pregnancy, with female guardian willing to participate) were asked to sign a consent form and complete between one and three in-person interviews. Their female guardians were asked to complete a phone interview. Approximately 80% of the program attendees were eligible to participate, and of these 71% agreed to participate. Of those who did not agree to participate, the reasons for not participating included lack of interest and ineligibility based upon having had previous children.

Fifteen more subjects were gained from a second alternative education program for teen mothers. The program was announced to students at a school meeting by its Program Director. Again, eligible students who were interested were asked to sign a letter of consent and were paid five dollars following their in-person interviews. Of the 100 program attendees, 21 were eligible and agreed to participate; of these 15 interviews were completed. Four were absent from school the day of the interview and two did not have female guardians who could be reached by phone.

Approximately two-thirds of all the program attendees were involved in the W.I.C. Program and 55% received ADC. Fifty-one percent were African American, 34% were Caucasian, and 14% were Hispanic. Both alternative education programs were voluntary and available to young women throughout the surrounding school district. Approximately 100 women were served by each program per year.

### *Measures*

#### First Generation Constructs

The parenting style and attitudes of the mothers or female guardians of the adolescents was assessed according to one self-report measure (Family Experiences Questionnaire; FEQ; Frank, Jacobson, & Hole, 1986) and one measure completed by the adolescents (the Parental Authority Questionnaire; PAQ; Buri, 1989) described below.

*Parenting Attitudes and Beliefs.* The Gratifications scale of the Family Experiences Questionnaire (FEQ, Frank, Jacobson, & Hole, 1986) assesses self- versus child-focused gratifications, using a 4-point Likert scale ranging from 1 = strongly disagree to 4 = strongly agree. Parents at the low end of this 22-item scale (scores of 1 or 2) perceived their children as reflections of themselves (e.g., “When she is good, I am good; when she is bad, I am bad”) and used their children to fulfill narcissistic needs for love, self-esteem, or power. Parents scoring at the high end of the scale appreciated their child’s qualities more independently of their own involvement. Alphas from previous research range from .72 to .86 (Frank et al., 1986). For the present sample, the internal consistency  $\alpha$ ’s of the self- and child-focused subscales of the FEQ were .55 and .61 respectively. See Appendix A.

The Control Scale of the FEQ assessed the level of control parents felt they had in parenting. Parents at the high end of the Control scale were often unsuccessful in what they described as a struggle to maintain control over themselves and their children. In previous studies, some parents who scored on this end of the continuum also described themselves as harsh disciplinarians or overprotective. In contrast, parents at the lower

end of the scale described a more balanced perspective between discipline and love; these parents could recognize and accept that certain situations were out of their control. For the present sample, the internal consistency of this subscale was  $\alpha = .67$ .

*Parental Authority Style.* The Parental Authority Questionnaire (PAQ; Buri, 1989) was administered to adolescent mothers to assess retrospective perceptions of their parents in the family of origin. Adolescents who lived in different households during childhood answered according to their perceptions of the person whom they regarded as their maternal surrogate; in all cases these were primary caretakers. The scale consists of 10 permissive, 10 authoritarian, and 10 authoritative statements, in a 5-point Likert format, based on Baumrind's (1967, 1971) delineation of these authority styles. The items are measured on a 5-point scale from 1 = strongly disagree to 5 = strongly agree.

Test-retest reliabilities and coefficient  $\alpha$ 's in previous studies have ranged from .77 to .92 and .74 to .95, respectively, (Buri, 1989). The PAQ was validated using 21 professionals in education and the social sciences, who indicated whether they felt each item was clearly indicative of one of the three parenting styles. Items were only retained if more than 95% of the judges agreed. Buri, Louiselle, Misukanis, and Mueller (1988) found evidence of criterion-related validity: the three parenting styles predicted both adolescent self-esteem and parental nurturance. This measure has adequate discriminant validity; Buri found that authoritarianism was inversely related to permissiveness and authoritativeness, while permissiveness was not significantly related to authoritativeness. Reliability coefficients for the subscales in this study were Authoritativeness ( $\alpha = .75$ ), Authoritarianism ( $\alpha = .75$ ), and Permissiveness ( $\alpha = .58$ ). See Appendix B.

### Second Generation Constructs

In addition to the FEQ self-focused and child-focused subscales that are described above (second generation  $\alpha$ 's were both .74), adolescent mothers were administered demographic, parenting competence, self-esteem, autonomy, stress, and social support measures.

*Demographics.* Information regarding the participants' ethnicity and socioeconomic status, was gathered using their school records, as well as the Demographics Form in Appendix C.

*Parent's Self-Perception of Competence.* The Parenting Confidence scale of the FEQ was used to assess the adolescent mother's confidence regarding personal abilities within the parenting role (rated on a 4-point Likert scale ranging from 1 = strongly disagree to 4 = strongly agree). This 15-item scale assesses the extent to which the parent feels she is doing a good job as a caretaker, is able to handle difficulties that arise, and is fostering the positive development of the child. Sample items include, "I have the knowledge I need to be a good parent," "When there is a crisis with the children, I know that I will do what needs to be done"). The internal consistency has been estimated at  $\alpha = .85$  (Frank, et al., 1986). For the present sample, the reliability coefficient of this subscale of the FEQ was  $\alpha = .68$ . See Appendix A.

*Self-Esteem.* The Rosenberg Self-Esteem Scale (Rosenberg, 1965) was employed to assess the adolescent's general self-esteem. This scale is comprised of 10 items assessing self-worth and self-acceptance on a Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). A sample item is "I feel I have a number of good qualities." In another study of adolescent mothers (Brookins, 1990), the scale had an internal consistency of  $\alpha = .81$ . Similarly, the scale had an internal consistency of  $\alpha = .81$  in the present study. See Appendix D.

*Adolescent Autonomy.* The Psychological Separation Inventory (PSI; Hoffman, 1984) is comprised of four scales in a Likert format (ranging from 0 = not at all true of me to 4 = very true of me): emotional independence ("After being with my mother for a vacation I find it hard to leave her"), conflictual independence ("I feel like I am constantly at war with my mother"), functional independence (e.g., "My mother's wishes have influenced my selection of friends"), and attitudinal independence ("My beliefs regarding how to raise children are similar to my mother's"). These four factors

theoretically underlie the construct of psychological separation. Because only the first two scales were significantly related to personal adjustment (Hoffman, 1984), the latter two were not analyzed for this study. In previous studies, Cronbach's  $\alpha$  for the four subscales ranged from .84 and .92 (Hoffman, 1984). Cronbach's  $\alpha$  for the relevant scales in the present study were: conflictual autonomy (.88) and emotional autonomy (.88). See Appendix E.

*Stress.* The Daily Hassles Scale (Kanner, Coyne, Schaefer, & Lazarus, 1980), in modified form, served as a 24-item chronic stress index. In order to establish content equivalence (Cronbach & Meehl, 1955), only those items germane to adolescents in our population were included. Three researchers in the current project rated each item in the scale as relevant, irrelevant, or questionably relevant; those items rated as "irrelevant" by a single evaluator or by two or more evaluators as "questionably relevant" were eliminated. The scale inquires, "How much of a hassle has each item been for you during the past month" (e.g., "meeting deadlines or goals at work or school," "having enough money for necessities"). Respondents rate the severity of all hassles that occurred in the past month (1 = none or not applicable, 2 = somewhat, 3 = moderate, 4 = a great deal). For each respondent, three summary scores were generated: (1) frequency--a count of the number of checked items; (2) cumulated severity--the sum of the severity ratings; and (3) intensity--the cumulated severity divided by the frequency (i.e., the weighted sum of hassles endorsed divided by number of hassles endorsed). The internal reliability  $\alpha$  of the scale was .84 in the current sample. See Appendix F.

*Social Support.* The Inventory of Socially Supportive Behaviors (ISSB; Barrera, Sandler, & Ramsay, 1981), a specific, functional support scale, was used to measure receipt of social support. In the development of the ISSB, social support provisions were thought to include activities directed at assisting others in sharing tasks, mastering emotional distress, giving advice, teaching skills, and offering material aid. Based on two confirmatory factor analyses, these activities are encapsulated by three broader

factors: Tangible Assistance, Directive Guidance, and Non-directive (or Emotional) Support (McCormick, Siegert, & Walkey, 1987; Walkey, Siegert, McCormick, & Taylor, 1987). In this 40-item, 5-point Likert scale (ranges from “not at all” to “about every day”), respondents report the frequency of occurrence in the past month of such support as “having had someone provide you with information to help you understand your situation.” The instrument has demonstrated good test-retest reliability (ranging from .80 to .82) and high internal consistency (ranging from .80 to .93) in previous studies (Walkey, Siegert, McCormick, & Taylor, 1987). With the present sample, the  $\alpha$ 's for the subscales were: non-directive support (.89); tangible assistance (.66); and directive guidance (.80) . See Appendix G.

Items for each of these subscales were largely based on Gottlieb's (1978) content analysis of interviews with single mothers. Thus, a major advantage of the ISSB is that it may help to assess categories or types of supportive behaviors that are relevant to adolescent mothers, rather than global constructs. Ultimately, it differentiates the utility of certain forms of support for a given population coping with specific stressors.

### *Procedure*

Eighty-six participants were recruited from two alternative education programs for pregnant teens in Central Michigan. At the first site, each teen mother and her legal guardian was given an explanation (in written and oral form--See Appendix H) of the research project at the time of program entry. When the project was clearly understood by all involved, an invitation to participate and consent form were offered for signature to the participants and the legal guardians. See Appendix I. Participation from teens at the second site was obtained when an announcement of the research project was made during the school year and interested teens signed the consent form (legal guardians indicated their consent by completing the parent interview). After consent had been obtained from students and legal guardians, both parties were individually administered an interview by trained research assistants. Interviews with students were conducted in

person and those with mothers or legal guardians were conducted in a twenty-minute phone interview. Students were paid \$5 for their participation in this interview.





## RESULTS

### *Scale Development*

Reliability coefficients for first generation and second generation measures used in the present study were all in acceptable range; specific  $\alpha$ 's were reported in the Methods section. Ethnic differences could not be analyzed due to the limited sample size and largely unequal proportion of African Americans in the sample as compared to other ethnic groups.

### *Univariate Comparisons*

Preliminary analyses revealed several significant relationships between variables. These relationships appear in Table 1. As expected, authoritative parenting style (AUTIVE<sub>1</sub>) had a significant positive relationship with conflictual autonomy (CAUT<sub>2</sub>;  $r = .54, p < .01$ ), whereas authoritarian parenting style (AUTIAN<sub>1</sub>) was negatively correlated with it ( $r = -.54, p < .01$ ). Authoritative style among parents of teens was also positively associated with three other indices of *second generation* parenting success: more confident perceptions of parenting competence (CFEQ<sub>2</sub>;  $r = .23, p < .05$ ), less self-focused parenting (SFQ<sub>2</sub>;  $r = -.29, p < .01$ ), and less stress (STRESS<sub>2</sub>;  $r = -.33, p < .01$ ). Teens who described their parents as more authoritative and less authoritarian were more likely to evince more conflict independence, lower stress, and more confident and child-focused parenting attitudes. Out of the three parenting styles, only permissive parenting (PERMIS<sub>1</sub>) was significantly related to self-esteem (SE<sub>2</sub>;  $r = -.29, p < .01$ ). Adolescents with more permissive parents had lower self-esteem.

