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A Study of the Relationship of Adolescent Self-Esteem with Parental and Peer Attachment

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A STUDY OF THE RELATIONSHIP OF ADOLESCENT SELF-ESTEEM

WITH PARENTAL AND PEER ATTACHMENT

Julie A. Cervenka, B. S.

An Abstract Presented to the Faculty of the Graduate School of Lindenwood

University in Partial Fulfillment of the Requirements

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Abstract

This study examined adolescent attachment to parents and peers and its relation to their self-esteem. Attachment to parents and peers was operationalized with the Inventory of Parent and Peer Attachment (IPPA) by Greensberg and Armsden (1987) and self-esteem was operationalized by the Rosenberg Self-Esteem Scale (RSE). A convenient, volunteer sample was used from a high school in a suburban area of St. Charles County, Missouri. The 127 adolescents ranged in age from 15 to 19 with an average age of 16 years. The sample included 120 Caucasians (94.4%), 5 African Americans (4%), 1 Hispanic (.8%), and 1 Asian (.8%). The participants were administered the IPPA and RSE in a normal classroom setting by their teacher only after their parent permission forms were returned. Parent and peer attachment were found to be significant predictors of adolescent self- esteem. Girls showed a higher level of parental attachment to their mothers compared to the boys, while boys showed a higher level of parental attachment to their fathers than the girls. Girls also reflected a higher degree of peer attachment than the boys. Implications and findings of the results will be further discussed.

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CHAPTER 1

Introduction

Today in the United States alone, there are 31 million adolescents ages 12 to 19. This age group is predicted to be 35 million by the year 2010. The teenagers today may have grown up with more money, more education, and have better health than their predecessors, but this is a mask that covers the reality (Kantrowitz & Wingert, 1999).

Most children today feel alienated, alone, and lost in a world spinning past them. Surveys have revealed that adolescents have a hard time connecting with the significant people in their lives such as parents, peers, and teachers (Kantrowitz & Wingert, 1999). Because many teenagers feel alienated, those who are significant in the lives of teenagers need to form healthy attachment relationships with them and devote time to their development.

Attachment relationships have been well researched and theorized throughout the years. Mahler et al. (1975) defined attachment as an affectionate bond between an infant and a caregiver. Relationships are formed to help the child feel secure, learn about his or her surroundings, guide in cognitive and emotional development, and to help with adjustment to others in order to form new relationships (Mahler et al., 1975).

The most widely recognized theory of attachment is that of Bowlby (1982a) who described attachment as a strong affectionate bond. This bond is enhanced as the child seeks closeness, or proximity, with his or her caregiver (Bowlby, 1969). The child is then

functions needed for forming positive relationships with behaviors that change throughout life and into adulthood (Bowlby, 1982a). Overall, Bowlby (1977) reported attachment as an enduring factor in a person's self esteem and if broken down, can lead to emotional or behavioral problems.

The importance of attachment is that it should sustain the individual into later life; taking the child positively through adolescence and into adulthood (Levinger & Levinger, 1986). It has been concluded that adolescent attachment and intimacy of relationships is a strong predictor and factor in psychological well being and self-esteem (Townsend, McCracken, & Wilton, 1988). The current study will focus on adolescent attachment with parents and peers and its relation to self-esteem.

Bowlby (1969) stated that the first people who have influence over a child are the parents or caregivers. Bowlby found that if a healthy attachment relationship is formed, the child will have a high self-esteem. The child can then expand his or her experiences outside of the home and build healthy attachment relationships with others as well (Bowlby, 1969). The experience of building friendships with peers is an important predictor of self-esteem as well as continuing in a healthy relationship with parents (Hill & Hilmbeck, 1986).

Both parents and peers are very important factors in the adolescent's life and can be either a predictor or a hindrance in helping develop positive self-esteem. The fact that parents are the first influences in the child's life needs to be examined for the development of healthy attachment relationships (Hill & Hilmbeck, 1986).

The rate of dual parent income, meaning both parents work outside the home, has been on the increase. In 1998, 63% of American families had dual income and 70% of single mothers were employed; both family types having to leave children at home alone (Kantrowitz & Wingert, 1999).

Kantrowitz and Wingert (1999) suggest that as parents are working more and spending less time with their children, the children may feel less important than their parents' other commitments. Children need to feel accepted and cared for and as a result, have expressed the desire for their parents to be more involved in their lives. When adolescents search for attention, many times they cling onto their peers and join cliques to make up for the relationships they lack at home (Kantrowitz & Wingert, 1999).