Of the three styles of social support (nondirective or emotional support, tangible assistance, and guidance support), only directive guidance support (GUIDANCE<sub>2</sub>) had a significant relationship with both self-esteem (SE<sub>2</sub>;  $r = .26, p < .01$ ) and conflictual autonomy (CAUT<sub>2</sub>;  $r = -.31, p < .01$ ). Individuals who reported greater receipt of

**Table 1.**  
**Correlations of Major Variables. N=86. (See Legend on page 65)**

	KFEQ <sub>1</sub>	CFQ <sub>2</sub>	SFEQ <sub>2</sub>	SE <sub>2</sub>	CAUT <sub>2</sub>	EAUT <sub>2</sub>	STRESS <sub>2</sub>
1. OFEQ <sub>1</sub>	0.19	0.31 <sup>b</sup>	0.37 <sup>b</sup>	0.25 <sup>b</sup>	-0.24 <sup>a</sup>	0.18	0.10
2. KFEQ <sub>1</sub>	1.0	0.28 <sup>b</sup>	-0.02	0.36 <sup>b</sup>	0.07	-0.09	0.08
3. CFQ <sub>2</sub>		1.0	0.22 <sup>a</sup>	0.53 <sup>b</sup>	0.12	-0.03	-0.25 <sup>b</sup>
4. SFEQ <sub>2</sub>			1.0	0.18	-0.39 <sup>b</sup>	0.27 <sup>b</sup>	-0.02
5. SE <sub>2</sub>				1.0	0.05	-0.02	-0.19
6. CAUT <sub>2</sub>					1.0	-0.41 <sup>b</sup>	-0.51 <sup>b</sup>
7. EAUT <sub>2</sub>						1.0	0.09
8. STRESS <sub>2</sub>							1.0
9. GUIDANCE <sub>2</sub>							
10. EMOT <sub>2</sub>							
11. TANGIBLE <sub>2</sub>							
12. AUTIAN <sub>1</sub>							
13. AUTIVE <sub>1</sub>							
14. PERMIS <sub>1</sub>							

<sup>a</sup>*p*<0.05

<sup>b</sup>*p*<0.01

Table 1. (Cont'd)

	GUIDANCE <sub>2</sub>	EMOT <sub>2</sub>	TANGIBLE <sub>2</sub>	AUTIAN <sub>1</sub>	AUTIVE <sub>1</sub>	PERMIS <sub>1</sub>
1. OFEQ <sub>1</sub>	0.00	-0.05	0.04	0.30b	-0.17	-0.02
2. KFEQ <sub>1</sub>	0.16	0.20	0.22a	-0.02	0.16	0.02
3. CFEQ <sub>2</sub>	0.06	-0.02	-0.05	0.11	0.23a	0.00
4. SFEQ <sub>2</sub>	0.12	-0.07	-0.16	0.16	-0.29b	0.01
5. SE <sub>2</sub>	0.26b	0.06	0.13	-0.02	0.17	-0.29b
6. CAUT <sub>2</sub>	-0.31b	-0.01	0.00	-0.54b	0.54b	0.10
7. EAUT <sub>2</sub>	-0.03	-0.27b	-0.22a	0.25b	-0.38b	0.09
8. STRESS <sub>2</sub>	-0.01	0.04	-0.08	0.25b	-0.33b	0.05
9. GUIDANCE <sub>2</sub>	1.0	0.60b	0.46b	0.08	-0.05	-0.17
10. EMOT <sub>2</sub>		1.0	0.61b	-0.16	0.13	0.00
11. TANGIBLE <sub>2</sub>			1.0	-0.07	0.23a	-0.05
12. AUTIAN <sub>1</sub>				1.0	-0.22a	-0.04
13. AUTIVE <sub>1</sub>					1.0	0.06
14. PERMIS <sub>1</sub>						1.0

 $ap < 0.05$  $bp < 0.01$ 

Legend to Table 1:

OFEQ <sub>1</sub> :	Over-control Parenting, first generation	STRESS <sub>2</sub> :	Stress, second generation
KFEQ <sub>1</sub> :	Child-focused Parenting, first generation	GUIDANCE <sub>2</sub> :	Guidance Support, second generation
CFEQ <sub>2</sub> :	Confident Parenting, second generation	EMOT <sub>2</sub> :	Emotional Support, second generation
SFEQ <sub>2</sub> :	Self-focused Parenting, second generation	TANGIBLE <sub>2</sub> :	Tangible Support, second generation
SE <sub>2</sub> :	Self-esteem, second generation	AUTIAN <sub>1</sub> :	Authoritarian parenting style, first generation
CAUT <sub>2</sub> :	Conflictual Autonomy, second generation	AUTIVE <sub>1</sub> :	Authoritative parenting style, first generation
EAUT <sub>2</sub> :	Emotional Autonomy, second generation	PERMIS <sub>1</sub> :	Permissive parenting style, first generation

guidance support had higher self-esteem and less conflict independence. Emotional support (EMOT<sub>2</sub>), unexpectedly, had no significant relationship to self-esteem or conflictual autonomy and a significant *negative* relationship to emotional autonomy (EAUT<sub>2</sub>;  $r = -.27, p < .01$ ). Tangible support (TANGIBLE<sub>2</sub>) also had a significant negative relationship with emotional autonomy (EAUT<sub>2</sub>;  $r = -.22, p < .05$ ). Adolescents who indicated greater receipt of emotional and tangible support also evinced less emotional autonomy.

First generation over-controlling parenting style (OFEQ<sub>1</sub>) was significantly correlated with second generation conflictual autonomy (CAUT<sub>2</sub>;  $r = -.24, p < .05$ ) and self-focused parenting (SFEQ<sub>2</sub>;  $r = .37, p < .01$ ). Interestingly, first generation over-controlling parenting style was also positively correlated with self-esteem (SE<sub>2</sub>) and parenting confidence (CFEQ<sub>2</sub>) ( $r = .25, p < .01$  and  $r = .31, p < .01$ , respectively). In other words, teens with more controlling parents reported less conflictual autonomy and a tendency to be self-focused themselves in their parenting attitudes. However, these same teens reported higher self-esteem and more confident parenting attitudes.

First generation child-focused parenting (KFEQ<sub>1</sub>) was related to the teen's self-esteem (SE<sub>2</sub>;  $r = .36, p < .01$ ) and confident parenting (CFEQ<sub>2</sub>;  $r = .28, p < .01$ ). Parents who indicated more child-focused gratification had adolescent daughters with more self-esteem and more confident parenting attitudes themselves. Second generation self-esteem and parenting confidence were also related ( $r = .53, p < .01$ ). Those teens with higher self-esteem also had more positive self-perceptions of their parenting competence. The teen's conflictual autonomy (CAUT<sub>2</sub>) was significantly related to her self-focused parenting (SFEQ<sub>2</sub>;  $r = -.39, p < .01$ ). Adolescents who indicated less freedom from conflict in their relationships with their parents tended to derive gratification from parenting their offspring by meeting self-focused needs. See Table 2 for means and standard deviations of these variables.

**Table 2.**  
**Means and Standard Deviations of Major Variables. N=86.**  
**(See Table 1 for definitions of variables.)**

	Mean	S.D.
1. OFEQ <sub>1</sub>	2.443	.353
2. KFEQ <sub>1</sub>	3.247	.380
3. CFEQ <sub>2</sub>	2.898	.351
4. SFEQ <sub>2</sub>	2.835	.296
5. SE <sub>2</sub>	3.098	.412
6. CAUT <sub>2</sub>	3.858	.765
7. EAUT <sub>2</sub>	3.042	.923
8. STRESS <sub>2</sub>	2.587	.378
9. GUIDANCE <sub>2</sub>	2.711	.802
10. EMOT <sub>2</sub>	3.228	.894
11. TANGIBLE <sub>2</sub>	2.852	.779
12. AUTIAN <sub>1</sub>	3.155	.697
13. AUTIVE <sub>1</sub>	3.738	.616
14. PERMIS <sub>1</sub>	2.704	.504

S.D. = standard deviation

### *Simple Multivariate Analyses*

Because guidance support was the only type of support that had a significant relationship with other variables of interest (i.e., self-esteem and conflictual autonomy), it was subsequently used in the following analyses. Based on the proposed path models, six hierarchical multiple regressions were conducted to ascertain the effects of social support in the positions depicted in Figures 2a and 2b. A “main effect” for social support was indicated by significant effects for the GUIDANCE<sub>2</sub> term, whereas, a “mediating or buffering” effect was evidenced by significant effects for the interaction terms.

Interaction terms were coded by taking the product of deviation scores of the two interacting variables which has an equivalent effect as standardizing raw scores when using the simple product method. The paths which yielded either main or interaction effects were subsequently included in the path analyses for each of the two versions of the heuristic model (refer to Figures 2a and 2b) tested with the least squares path analysis program, PATH--an updated version of the original FORTRAN program, PACKAGE, by Hunter (Hunter & Cohen, 1969). See Tables 3 and 4 for the regression analyses findings.

In order to test Paths A and B of Model A, conflictual autonomy (CAUT<sub>2</sub>) was made the dependent variable, stress (STRESS<sub>2</sub>) was entered as the first independent variable, guidance support (GUIDANCE<sub>2</sub>) was entered next, and GUIDANCE<sub>2</sub> x STRESS<sub>2</sub> was entered last in a hierarchical regression. Stress ( $\Delta R^2 = .26$ ,  $\Delta F = 23.29$ ,  $p < .01$ ) and guidance support ( $\Delta R^2 = .10$ ,  $\Delta F = 9.81$ ,  $p < .01$ ) both strongly predicted conflictual autonomy, as did the interaction of guidance support and stress ( $\Delta R^2 = .07$ ,  $\Delta F = 7.62$ ,  $p < .01$ ). Guidance social support directly affects conflict independence and has a negative stress-buffering effect on conflict independence. The regression lines for these interactions appear in Figure 5.

Path C of Model A was tested by using self-focused parenting (SFEQ<sub>2</sub>) as the dependent variable, and entering first generation over-controlling parenting (OFEQ<sub>1</sub>),

**Table 3.**  
**Multiple regressions to test social support effects in Model A.**

Adolescent Conflict Autonomy (CAUT <sub>2</sub> )				
	F	ΔF	ΔR <sup>2</sup>	β
STRESS <sub>2</sub>	23.29	23.29 <sup>a</sup>	0.26	0.29
GUIDANCE <sub>2</sub>	18.06	9.81 <sup>a</sup>	0.10	1.30
STRESS <sub>2</sub> x GUIDANCE <sub>2</sub>	15.77	7.62 <sup>a</sup>	0.07	-1.82
Adolescent Self-focused Parenting (SFEQ <sub>2</sub> )				
	F	ΔF	ΔR <sup>2</sup>	β
OFEQ <sub>1</sub> x GUIDANCE <sub>2</sub>	2.67	1.31	0.03	-1.03
CAUT <sub>2</sub> x GUIDANCE <sub>2</sub>	3.49	0.70	0.01	-0.50

N = 86    <sup>a</sup>p < 0.01

Legend to Table 3:

- OFEQ<sub>1</sub>:    Over-control Parenting, first generation
- SFEQ<sub>2</sub>:    Self-focused Parenting, second generation
- CAUT<sub>2</sub>:    Conflictual Autonomy, second generation
- STRESS<sub>2</sub>:    Stress, second generation
- GUIDANCE<sub>2</sub>: Guidance Support, second generation

**Table 4.**  
**Multiple regressions to test social support effects in Model B**

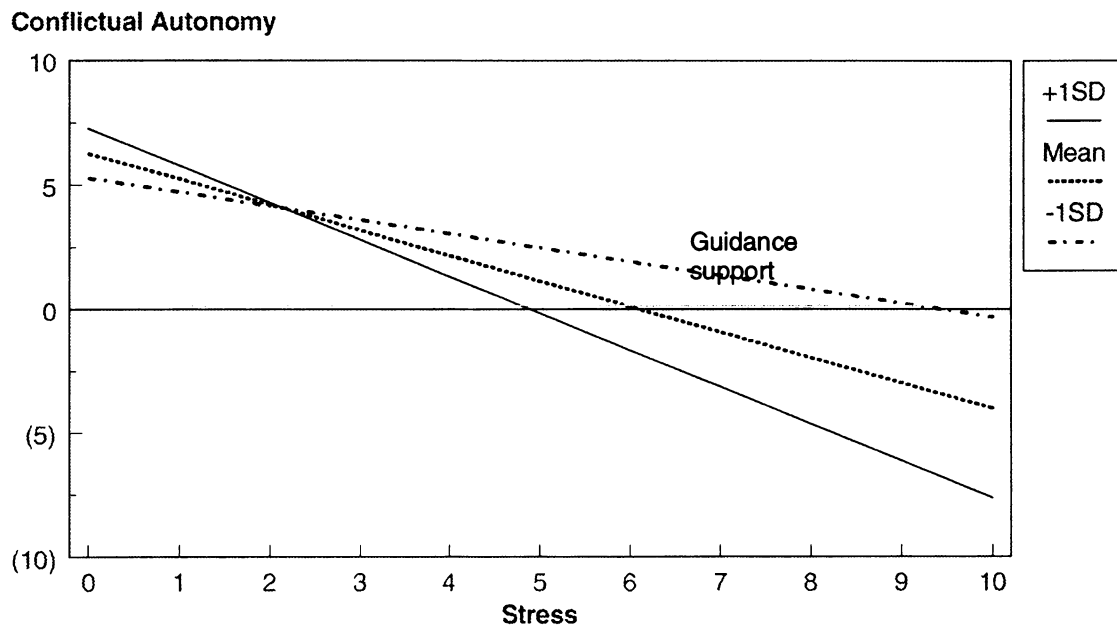
Adolescent Self-Esteem (SE <sub>2</sub> )				
	F	ΔF	ΔR <sup>2</sup>	β
STRESS <sub>2</sub>	3.64	3.64	0.04	0.16
GUIDANCE <sub>2</sub>	5.67	7.46 <sup>a</sup>	0.07	1.01
STRESS <sub>2</sub> x GUIDANCE <sub>2</sub>	4.28	1.46	0.01	-0.83
Adolescent Confident Parenting (CFEQ <sub>2</sub> )				
	F	ΔF	ΔR <sup>2</sup>	β
KFEQ <sub>1</sub> x GUIDANCE <sub>2</sub>	0.46	0.36	0.00	-1.02
SE <sub>2</sub> x GUIDANCE <sub>2</sub>	5.89	0.07	0.00	0.25

N = 86    <sup>a</sup>*p* < 0.01

Legend to Table 1:

- KFEQ<sub>1</sub>:    Child-focused Parenting, first generation
- CFEQ<sub>2</sub>:    Confident Parenting, second generation
- SE<sub>2</sub>:       Self-esteem, second generation
- STRESS<sub>2</sub>:   Stress, second generation
- GUIDANCE<sub>2</sub>: Guidance Support, second generation



**Figure 5. Model A, Path B**



GUIDANCE<sub>2</sub> next, and the product of these two terms (OFEQ<sub>1</sub> x GUIDANCE<sub>2</sub>) last. The interaction effect (test of Path C) was close to significant ( $\Delta R^2 = .03$ ,  $\Delta F = 1.31$ ,  $p < .054$ ). In order to illustrate the trend see Figure 6 for the plot of regression lines.

To test Path D of Model A, SFEQ<sub>2</sub> was entered as the dependent variable, whereas CAUT<sub>2</sub> was entered as the first independent variable, GUIDANCE<sub>2</sub> was entered next, and CAUT<sub>2</sub> x GUIDANCE<sub>2</sub> was entered last. Findings indicated that the interaction effect was nonsignificant.

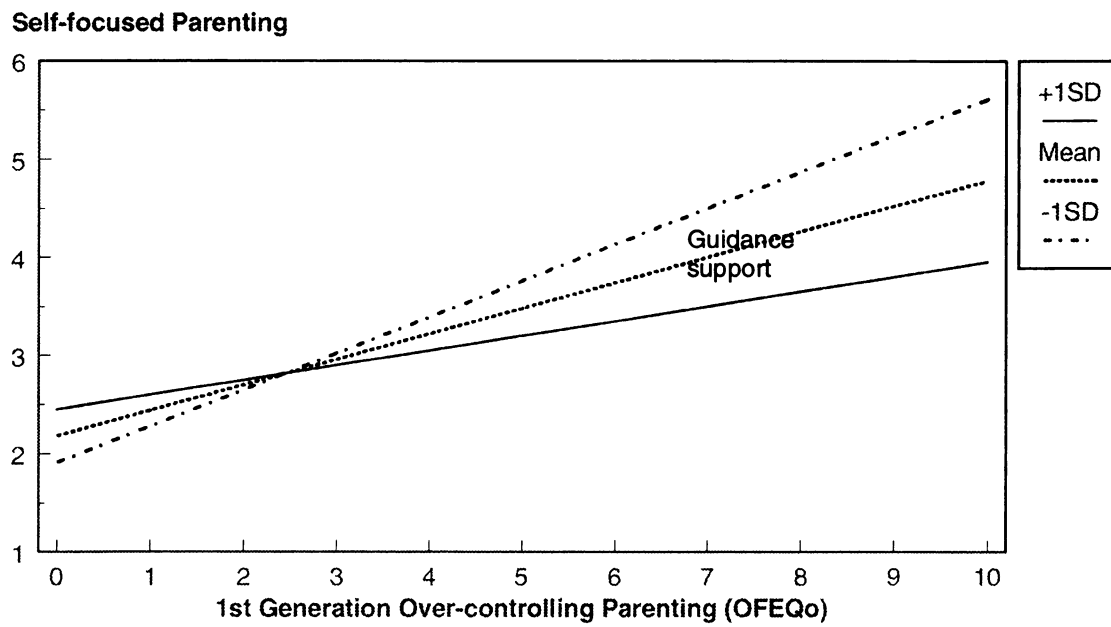
In the test of Paths A and B for Model B, self-esteem (SE<sub>2</sub>) was the dependent variable, STRESS<sub>2</sub> was entered as the first variable, GUIDANCE<sub>2</sub> was entered next, and the product of these two terms (STRESS<sub>2</sub> x GUIDANCE<sub>2</sub>) was entered last in the hierarchical regression. The direct effect of social support was significant ( $\Delta R^2 = .07$ ,  $\Delta F = 7.46$ ,  $p < .01$ ), but the interaction effect was not. Individuals with greater social support were more likely to evince confident parenting.

To test Path C for Model B, the teen's confident parenting (CFEQ<sub>2</sub>) was used as the dependent variable, whereas child-focused parenting (KFEQ<sub>1</sub>) was entered as the first independent variable, GUIDANCE<sub>2</sub> was entered second, and KFEQ<sub>1</sub> x GUIDANCE<sub>2</sub> was entered last. Findings revealed that the interaction effect was not significant.

Path D for Model B was tested by using the dependent variable CFEQ<sub>2</sub>, and entering GUIDANCE<sub>2</sub> as the first independent variable, SE<sub>2</sub> next, and the interaction of SE<sub>2</sub> x GUIDANCE<sub>2</sub> last. The interaction effect of SE<sub>2</sub> x GUIDANCE<sub>2</sub> (Path D) was nonsignificant.

### *Path Analyses*

The proposed models were tested using the techniques of path analysis outlined by Hunter and Gerbing (1982). Path analysis is a procedure for systematically combining the use of partial and multiple correlation to study the causal relations among a set of variables. Typically, if a model is causal and recursive (also called "hierarchical" or

**Figure 6. Model A, Path C**

“unidirectional”) -- that is, if there are no circular causal chains or cycles in the model -- then path coefficients may be assigned to each linkage between variables in the model. These coefficients are produced by applying ordinary least squares multiple regression to the correlation matrix of all variables in the model; in effect, the path coefficients are equivalent to regression weights. From this set of path coefficients, every correlation between variables in the model can be predicted. The set of predicted correlations may then be compared to the observed correlations as a test of the path model.

Computer routines, such as PACKAGE (Hunter & Cohen, 1969) and its more user-friendly successor, PATH, assist in complex path analyses by automating the process. Given a correlation matrix and an indicator list of direct linkages between variables, PATH can estimate path coefficients using multiple regression, generate reproduced correlations using the specified path model and the estimated path coefficients, generate the errors or discrepancies between observed and reproduced correlations, and provide a sampling error analysis. Degrees of freedom in path analysis are calculated by subtracting the number of path coefficients, including exogenous variables and errors, from the number of correlations.

In the path analyses of Models A and B, the measurement components of Models A and B were addressed in the reliability analyses discussed in the previous section. These models were intended to reflect relationships between the delineated variables for all teen mothers in our sample; and so data from each of the ethnic groups were included in the analyses ( $N = 86$ ). One-way chi-square goodness of fit tests for the models were conducted with the sampling error analysis using the reliabilities of the scales included in the models. In this way, paths were corrected for attenuation. Although chi-square is a one tailed test, the issue of tail direction is irrelevant in path analyses because chi-square is used here as a test of model fit. The unidirectional paths within each model were input to PATH as a list of variables and antecedents. PATH then employed this indicator list to direct its regression routines, thereby producing a matrix of path coefficients reflecting

the directionality of each link. Afterwards, PATH was used to generate reproduced correlation matrices which were then compared against the observed correlations for each model. PATH provided approximate chi square tests of goodness of fit (a two-tailed test) where non-significant chi squares indicated that there was no difference between the data and the models. In other words, for each test, a non-significant chi square meant that the data fit the proposed model. The models tested included the guidance support variable only in positions that were proven significant by the multiple regression tests.

#### Model A

In Model A (see Figure 3), over-controlling parenting style had a direct relationship with conflictual autonomy and self-focused parenting. Conflictual autonomy was directly related to self-focused parenting, and stress had a direct relationship to conflictual autonomy. Figure 7 presents Model A with path coefficients. A goodness of fit test for the model was conducted with the sampling error analysis utilizing the reliabilities of the measures used in the model. The overall computed chi square for this model was 0.83 ( $df = 1$ ). The obtained chi square was lower than the critical value needed for significance (i.e. was non-significant), indicating that the data fit the proposed model.

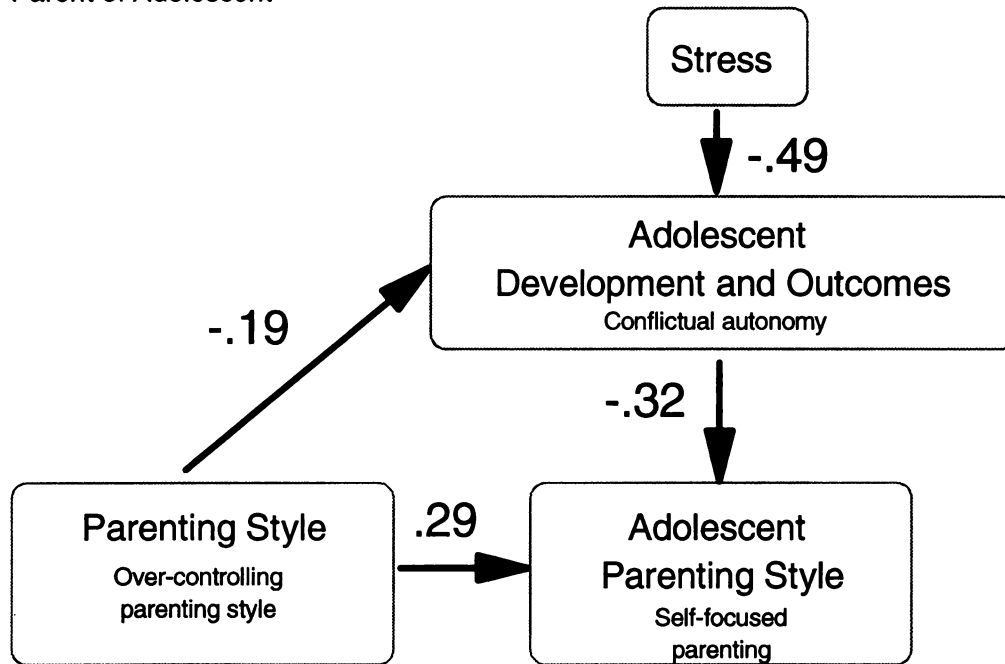
The overall computed chi square for Model A with social support in positions A and B was 0.85 ( $df = 3$ , see Figure 8); thus, social support's direct and stress-buffering effects on conflictual autonomy were relevant to the proposed model A. The model including social support in positions C and D were not tested because those paths were not significant in the preliminary multiple regression analysis reported above.

#### Model B

In the second version of the parenting model (see Figure 4 for Model B), child-focused parenting was significantly related to self-esteem and confident parenting. Self-esteem and confident parenting had a direct relationship. Stress was directly related to self-esteem. Figure 9 presents Model B with path coefficients. A goodness of fit test for