Kantrowitz and Wingert (1999) reported that teenagers may claim they want privacy, but studies have shown that they are on average alone for three and a half hours everyday, leading to the need and desire for attention they may not receive. In fact, Patricia Hersch (1998) studied adolescents for a recent book entitled "A Tribe Apart." She found that every youth studied eventually admitted that he or she wished that he or she had more adults in his or her life; especially his or her parents.

Teenagers today have enough struggles simply developing their own self-images and identities which is compounded further by the fact that parental support is many times low. They have the pressure to fit in and be with the right crowd, or clique, in high school. Schools have a diverse number of groups such as athletes, preppies, wanna-be gangsters, pot-smoking skater, punks, gays, nerds, and Goths. Cliques usually claim their

identities in the clothing, style, music, language and lingo, and make-up. (Adler, 1999).

Even though adolescence is considered a time period of separation from parents, it does not mean complete separation. It is only natural and healthy for adolescents to spend more time and become closely attached with peers, but they should still maintain a healthy relationship with parents. Adolescents want more freedom, but also need to know that their parents are there for them and want to support them, while still giving guidance and setting some rules for positive development (Hill & Hilmbeck, 1986).

Adler (1999) found that adolescents must find some group to identify with and many times separate from the values of their parents in order to fit in with their peers. When alienation from parents becomes a predominant occurrence in a teenager's life, peers become the main source of identity and self worth. In order to feel good about themselves, adolescents must have attachment to some group of significant others. Ninety percent of Americans reported that parents are not spending enough time with their teens which leads many to find attachment in their peers in either a positive or negative experience (Adler, 1999).

When adolescents are isolated from their parents and have negative peer attachment relationships, they are more vulnerable to emotional, behavioral, and delinquent problems. Even the parents who do have healthy relationships with their teens can not always combat the major problems associated with adolescence, but they can make a difference just by being involved (Kantrowitz & Wingert, 1999). Adolescents need support, guidance, love, and healthy attachment relationships in order to develop into

secure individuals (O'Koon, 1997).

The current study will prove the importance of attachment as well as differentiate between the most significant predictors of self-esteem. There are many contradictory findings regarding the relative importance of adolescent attachment to parents or to peers in predicting self-esteem. O'Koon (1997) found peer attachment as having a greater effect on adolescent self-image than parental attachment because of the heightened awareness of others around them at the same developmental stage.

On the other hand, Raja, McGee, and Stanton (1992) found that for overall well-being, parental attachment was more important than peers. Indeed it would seem that a combination of support, security, and connectedness from both parents and peers are significant factors in producing a higher self-esteem and self-image in adolescents (O'Koon, 1997).

The rationale of the study evolves from the massive problems in our country today with adolescents who do not feel accepted by their parents, peers, or society. Kids become delinquent for many reasons that may lead to a low self-worth in which needs to be examined.

The current study was administered to a group of adolescents ages 15 to 19 at Fort Zumwalt South High School, a predominantly white, middle class sample in a large midwestern town.

Statement of the Problem

The purpose of this study is to examine adolescent attachment to parents and peers

and its relation to self-esteem. The hypothesis is as follows: There is a significant relationship between reported parental and peer attachment and adolescent self-esteem. Gender differences will be observed in how peer and parental attachment relate to self-esteem as well.

Attachment to parents and peers will be operationalized using the Inventory of Parent and Peer Attachment (IPPA) by Greensberg and Armsden (1987) and self-esteem will be operationalized by the Rosenberg Self-Esteem Scale (1962).

CHAPTER 2

Review of the Literature

Attachment

Attachment is defined as an affectionate bond between an infant and caregiver.
Relationships are formed so the child feels secure enough to explore his or her external
environment, understand and participate in other relationships, and to guide cognitive and
emotional development (Mahler, Pine, & Bergman, 1975). Attachment may begin in
infancy with a caregiver, but it continues throughout an individual's life as he or she
matures from childhood to adulthood and must relate with family and peers (Rice, 1990).

Townsend, McCracken, and Wilton (1988) concluded that intimacy in adolescent
relationships is a strong predictor of psychological well being and self esteem. Two
attachment theories provide descriptions of the differences in attachment and how it
relates to self-esteem in the individual.