**1st Generation**

Parent of Adolescent

**2nd Generation****Figure 7. Path coefficients of Parenting Model A**

**1st Generation**

Parent of Adolescent

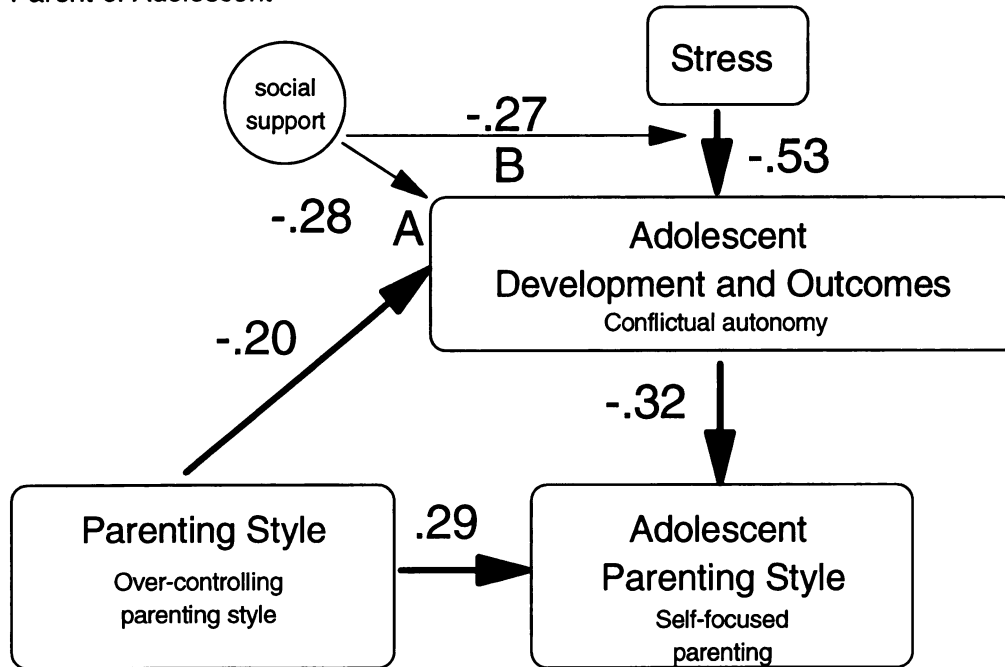
**2nd Generation**

Figure 8. Path coefficients of Model A with Social Support in Positions A and B



## 1st Generation

Parent of Adolescent

## 2nd Generation

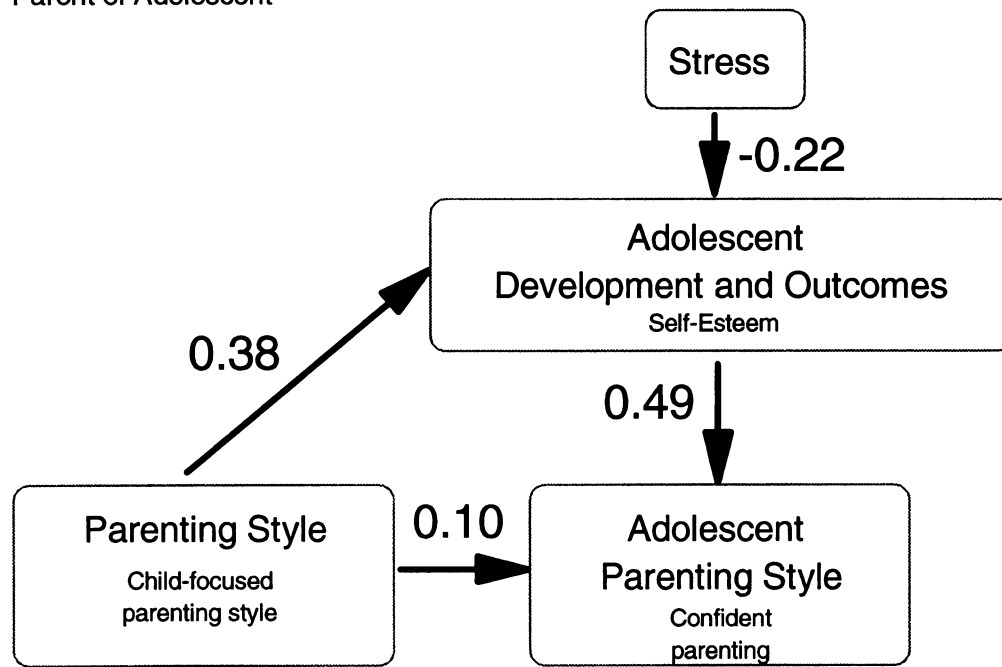


Figure 9. Path coefficients of Parenting Model B

the model was conducted with the sampling error analysis utilizing the reliabilities of the scales included in the model. The overall computed chi square for this model was 0.68 ( $df = 1$ ). The obtained chi square was lower than the critical value needed for significance (i.e. was non-significant), indicating that the data fit the proposed model.

The overall computed chi square for Model B with social support in position A was 0.83 ( $df = 2$ ). The obtained chi square was much lower than the critical value needed for significance, indicating that the data fit the proposed model. See Figure 10 for path coefficients of Model B with support in position A. The models with social support in positions B, C, and D were not tested because preliminary multiple regression analyses for these paths were nonsignificant as recorded above.

## 1st Generation

Parent of Adolescent

## 2nd Generation

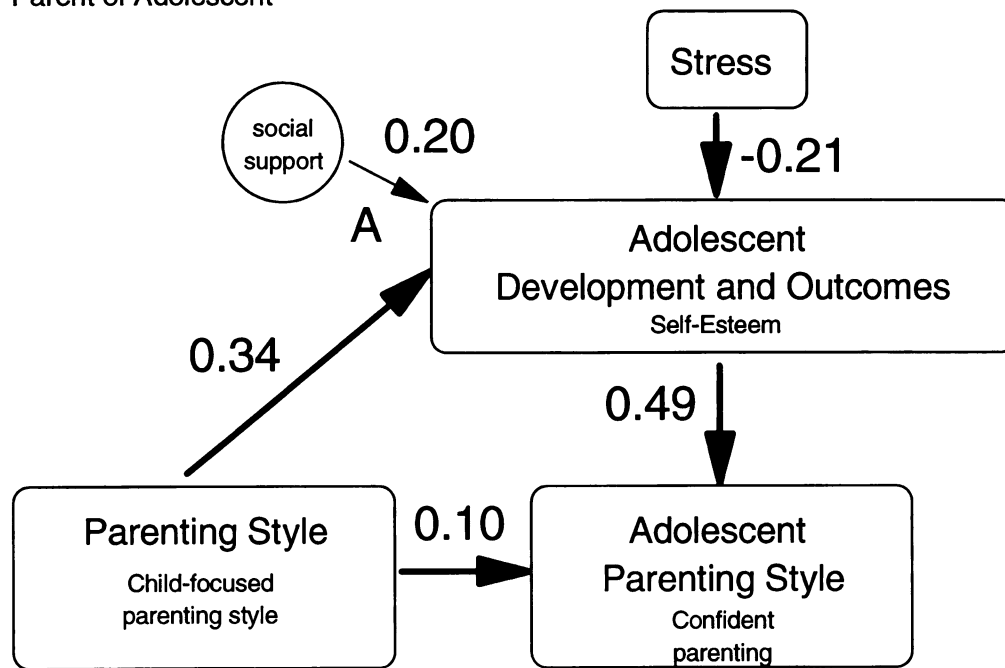


Figure 10. Path coefficients of Model B with Social Support in Position A

## DISCUSSION

This study examined the mechanism of first generation parenting on second generation outcomes in two separate parenting models. Two models based on an intergenerational heuristic schema of family influence and parenting were tested by interviewing both first generation and second generation parents. In Model A (Figure 3), first generation over-controlling parenting style was directly related to conflictual autonomy and self-focused parenting. Conflictual autonomy ultimately predicted self-focused parenting, and a direct negative link between stress and conflictual autonomy was confirmed. In Model B (Figure 4), first generation child-focused parenting predicted second generation confident parenting and self-esteem. In addition, adolescents' self-esteem was also linked to their confidence in parenting. Finally, stress was found to negatively influence self-esteem. These findings all confirmed the original research hypotheses of this study.

A separate analysis using a second source or rater of first generation parenting (teens themselves reported on the way they were parented) was useful in corroborating the findings that teens who received the appropriate levels of control and warmth from their parents were likely to exhibit healthier adolescent development. Authoritative parenting proved to be most highly related to the positive adolescent outcomes of high self-esteem and conflictual autonomy; and, as expected, authoritarian style was negatively correlated with these same outcomes.

Besides first generation parenting influences, the receipt of social support appeared to have an important, additive role in mediating adolescent parenting. Out of three types of support, Tangible Assistance, Emotional (Nondirective) Support, and Directive Guidance, the lattermost seemed to be most germane to the adolescent outcomes of interest in this study. This form of support also exhibited an indirect impact

on preventing second generation self-focused parenting and on facilitating confident parenting. For example, teen mothers with a combination of less conflictual autonomy or self-esteem and less guidance support were more apt to report a tendency to be self-focused in child-rearing gratifications or less confident about parenting competence. Such consequences may be attributed not only to adolescents' emotional immaturity and low ego development, but also to deficits in their knowledge about child development and general inexperience with childrearing.

Given this relationship between lack of knowledge and poor parenting, it is not surprising that social support of the guidance and informational type has been especially valued by adolescent mothers. In fact, when teen mothers in one study were queried as to their sources of social support and their satisfaction with that support, 74 percent of the respondents indicated that they sought parenting advice from some professional source, as well as from their informal support contacts; furthermore, 75 percent reported that they desired additional advice from parenting classes, organized neighborhood groups, or from visiting public health nurses or other child development specialists (Crockenberg, 1986).

Vukelich and Kliman (1985) have suggested that educational level, age, and type of occupation affect both a mother's expectations for infant development and the resources she may use to obtain information. Adolescent mothers have been shown to hold less realistic expectations and less optimal attitudes than do older mothers (Field, Widmayer, Stringer, & Ignatoff, 1980; Reis, 1988). Their expectations in regard to the cognitive and social abilities of their child's development are particularly inaccurate, compared to their understanding of other areas, such as motor and language abilities, and basic health and nutrition needs (Epstein, 1979; Granger, 1981). Research has suggested that those with less knowledge of child growth and development are more likely to maintain inaccurate perceptions of child abilities, and, thus, choose harsh or abusive disciplinary techniques and ineffective teaching approaches (Epstein, 1979; Showers &

Johnson, 1984). Inadequate knowledge has also been linked to poor mother-infant interactions (Epstein, 1979). Oppel and Royston (1976) hypothesized that these deficits in maternal interaction were due, in part, to the fact that the first generation (mothers of these adolescent mothers) often assume the childrearing responsibilities.

Accordingly, many supportive interventions for adolescent mothers have been predicated on the notion that supplying teens with knowledge and feedback about parenting leads to positive outcomes for both mother and child (e.g., Dickinson & Cudaback, 1992; Marsh & Wirick, 1991; Weinman, Schreiber, & Robinson, 1992). Studies assessing these interventions have shown that provision of information or guidance yields demonstrable effects on the parenting attitudes, beliefs, and practices of adolescent mothers (e.g., Dickinson & Cudaback, 1992; Fulton, Murphy, & Anderson, 1991; Marsh & Wirick, 1991). Furthermore, greater knowledge of child development, and more realistic parental expectations and child-rearing beliefs on the part of adolescent parents have been positively associated with better coping behavior in their young children (Stoiber & Houghton, 1993).

Interestingly, findings of the present study suggested that guidance support works as a *protective* factor in certain instances and a *negative* predictor of outcomes in other ways. Whereas most of the existing social support literature heralds the protective or beneficial effects of social support, some studies of social support have also recognized its possible negative outcomes (e.g., Barrera, Chassin, Rogosch, 1993; Rook, 1984). The explanations for this negative association are varied and convincing.

To start, although the decreased well-being of individuals with low social support are often attributed to limited opportunities to obtain help from others, those individuals who lack supportive social structures might be paradoxically *burdened* with social ties, if these ties are more problematic than helpful (e.g., Barrera, Chassin, & Rogosch, 1993; Rook, 1984). Such a view corroborates the position of social exchange theorists who have long emphasized that social interaction provides not only rewards but also adverse

consequences (Homans, 1974; Thibaut & Kelley, 1959), for instance, as a source of stress due to occasional disputes, resentment, embarrassment, invasion of privacy, and other negative consequences. In viewing the social support paradox from a different perspective, several investigators have reported that marital support, when conflicted or disharmonious, is associated with poor parent-infant attachment (Goldberg, 1982; Solomon, 1982), maternal feeding incompetence (Pederson, 1982), the frequent use of punishment and the infrequent use of democratic disciplinary strategies (Dielman, Barton, & Cattell, 1977), and ultimately, antisocial, aggressive, or otherwise problematic behavior among offspring (e.g., Johnson & Lobitz, 1974; Kimmel & Van der Veen, 1974; O’Leary & Emery, 1983).

In addition to support that is conflicted, “excessive” support can also have deleterious effects (French, Rodgers, & Cobb, 1974). This effect of diminishing returns is exemplified in several studies that found high levels of contact with social network members to be related to lack of maternal warmth (Minturn & Lambert, 1964) and nurturance (Weinraub & Wolf, 1983), and less praise and more control by mothers in a structured teaching task (Jennings, Stagg, & Conners, 1985). These data all suggest the existence of some optimal, but as yet unspecified, balance between support offered and support desired. This balance, when mismatched, serves to undermine rather than enhance parent’s well-being and competence.

In the context of intergenerational parenting Model A, social support affected adolescent outcome and parenting variables via three specific mechanisms. First, guidance support had a negative direct effect on conflictual autonomy. Unexpectedly, adolescent mothers who received more guidance support also evidenced less conflictual autonomy. There are several possible explanations for this finding. For example, it is notable that individuals are not passive recipients of support provided to them by their environment, but rather are active agents who secure varying levels of support as a function of specific personal competencies or psychological characteristics. The works

of numerous authors (e.g., Felner, Farber, & Primavera, 1983; Heller & Swindle, 1983; Liang & Bogat, 1994; Mitchell & Trickett, 1980) suggest that individuals must employ their personal competencies to accrue and maintain supportive relationships; just as deficiencies in social skills may result in compromised support, overly needy or dependent individuals may acquire a surplus of support. To wit, individuals with certain psychological dispositions are more likely than others to establish and maintain supportive relationships. More specifically, individuals lacking in conflictual autonomy are more dependent in relationships by definition and may therefore seek to meet their needs through increased social support.

A second explanation for why guidance support had a negative direct effect on conflict autonomy may be that more autonomous teen mothers are likely to have less of a need to rely on others, and may even view the receipt of support as a threat to their independence. Guidance support, because of its directive or impositional nature, may be viewed as especially threatening to teens who see themselves as conflict autonomous, whereas nondirective and emotional support and tangible support have less to do with imposing one's views or values, and may thus create less dissonance with teens who are attempting to "separate and individuate" and develop individualistic ideas and ways of behaving.

Third, an excessive amount of guidance or feedback regarding performance or behavior--especially if the content suggests that the teen should change her behavior--may be conducive to heightened internal conflict (e.g., resentment, anger, guilt), which is characteristic of a lack of conflictual autonomy. The potential for external conflict (that may be closely connected to internal conflict or lack of conflict independence), obviously increases with more interpersonal interactions, especially of the directive nature.

In addition to this negative direct relationship between guidance support and conflictual autonomy, a second mechanism by which social support affects adolescent



outcome and development variables is evidenced by guidance support's negative stress-buffering effect on conflictual autonomy. That is, the relationship between stress and conflict was strongest for teens who received the most social support. Those with more social support evinced decreased conflictual autonomy as stress increased. This finding further elucidated the former finding of a negative correlation between social support and conflictual autonomy by showing that there was actually a positive relationship between social support and conflictual autonomy *for those with low levels of stress*, but as stress increased, the relationship became negative.

There are several possible explanations for this interaction effect. Once again, adolescent development factors come to the forefront in discussing this phenomena. Elster et al. (1983) have described the adolescent developmental period as a time of increased stress. This developmental stage, especially among adolescent mothers, is marked by the stressful transition from childhood dependence to more adult responsibility characterized by efforts to negotiate conflictual autonomy, self-esteem, and sense of individuality. Furthermore, adolescent mothers, as compared to adult mothers, rate the subjective experience of stressful events as significantly more distressing (Garcia et al., 1987). As in the case of social support's main effect on conflictual autonomy, social support may understandably have a negative stress-buffering effect when viewed in the context of this tumultuous time. Any challenge to the development of adolescent autonomy and individuation by persons perceived as overly interfering or overly directive may intensify an adolescent's stress and ultimately decrease her sense of conflictual autonomy. Among adolescent mothers, social support may prove to be more of a hassle than a help when stress levels increase; indeed, social support may ultimately decrease a person's conflictual autonomy by the presence of other conflictual relationships. On the other hand, as stress increases, teen mothers with less conflictual autonomy may be more apt to seek out and utilize social resources, because stress may further exacerbate their neediness and predisposition to being dependent on others.

The reverse stress-buffering effect has been evidenced in previous research with other populations, including teen mothers (Abdel-Halim, 1982; Beehr, 1976; Cohen, & Hoberman, 1983; Cummins, 1988; Gangster, Fusilier, & Mayes, 1986; Kaufman & Beehr, 1986; Liang & Bogat, 1994). Two studies by Ball, Warheit, Vandiver, & Holzer (1979, 1980) that compared several aspects of support from family and friends among Caucasian and African American low-income women suggest that the negative buffering seen in the current sample might be explained in part by its demographic characteristics--specifically, the present sample is also mostly comprised of low-income African American women. In their studies, African American women had similar friendship networks and larger family networks than their Caucasian counterparts, but were less willing to request help and utilize these resources in times of difficulty or stress.

In the context of Model B, guidance support predicted adolescent self-esteem. As expected, those with more guidance support reported a higher level of self-esteem. The two opposite direct effects of support on adolescent adjustment evidenced in Model A and B may be explicated by Lamborn and Steinberg's (1993) study which compared adjustment scores among teens who differed in both self-perceptions of autonomy and social support. Subjects who had higher autonomy and support reported more internal distress than some subjects--possibly indicative of a negative stress-buffering effect. However, they also showed a greater level of psychosocial development and academic competence than their peers. Similarly, in the present study, although teens with more support reported more internal distress in the form of conflictual autonomy, they also evinced more self-esteem. These findings suggested that the same support can have varying and separate effects on different aspects of the same individual's experience. In other words, although more autonomous teens may feel that their autonomy has been compromised by an onslaught of directive guidance support, their self-esteem still profits substantially from increased social support, which facilitates confident parenting.

In summary, social support's direct and mediating or buffering effects were mixed. From the perspective of adolescent mothers, the provision and receipt of social support presented a dilemma; for, although support may have been damaging to their sense of conflictual autonomy when under stress, it was ultimately protective in the development of self-esteem as well as parenting skills and competencies. The finding that guidance support had both positive effects and negative effects may also indicate that these teens had both positive and negative social ties within their support network. Some research has suggested that positive and negative social support represent relatively separate domains of experience (Barrera, Chassin, & Rogosch, 1993; Rook, 1984). For example, Barrera et al. (1993) evaluated the effects of adolescent conflict with and social support from key relationships, including parents, siblings, and best friends, on adolescents' self-esteem, as well as other outcomes. The study provided no evidence that conflict within a relationship neutralizes the effectiveness of the support it provides. This evidence of independence is consistent with Bradburn and Caplovitz's (1965) seminal finding that positive and negative affective dimensions of well-being are unrelated. Therefore, it is reasonable that social support has negative effects on certain aspects of subjective experience, such as conflictual autonomy, and positive effects on self-esteem (and, ultimately, parenting dimensions) within the same sample of teen mothers.

#### *Impact of the Study*

This work contributes to the understanding of adolescent parenting by providing a novel synthesis of developmental psychopathology theory and community psychology social support research. By the use of path analysis, this study validated the usefulness of two new models of intergenerational parenting, thus contributing an important heuristic construct to teen parenting research. This study demonstrated that adolescent autonomy and self-esteem are central to the link between former generation parenting and teen parenting style. Moreover, this study revealed that social support has its greatest impact on adolescent parenting style when it intervenes on the level of adolescent development,

and not at the parenting level, as commonly assumed in conventional teen parenting programs. This lattermost finding has profound implications for the appropriate application of social support in designing interventions; it also suggests a necessary focus for future social support research.

### *Limitations of the Study*

Future researchers in this area should be advised of limitations specific to this study, as well as those more generally inherent in multi-ethnic research, including sample biases and measurement biases (Liang & Bogat, 1994). Given that the present sample consists largely of low-income, African American teens, it may not be representative of adolescent mothers across other ethnic and socioeconomic groups. African American teens may have a nongeneralizable, specific way of parenting and using social support that entails different norms for healthy, adaptive behavior, as compared to other populations.

Due to the ethnic composition of this sample, measurement biases may pose a second risk to inaccurate interpretation of the findings. Because the autonomy and parenting measures employed in this study were not expressly developed for African American (or other ethnic) samples or at least normed for these populations, these measures stand the chance of being biased and insensitive to the parenting patterns of these populations. They may include items less germane to African American culture or exclude items that measure parenting styles or qualities specific to African Americans or both. Furthermore, on a more macro level, our understanding of certain constructs and their expected outcomes may be ungeneralizable across cultures. For example, although the construct of “authoritarian” parenting is characterized by certain harsh disciplinarian behaviors and predicts negative outcomes among most Anglo American populations, this type of parenting may have different characteristics and outcomes among African American or other ethnic groups.

### *Applications*

Evidence of the beneficial effects of social support for adolescent mothers has provided justification for the implementation of social support interventions for this population. Currently, parent interventions, such as school-based and mentoring programs, attempt a comprehensive approach to service delivery. For example, mentors aim to provide direct social support of the emotional, informational, tangible, and companionship types, as well as instruction on better utilization of personal and community network resources. However, a more explicit understanding of how social support works to produce beneficial effects for this population may enable greater precision and efficiency in the administration of mentoring. If positive effects of mentoring are more likely to result from the provision of a corrective relationship geared towards remedying the negative effects of formative relationships on adolescent ego development (self-esteem and autonomy), mentors might be better prepared for this task through program training. In this case, programs might focus more on educating paraprofessionals and mentors about the therapeutic principles that facilitate autonomy and positive self-regard.

The findings of the present study suggest that guidance and informational support is particularly helpful for adolescent mothers in indirectly promoting healthy parenting attitudes. This is especially true for those adolescents who have higher levels of self-esteem and autonomy. Therefore, support interventions may do well to apply a two-pronged approach in which efforts are made to boost teen mothers' self-esteem and autonomy as well as educate them in effective and healthy parenting through empowering, nonoppressive levels of guidance and information.

### *Future Directions*

Future research should attempt to apply and assess the effectiveness of the strategies supported by the current data. Moreover, the development of parenting models for adolescents should proceed by incorporating a greater focus on developmental

variables relevant to this population. Just as adult parenting is affected by intraindividual variables including personality and developmental history, adolescent parenting is even more susceptible to mediation by personal and developmental characteristics. A greater understanding of these developmental variables will allow for more relevant and effective support interventions.

Finally, further clarification is needed of the direct and interaction effects of social support on adolescent development and outcomes. A more detailed understanding of those specific effects may prove critical to the understanding of the entire intergenerational path of parenting, from the first generation, through to the adolescent parents, and finally to the children of the teens themselves.

## APPENDICES

## Appendix A



## APPENDIX A

### Family Experiences Questionnaire

(Sample on following pages)

## THE FAMILY EXPERIENCES QUESTIONNAIRE

**INSTRUCTIONS:** I'm going to read you some statements as part of a survey to better understand the needs and feelings of our program participants. There are no right or wrong answers. We are interested in your own feelings about parenting. Your responses are completely confidential and anonymous, so please feel free to answer as honestly and thoughtfully as possible. Please tell me how much you agree with each of the following statements using this scale:

1=strongly disagree   2=disagree   3=agree   4=strongly agree

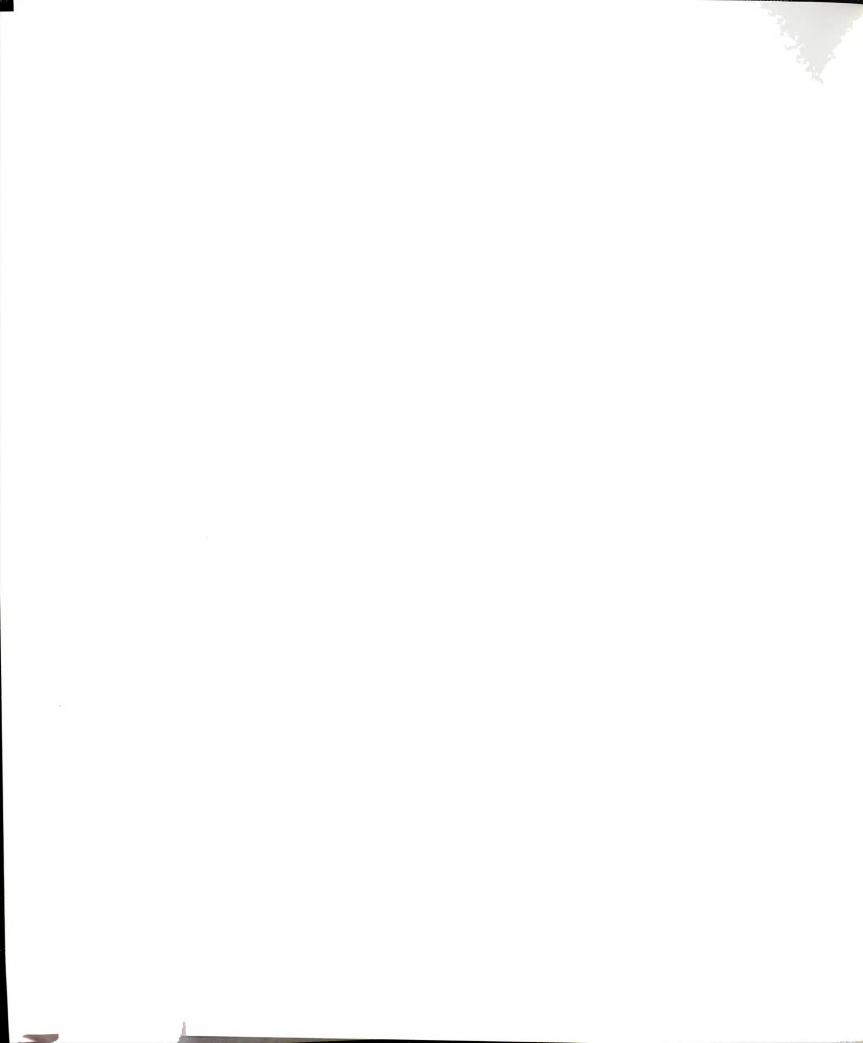
1. I often overreact when my child misbehaves.
2. I live for my children.
3. I want my children to behave in public so that people will know that I am a good parent.
4. I know that I am doing a good job as a parent.
5. Having children makes me feel like I am contributing to the future of society.
6. As a parent, I never stop enjoying seeing the world through my children's eyes.
7. I try to give my children direction, but mostly I let them grow by themselves.
8. Being a parent makes me feel more important because I know that I am the center of someone's world.
9. Being a parent turned out not to be as difficult as I thought it would be.
10. Parenting has taught me not to get too upset about little frustrations.
11. Knowing that my children will carry on in my place is the most important reward of being a parent that I know.
12. Being a parent makes me feel drained and depleted.
13. I intend to push my children in order to make sure that they achieve the things I never got to do myself.
14. I am able to be consistent with my children so that they do not have to wonder what I am going to do next.
15. I am overly protective of my children; it is better to be safe than sorry.
16. I have the knowledge I need to be a good parent.