Bowlby's Attachment Theory

Bowlby's (1982a) conceptualization of attachment focused on behaviors in
predicting attachment, or a strong affectionate bond. Bowlby found that diverse behaviors
often lead to the same predictable outcome. For example, if a child smiles or shows fear,
the child is searching for closeness, or proximity, to his or her caregiver, stressed in his
working model of attachment theory (Bowlby, 1969).

The "internal working model" suggests the child internalizes representations of the
caregiver as he or she matures which later will be replaced with his or her own adapting

functions (Bowlby, 1982a). Bowlby labeled this attachment as a biological function because the child will repeatedly fulfill the functions with new representations and behaviors that change throughout life.

Bowlby's (1977) working model of attachment is considered an enduring aspect of one's self-esteem and if attachment is not achieved, emotional and behavioral difficulties can arise. Bowlby described three patterns of insecure attachment: (a) anxious, (b) compulsive self-reliance, and (c) compulsive care giving.

Anxiously attached individuals can be described as being constantly worried about the availability of the attachment figure. He or she is dependent on a caregiver and will not attempt to fulfill any needs on his or her own. Those of compulsive self reliance seem to avoid attachment and are distrustful of close relationships. Many times, these individuals have been let down by a caregiver as their needs were never met; therefore, they only trust themselves. On the other hand, compulsive caregivers are trusting, but never receive care because they automatically assume the role of caregiver. The need to give and take care of others before oneself is common in compulsive caregivers (Bowlby, 1977 as cited in Lyddon, Bradford, & Nelson, 1993).

As the "internal working model' described by Bowlby (1969) continues to be established in a child, the patterns of attachment fluctuate and adjust, with the hope that insecure attachment will decrease. Although, by the child's first birthday, the pattern of interaction between caregiver and child has already been established. As a result, if the attachment pair of caregiver and child has been satisfactory to both individuals, the more

stable the attachment.

Both caregiver and child develop certain behavior and expectations in an attachment relationship; although, through the years, changes in the relationship will occur, resulting from different events and interactions (Bowbly, 1969). For example, Bowlby described a situation in which a child's illness may make him or her more demanding of the caregiver and, at the same time, the caregiver becomes more protective. On the other hand, if a caregiver has a life changing event or becomes depressed, he or she may become less responsive to the child who could feel rejected. Therefore, a change in the attachment behavior for one or both partners, means that the behavioral organisation will also change for both while adjusting to new circumstances.

As children mature, most maintain a strong attachment with a caregiver; continuing to use the basic attachment elements learned by the first birthday, but with an increase of more sophisticated elements (Bowbly, 1969). Bowlby described a young school-aged child who seeks out his mother at a neighbor's house in response to his or her behavior as an infant when he or she followed the mother around; searching for proximity. As a result, the child becomes more skillful and when he or she starts to feel insecure, he or she can plan the behavior to be used in order to meet the conditions needed for security. The attachment relationship of child and caregiver expands as the child starts to develop a will of his or her own to be used in future relationships and life situations.

Ainsworth's Theory of Attachment

Ainsworth, Blehar, Waters, and Wall (1978) based their attachment theory on

security as they believed the attachment relationship depends on the responsiveness of the mother. They developed three categories of the outward manifestations of the individual's internal working models. They are as follows: (a) secure, (b) avoidance, and (c) anxious/ambivalent.

The categories were developed after children were observed in a laboratory setting known as a "strange situation" in which the infant was separated from the caregiver and then reunited. The child was seen with the caregiver, with a stranger, left alone, and reunited with the stranger and caregiver (Ainsworth et al., 1978).

The secure child clearly preferred the caregiver over the stranger, but could readily separate in order to explore his or her environment with minimal stress. The avoidance child did not use the caregiver or the stranger as a base for exploration and usually ignored or avoided both people. The anxious/ambivalent child refused to explore and was anxious at separation. However, when the child was reunited with the caregiver, he or she sought proximity while simultaneously pulling away. The child did not seek comfort or contact with the stranger as well (Ainsworth et al., 1978).

The patterns of attachment that resulted from the strange situation were a model of the infant-mother interactions. For example, a mother who was consistently sensitive to the behavior of her child developed a securely attached relationship with her child. The reliability and validity of the experiment proved to be significant as children who were tested over a period of one to six months (with stable family circumstances) behaved in the same manner each time (Ainsworth et al., 1978).

Ainsworth et al. (1978) described the conditions of a securely attached child in relation to the behavior of the mother. The mother was responsive, attentive, and sensitive to the individual needs of her child during his or her first year of life. Even though there were some differences in the securely attached children because of inborn factors and personality, their behavior was strongly correlated to the type of parenting they received as an infant (Ainsworth et al, 1978).