17. I get a feeling of pride from watching my children accomplish a goal that they are proud of.
18. I am a very strict parent.
19. I should have read more books on parenting because I often feel like I don't know what I am doing.
20. My children are reflections of myself.
21. My children get on my nerves.
22. One of things I like most about being a parent is that my children are so tuned in to what I do and say.
23. If I could do it over again I would raise my children the same way I am raising them now.
24. What I find most satisfying about being a parent is showing my children the difference between right and wrong.
25. I often worry that I am letting my children down.
26. My kids are always trying my patience.
27. What I most enjoy about being a parent is watching my children grow and change in ways that I never imagined.
28. I see to it that my children are only exposed to things that I want them exposed to.
29. I am going to make sure that my children accomplish the things in life that are important to me.
30. Whenever I start feeling comfortable as a parent something goes wrong and the doubts start all over again.
31. Because my children are a part of me, I find it difficult to let them be independent.
32. I worry that I am not doing the right thing as a parent.
33. As a parent I really enjoy the feeling that I am molding another human being.
34. I did not know how much anger I had inside of me until I became a parent.
35. I like watching my children's personalities develop even when they turn out differently from what I expected.
36. I have learned to accept that I cannot shelter my children from everything I do not like.



37. I want my children to do the same things I did when I was a child.
38. I try not to box my children in with too many rules.
39. No matter how hard I try, I never seem to be a good enough parent.
40. When I get short with my children, I usually can catch myself before I do something I regret.
41. I get a great deal of pleasure out of shaping and molding my children so that they grow up to be the kind of people I want them to be.
42. I often worry I don't know enough to be a good parent.
43. What I most enjoy about being a parent is that my children make it possible for me to get a new perspective on the world and myself.
44. I want my children to be interested in the things I was interested in as a child.
45. I have to be on guard with my children all the time to keep them from getting into trouble.
46. I get a thrill watching my children discover new things all by themselves.
47. Compared to most parents I know, I seem to have less difficulty disciplining my children.
48. I often feel guilty about neglecting my children.
49. One of the things I most enjoy about parenting is seeing myself in my child.
50. I work hard at shaping my children's lives rather than just letting them grow up as they would.
51. I do not mind that being a parent makes my life less orderly.
52. I find it difficult to find the right balance between discipline and love in raising my children.
53. When I am around my children, I usually find myself thinking "Why do they have to be so difficult?"
54. Juggling all the responsibilities of being a parent is one of my talents.
55. When my children show their will, I make sure they know who is boss.
56. When I tell my children to do something, they will do it, no "ifs", "ands", or "buts".
57. Parenting means a lot of responsibilities and problems, but I always feel that I can cope with the difficulties that come along.

- 58. I often feel that I have no control over my children.
- 59. When my kids do something I do not like I blow up first and ask questions later.
- 60. When there is a crisis with the children, I know that I will do what needs to be done.
- 61. I have learned to accept that sometimes my kids will not do what i want no matter how hard I try.
- 62. When my child misbehaves or breaks a rule I try to find out the reasons why.



## Appendix B





## **APPENDIX B**

### **Parental Authority Questionnaire**

(Sample on following pages)



## PAQ

## Instructions:

For each of the following statements please tell me the number on the 5-point scale (1=strongly disagree, 5=strongly agree) that best indicates how that statement applies to you and your mother/guardian. As I read, try to think about each statement as it applies to you and your mother/guardian during your years of growing up at home. There are no right or wrong answers, so there's no need to spend a lot of time on any one item. We are looking for your overall impression regarding each statement.

- |     | 1  | 2                      | 3                             | 4                   | 5                 |
|-----|--|------------------------|-------------------------------|---------------------|-------------------|
|     | Strongly<br>disagree   | Moderately<br>disagree | Neither agree<br>nor disagree | Moderately<br>agree | Strongly<br>agree |
| 51. | My mother feels that in a well-run home the children should have their way as often as the parents do.   |                        |                               |                     |                   |
| 52. | Even if her children don't agree with her, my mother forces us to do what she wants for our own good.  |                        |                               |                     |                   |
| 53. | Whenever my mother tells me to do something, she expects me to do it immediately without asking questions.   |                        |                               |                     |                   |
| 54. | Once family rules are set up, my mother discusses the reasons behind the rules.  |                        |                               |                     |                   |
| 55. | My mother has always been open to discussions about family rules that I felt were unreasonable.  |                        |                               |                     |                   |
| 56. | My mother feels that children need to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want. |                        |                               |                     |                   |
| 57. | My mother does not allow me to question any decision that she makes.   |                        |                               |                     |                   |
| 58. | My mother directs the children in the family through reasoning and discipline.   |                        |                               |                     |                   |
| 59. | My mother feels that more force should be used by parents in order to get their children to behave the way they are supposed to.   |                        |                               |                     |                   |
| 60. | My mother does not feel that I need to obey rules simply because someone in authority establishes them.  |                        |                               |                     |                   |
| 61. | I know what my mother expects of me, but I also feel free to discuss those expectations with her when I feel they are unreasonable.                                      |                        |                               |                     |                   |
| 62. | My mother feels that wise parents should teach their children early just who is boss in the family.  |                        |                               |                     |                   |
| 63. | My mother seldom gives me expectations and guidelines for my behavior.   |                        |                               |                     |                   |

64. Most of the time my mother does what the children in the family want when she makes family decisions.
65. My mother gives her children direction and guidance in a reasonable and fair way.
66. My mother gets very upset if I try to disagree with her.
67. My mother feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.
68. My mother lets me know what behaviors she expects of me, and if I don't meet those expectations, she punishes me.
69. My mother allows me to decide most things for myself without a lot of direction from her.
70. My mother takes the children's opinions into consideration when making family decisions, but she doesn't agree to something just because the children want it.
71. My mother does not view herself as responsible for directing and guiding my behavior as I grow up.
72. My mother has clear standards of behavior for her children, but she is willing to adjust them to the needs of each child.
73. My mother gives me direction and she expects me to follow her direction, but she is always willing to listen to my concerns and to discuss them with me.
74. My mother allows me my own point of view on family matters and she generally allows me to decide for myself what I am going to do.
75. My mother has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to.
76. My mother often tells me exactly what she wants me to do and how she expects me to do it.
77. My mother gives me clear direction for my behaviors and activities, but she also understands when I disagree with her.
78. My mother does not direct the behaviors, activities, and desires of her children.
79. I know what my mother expects of me and she insists that I obey simply out of respect for her authority.
80. If my mother makes a decision that hurts me, she is willing to discuss that decision with me and to admit if she has made a mistake.

## Appendix C

## APPENDIX C

### Demographics

(Sample on following page)

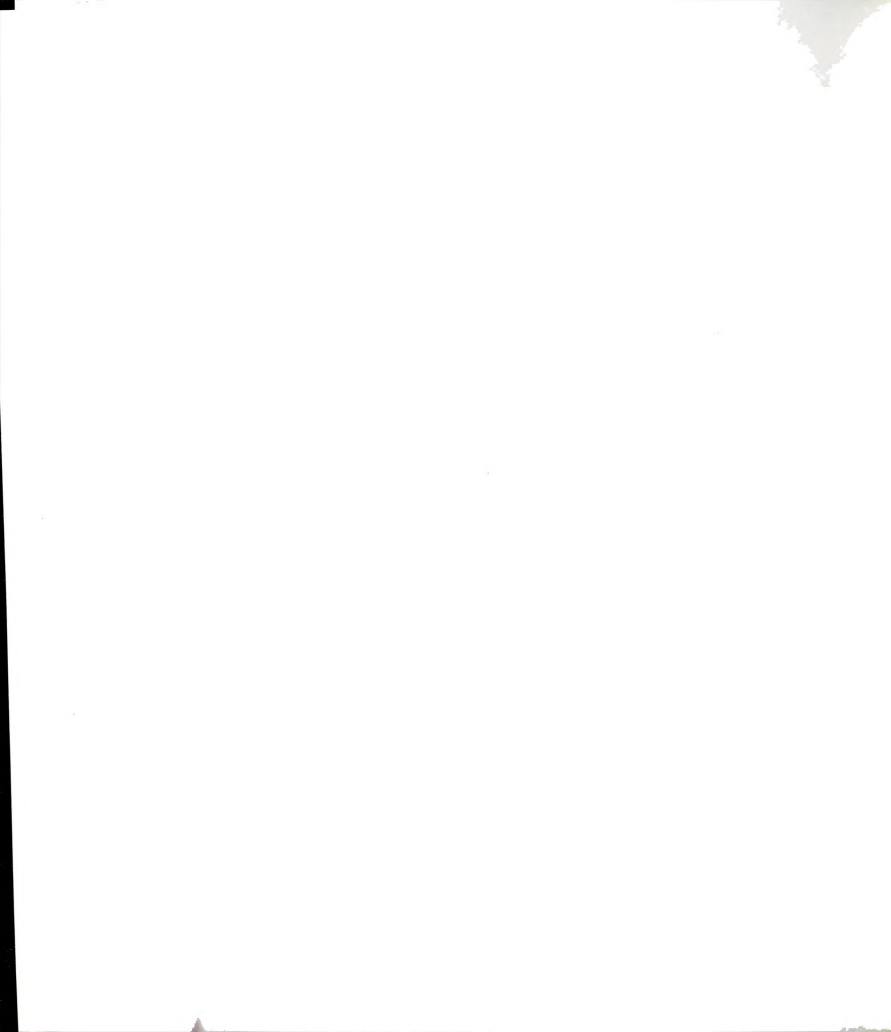
## DEMOGRAPHICS

ID# \_\_\_\_\_

Please answer the following questions.

1. How many months pregnant are you? \_\_\_\_\_
2. Have you received any prenatal care? \_\_\_\_\_  
 (1) Yes (2) No
- 2a. If yes, how many months pregnant were you when you began this care? \_\_\_\_\_
3. Have you had previous pregnancies including miscarriages and abortions? \_\_\_\_\_  
 (1) Yes (2) No
- 3a. If yes, how many? \_\_\_\_\_
4. Do you plan to keep the baby from your present pregnancy?  
 (1) Yes (2) No \_\_\_\_\_
5. Are you married?  
 (1) Yes (2) No \_\_\_\_\_
- 5a. If no, do you have plans to marry within the next year? \_\_\_\_\_
6. What grade in school are you in? \_\_\_\_\_
7. What is the highest grade in school completed by your mother/female guardian? \_\_\_\_\_
8. What is the highest grade in school completed by your father/male guardian? \_\_\_\_\_
9. What is your mother's/female guardian's occupation? \_\_\_\_\_
10. What is your father's/male guardian's occupation? \_\_\_\_\_
11. What is the date of your birth? (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)  
 Month Day Year
12. Do you plan to complete high school?  
 (1) Yes (2) No \_\_\_\_\_
13. What are your hobbies or interests? \_\_\_\_\_





## Appendix D

## APPENDIX D

### Rosenberg Self-Esteem Scale

(Sample on following page)

## ROSENBERG SELF-ESTEEM SCALE

## Instructions:

For each of the following 10 items please tell me the number which best matches how you feel about yourself. Use the following scale to complete your answers:

1  
Strongly  
Agree

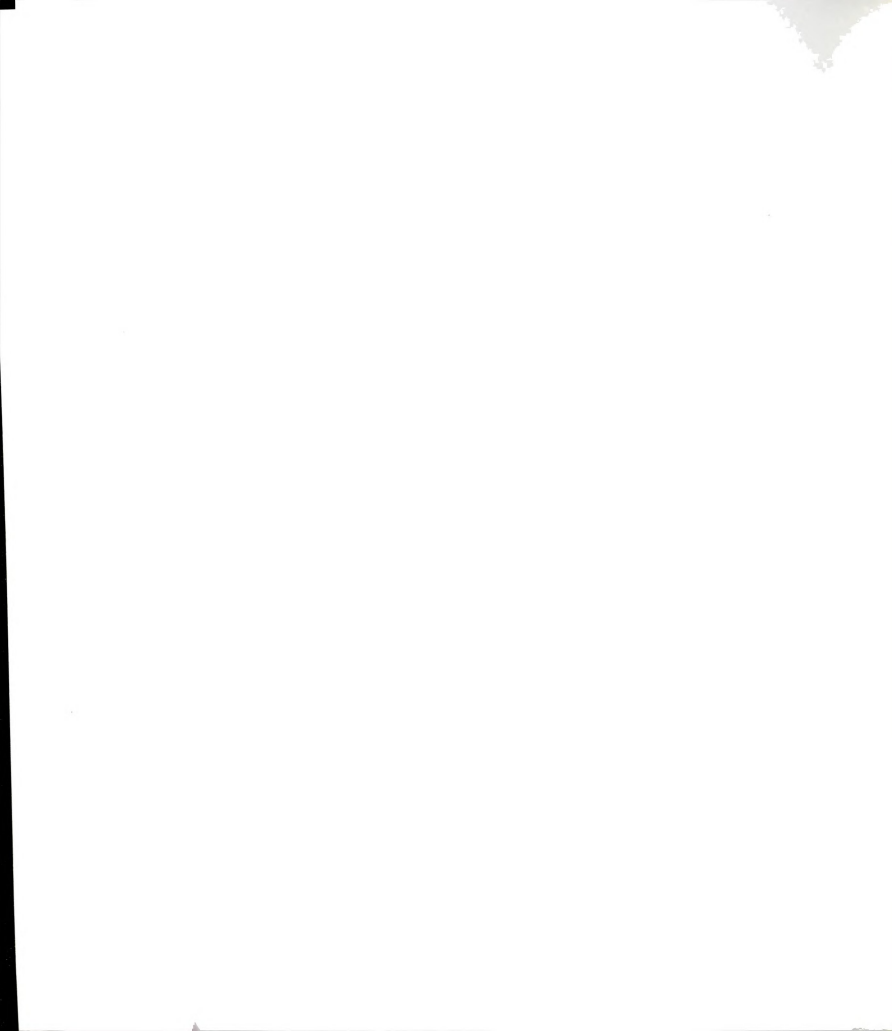
2  
Agree

3  
Disagree

4  
Strongly  
Disagree

21. I feel I'm a valuable person, at least equal with others.
22. I feel that I have a number of good qualities.
23. I feel I do not have much to be proud of.
24. I am able to do things as well as most other people.
25. All in all, I tend to feel I am a failure.
26. I take a positive attitude toward myself.
27. On the whole, I am satisfied with myself.
28. I wish I could have more respect for myself.
29. I certainly feel useless at times.
30. At times I think I am no good at all.

## Appendix E



## APPENDIX E

### Psychological Separation Inventory

(Sample on following pages)

## PSI-Mother

## Instructions:

The following statements describe your relationship with your mother. Please tell me how well each statement applies to you using the following scale.

1	2	3	4	5
Not at all	A little bit	Moderately	Quite a bit	Very true
true of me	true of me	true of me	true of me	of me

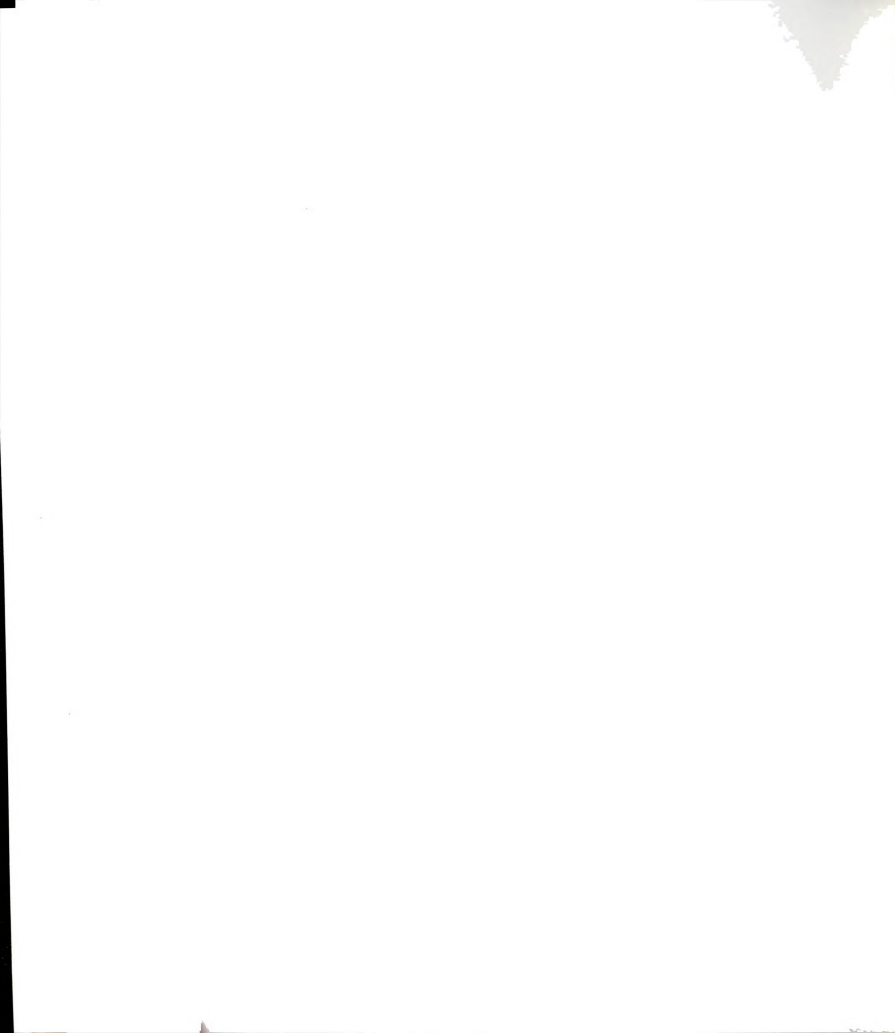
- 178. I like to show my friends pictures of my mother.
- 179. My mother is a burden to me.
- 180. I really miss my mother if I am away from her for too long.
- 181. My beliefs about racial equality are similar to my mother's.
- 182. My mother's wishes have influenced my choice of friends.
- 183. I feel like I am always at war with my mother.
- 184. I blame my mother for many of my problems.
- 185. I wish I could trust my mother more.
- 186. My attitudes about pornography are similar to my mother's.
- 187. When I am in trouble I ask my mother to help me out.
- 188. My mother is the most important person in the world to me.
- 189. I have to be careful not to hurt my mother's feelings.
- 190. I would like to spend as much time with my mother as possible.
- 191. My opinions about whether women should have a career are similar to my mother's.
- 192. I often ask my mother to help me in solving my personal problems.
- 193. I sometimes feel like my mother is trying to get back at me for something.
- 194. Being away from my mother makes me feel lonely.
- 195. I wish my mother wasn't so overprotective.
- 196. My opinions about how mothers and fathers should divide up family responsibilities are similar to my mother's.



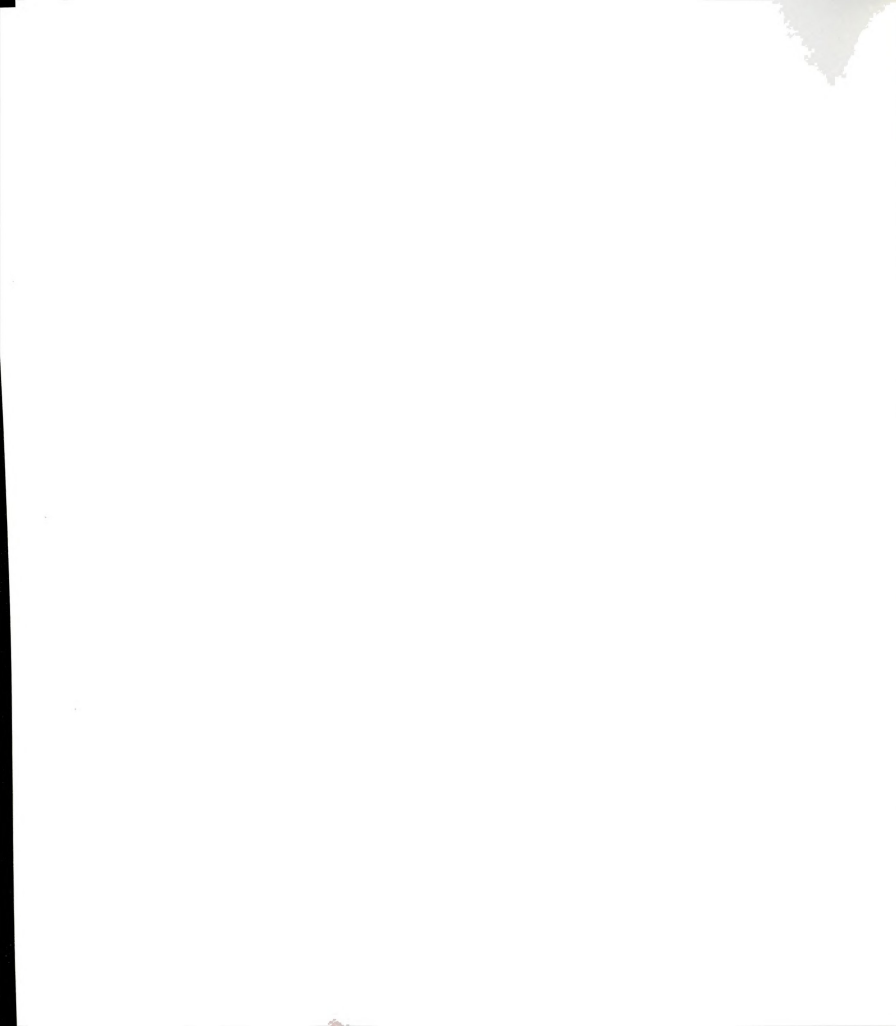
197. I wouldn't buy something really expensive without my mother's approval.
198. I wish my mother wouldn't try to get me to do things that are more for her than for me.
199. I wish my mother wouldn't try to make fun of me.
200. It makes my happy just to hear my mother's voice.
201. My religious beliefs are similar to my mother's.
202. My mother's wishes have influenced what I want to be when I am an older adult.
203. I feel that I have to do things for my mother that I wish I didn't have to do.
204. My mother expects too much from me.
205. I wish I could stop lying to my mother.
206. My beliefs about raising children are similar to my mother's.
207. My mother helps me to spend my money wisely.
208. When I am at home, I like to spend most of my time with my mother.
209. I often wish that my mother would treat me more like an adult.
210. After spending a lot of time with my mother, I find it difficult to leave her.
211. My values regarding honest are similar to my mother's.
212. When I make plans for the weekend, I usually talk them over with my mother.
213. I am often angry at my mother.
214. I like to hug and kiss my mother.
215. I hate it when my mother makes suggestions about what I do.
216. My attitudes about privacy are similar to my mother's.
217. I would get my mother's advice when deciding about whether or not to get a job.
218. Before I decide what to do I ask myself whether my mother will approve of it.
219. Even when my mother has a good idea I refuse to listen to it because it is her idea.
220. When I do poorly in school I feel I'm letting my mother down.



- 221. My attitudes about protecting the environment are similar to my mother's.
- 222. I ask my mother what to do when I get into a tough situation.
- 223. I wish my mother wouldn't try to get me to take sides with her.
- 224. My mother is my best friend.



## Appendix F



## APPENDIX F

### Hassles

(Sample on following page)





## HASSLES

## Instructions:

Hassles are situations or people that can be annoying in minor ways or problematic in fairly major ways. The following is a list of situations we would like you to evaluate. Please indicate:

How much of a hassle has each item been for you during the past month?

- |     | 1  | 2        | 3        | 4            |
|-----|--|----------|----------|--------------|
|     | None or<br>not applicable  | Somewhat | Moderate | A great deal |
| 81. | Your parents or parents-in-law                                     |          |          |              |
| 82. | Other relatives  |          |          |              |
| 83. | Sex  |          |          |              |
| 84. | Intimacy (or being close with your friends, family, and relatives) |          |          |              |
| 85. | Your supervisor, employer, or teacher                              |          |          |              |
| 86. | Meeting deadlines or goals at work or school                       |          |          |              |
| 87. | Home repairs   |          |          |              |
| 88. | Having enough money for necessities                                |          |          |              |
| 89. | Having enough money for emergencies                                |          |          |              |
| 90. | Having enough money for extras                                     |          |          |              |
| 91. | Your medical care  |          |          |              |
| 92. | Your health  |          |          |              |
| 93. | Your physical ability  |          |          |              |
| 94. | News events  |          |          |              |
| 95. | Your environment   |          |          |              |
| 96. | Political or social issues   |          |          |              |
| 97. | Cooking  |          |          |              |
| 98. | Housework  |          |          |              |

- 99. Your work load
- 100. Homework from school
- 101. Car maintenance
- 102. Home entertainment
- 103. Being organized
- 104. Social commitments

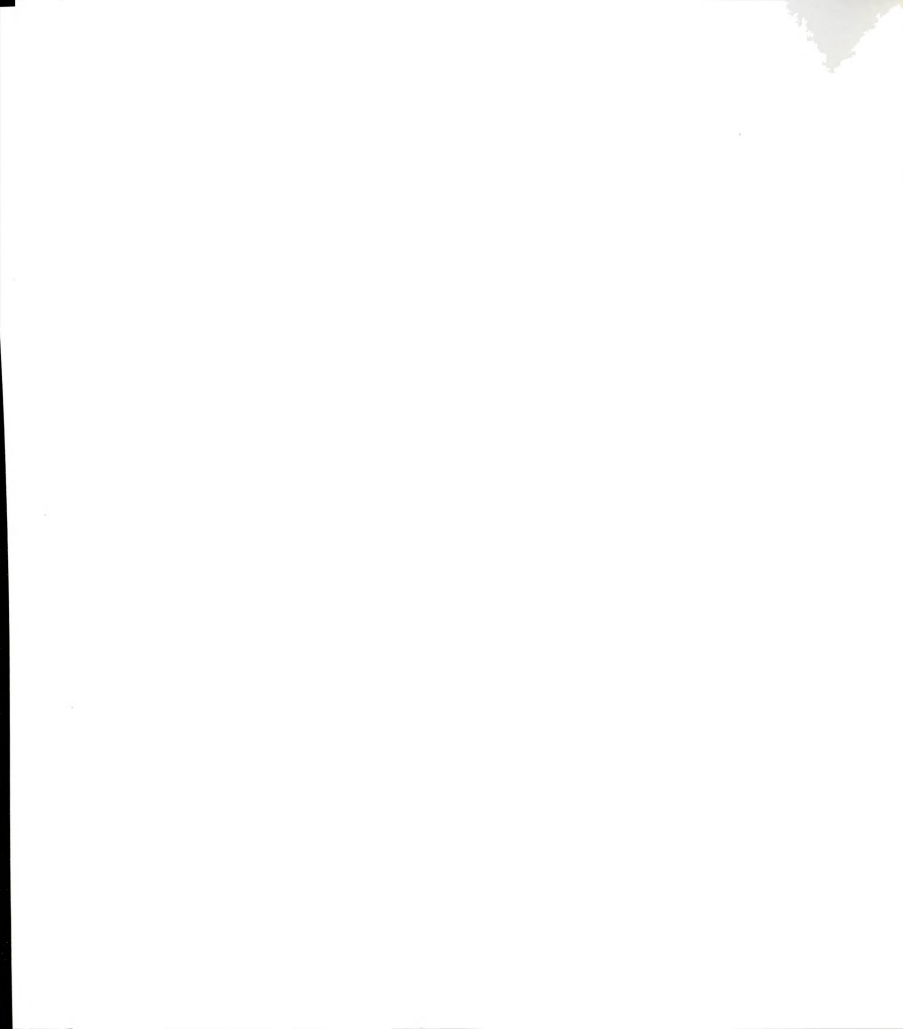
## Appendix G



## APPENDIX G

### Inventory of Socially Supported Behaviors

(Sample on following pages)



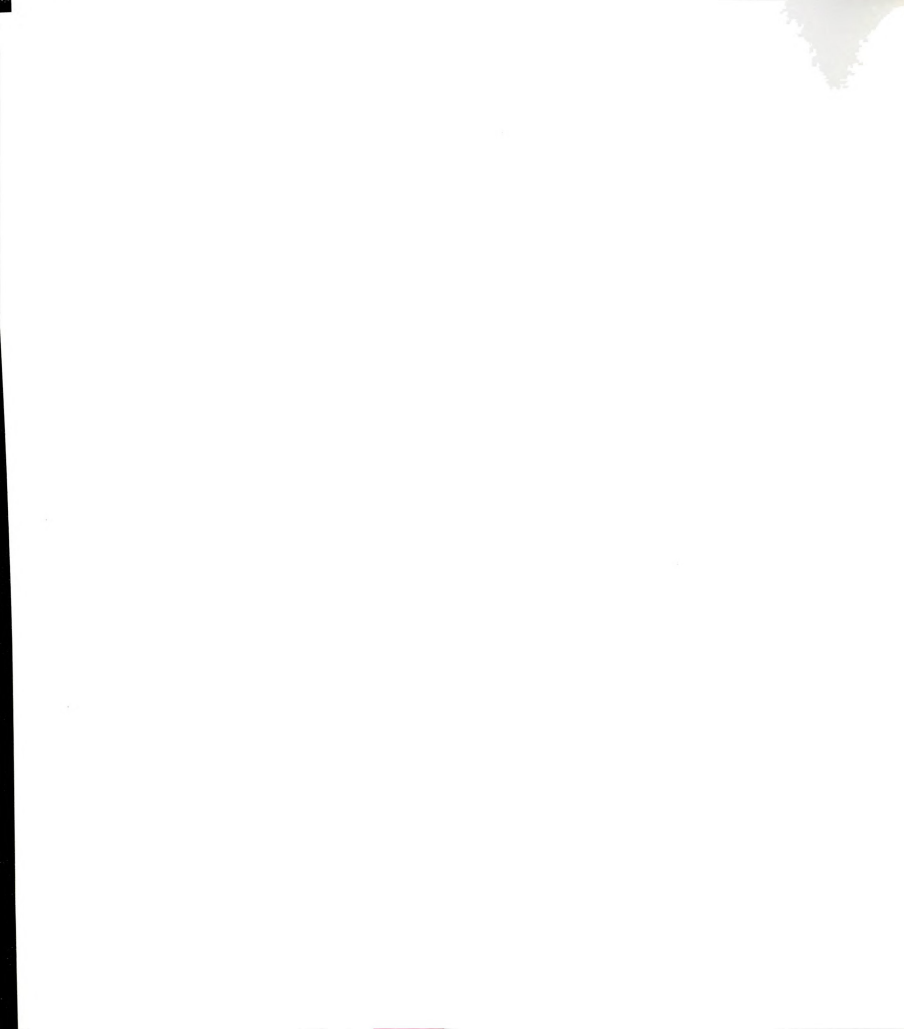
## Instructions:

We are interested in learning about some of the ways that you feel people have helped you or tried to make life more pleasant for you over the *past four weeks*. I will read a list of activities that other people might have done for you, to you, or with you in recent weeks. Please listen to each item carefully and tell me how often these activities happened to you during the *past four weeks*.

1	2	3	4	5
Not at all	Once or twice	About once a week	Several times a week	About every day

During the past four weeks, how often did other people do these activities for you, to you, or with you:

138. Looked after a family member when you were away.
139. Was right there with you (physically) in a stressful situation.
140. Provided you with a place where you could get away for awhile.
141. Watched after your possessions when you were away (pets, plants, home, apartment, etc.).
142. Told you what she/he did in a situation that was similar to yours.
143. Did some activity with you to help you get your mind off of things.
144. Talked with you about some interests of yours.
145. Let you know that you did something well.
146. Went with you to someone who could take action.
147. Told you that you are OK just the way you are.
148. Told you that she/he would keep the things that you talk about private -- just between the two of you.
149. Assisted you in setting a goal for yourself.
150. Made it clear what was expected of you.
151. Expressed esteem or respect for a competency or personal quality of yours.





152. Gave you some information on how to do something.
153. Suggested some action that you should take.
154. Gave you over \$25. to keep
155. Comforted you by showing you some physical affection.
156. Gave you some information to help you understand a situation you were in.
157. Provided you with some transportation.
158. Checked back with you to see if you followed the advice you were given.
159. Gave you under \$25. to keep
160. Helped you understand why you didn't do something well.
161. Listened to you talk about your private feelings.
162. Loaned or gave you something ( a physical object other than money) that you needed.
163. Agreed that what you wanted to do was right.
164. Said things that made your situation clearer and easier to understand.
165. Told you how he/she felt in a situation that was similar to yours.
166. Let you know that he/she will always be around if you need assistance.
167. Expressed interest and concern in your well-being.
168. Told you that she/he feels very close to you.
169. Told you who you should see for assistance.
170. Told you what to expect in a situation that was about to happen.
171. Loaned you over \$25.
172. Taught you how to do something.
173. Gave you feedback on how you were doing without saying it was good or bad.
174. Joked and kidded to try to cheer you up.



- 175. Provided you with a place to stay.
- 176. Pitched in to help you do something that needed to get done.
- 177. Loaned you under \$25.

## Appendix H



## APPENDIX H

### Project Description

(Sample on following pages)



### The YPED Mentors of Mothers Program

The YPED Mentors of Mothers Program is a new program designed to learn more about the development of high quality relationships between new mothers and their infants. It is available to first-time mothers and is being carried out by YPED in collaboration with Michigan State University. If you are expecting your first child, we would like you to consider participating in the Mentors of Mothers Program.

#### WHAT IS THE PROGRAM TRYING TO LEARN?

We know that the development of a positive, good relationship between you and your infant is one of your goals. The Mentors of Mothers Program is comparing different ideas about how to best enhance the mother-infant relationship. We need the input, ideas, and experiences of mothers like yourself to see which of these methods works best.

#### WHAT WILL I HAVE TO DO?

Mothers who participate in the Mentors of Mothers Program will be asked to complete a variety of questionnaires and assessments about their experiences and feelings. These data collections will take place three times over the next 1-2 years. Mothers in the program will be paid \$30 for participating in three data collections (\$5 for the first interview, \$10 for the second one, and \$15 for the third one). One of these data collections will involve a trained project staff member visiting your home and conducting interviews; the other two will take place at the project office. The assessments will each take about two hours to complete.

#### WHAT'S IN IT FOR ME AND MY BABY?

In addition to the money mentioned above, there is a chance that you will be eligible to participate in a new program for mothers and their babies. This program involves trained volunteer mentors who will come to your home and provide you with (1) information about pregnancy and parenting, (2) aid in problem solving, (3) information about parent-infant interactions, and (4) information about growth and development. In other programs like this one, mothers have found these visits very supportive and helpful. These mentors are experienced mothers themselves and they have received special training to be even more helpful to first-time mothers like yourself. Because these programs are part of a research project, they are free to the mothers who are eligible for them.

The questionnaires and interviews take several hours to complete, but of this becomes a problem, we can spread each data collection over more than one day. The questionnaires also ask some questions that you might feel uncomfortable about answering. If this is so, you are free to skip those questions -- we need information about your experiences and feelings but not at the expense of making you feel uncomfortable or anxious. You are the expert on your experience. The information you give us will help us learn more about the way mothers and infants interact. There are no "right" or "wrong" answers to the questions we will ask -- you are not being tested. We sincerely want to learn about your opinions and experiences and only you can help us.



**WHAT HAPPENS IF I CHANGE MY MIND ABOUT THE PROGRAM?**

We hope that you will stay with the program until the end, but you are free to discontinue your participation at any time for any reason. Your participation is strictly voluntary.

**HOW WILL THE NATURE OF MY PARTICIPATION BE DECIDED?**

Once you agree to participate in the Mentors of Mothers Program, you will be assigned to one the program components by means of a lottery. In each component you will be able to participate in the data collections and earn thirty dollars. In one of the components, services additional to Mentors of Mothers Program curriculum will be available to you.

## Appendix I

## APPENDIX I

### Consent Form

(Sample on following page)

The Lansing School District  
Young Parents Educational Development  
Informed Consent Form - Mentors of Mothers Program

I hereby acknowledge that I have read a description of the Mentors of Mothers Program and the details of this research project, including its potential risks and benefits, have been explained to me and my daughter either by letter or by a project representative. It is my understanding that if I and my daughter consent to participate, my daughter will be paid \$30 for participating in each of three data collections to occur during the project (\$5 for the first interview, \$10 for the second interview, and \$15 for the third one). These data collection procedures will be administered by a trained staff worker and will involve three interviews with my daughter and one with me. Each interview will take under two hours. My daughter will be asked to complete a variety of questionnaires and assessments about her experiences and feelings to determine the best ways to bring about positive relationships between teenage parents and children. There are no "right" or "wrong" answers to these questions; the project staff are truly interested in my daughter's opinions about these matters. I understand that records concerning my daughter's health and her child's health will be accessed by the project.

In addition, I understand that there is a chance that my daughter may receive some of the following services from a trained volunteer mentor:

1) personal visits for approximately 9 months; 2) social support; and 3) information about enhancing personal support resources or she may just participate in the interviews. It has been explained to me that whether my daughter receives any of these services will be determined by a lottery. I know that no specific benefit can be guaranteed as a result of participating in this program.

I freely give my consent for participation in this project and understand that I may withdraw my consent for participation at any time without jeopardizing my daughter's participation in the original YPED program. Also, I understand that all information gathered by the project will be kept in strict confidence and my daughter's identity will not be revealed in any report of the research findings. At my daughter's request, and within these restrictions, the results of the research will be made available to her. If I have any questions or concerns about participating in this project I can call Marian Phillips or Mary Suurmeyer, 374-4434.

\_\_\_\_\_  
date

\_\_\_\_\_  
parent's/guardian's signature if  
participant is under 18

\_\_\_\_\_  
date

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participant's signature

\_\_\_\_\_  
date


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program representative's signature

## LIST OF REFERENCES

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