As the child grows and develops, Ainsworth et al. (1978) described the securely attached child as developing independence and autonomy while remaining attached to the caregiver. As a result of the parental loving responsiveness to the child, the child viewed the world as a safe place to explore because the caregiver(s) could be trusted and would meet the child's needs. Because of early dependence on a parent, the child develops healthy independent behaviors later in life; resulting in positive development (Ainsworth et al., 1978).

In summary, the first relationship of a child is formed with his or her caregivers: adults. Both the adult and child form an attachment in which they develop strong interpersonal connections that should sustain into later life (Levinger & Levinger, 1986). Stroufe and Waters (1977) also found that an adaptive and secure attachment relationship at one time will be the basis for a similar quality relationship at the next time. In other words, the ability to be competent in other relationships will be reflected in the pattern of the child's behaviors.

Theories of Self-Esteem

Self-esteem, also known as the self-concept, is not present at birth, but arises out of social interactions and experiences. It is constructed by the submersion into cultural and environmental contexts because the individual learns about social interactions by the community around them. The institutional systems in which a child is influenced are those such as the family, school, church, and economy which also help shape the self- concept (Rosenberg, 1981).

Therefore, what the child feels about him or herself may be internal, but what is felt and thought about oneself results mostly from one's social life (Rosenberg, 1981). Rosenberg (1981) also described the self-concept as a social product and force which is acted upon by the child which, in turn, acts upon society.

Self-esteem can be categorized in two ways: high or low self-esteem. A person with high self-esteem: "has self-respect and considers himself a person of worth" and a person with low self- esteem: "lacks respect for himself and considers himself unworthy, inadequate, or otherwise seriously deficient as a person" (Rosenberg, 1979, p. 54). Rosenberg believed that because a person's self-esteem has many facets, further testing, research, and observations must be calculated in order to find the root or the base of one's reasoning of feeling good about themself.

Some explanations of the root of one's self-esteem can be described in three

principles of self-esteem as follows: reflected appraisals, social comparison, and self-attribution (Rosenberg, 1981). The theory of reflected appraisals holds that if others look up to an individual and treat him or her with respect, then the individual will respect him or herself. In the social comparison principle, Rosenberg evaluated the concept of self as being defined by comparing oneself to others in ways such as job, prestige, social status, race, or income level.

Lastly, self-attribution is when an individual has internal regulations of behavior, but may not consult them for explanations of outward experiences. For example, a man who overeats may describe his actions in that he was hungrier than he thought as an interpretation of the behavior that has consequences for his self-esteem (Rosenberg, 1981).

McKay and Fanning (1992) defined self-esteem as a person's summary of his or her own self-worth and as the person's criticisms of individual functioning. Therefore, it does not matter how anyone else views a person; whether it be positive or negative, it is how the person views himself or herself that determines self-esteem. It is the functioning inside oneself that determines the level and extent of self-esteem.

Wylie (1974) viewed self-esteem as a global construct in which several different domains are summarized such as home, work, or social atmospheres; all of which contribute to overall well-being. Self-esteem can also be viewed as self-regard in a specific area of functioning such as academics or athletics.

Carl Rogers (1959) also developed a theory of thought on self-esteem, or self-concept. During counseling sessions, Rogers found that when a client was not given any guidance or direction, they tended to talk about the self. Expressions such as, "Who am I?", "I would not want anyone to know the real me.", and "I like to be myself here." were common from many clients. As a result, Rogers found that the goal of many clients was to experience his or her real self and have positive regard for their inner being.

As self-esteem is defined in many different terms, the theories on attachment can be integrated with the self-concept because significant others' attitudes towards an individual more times than not affect self-esteem. An individual may value a caregiver, parent, or peer, and, in turn, the opinion of a significant other has of an individual determines how he or she views him or herself. The impact of a significant other's opinion of a person also depends on his or her credibility, or his or her degree of trust and confidence, in the relationship (Rosenberg, 1981).

Depending on early interactions with significant others, a child may develop a positive or negative self-esteem because of the degree of attachment in relationships. This suggests the importance of a caregiver in order to develop healthy attachment relationships with his or her child (Rosenberg, 1981).

Attachment in Adolescence

As children develop into adolescents, family ties begin to loosen and peer

influences become greater (Muuss, 1988). Although ties are somewhat stretched with family, Youniss and Smollar (1985) believed that peers are seen merely as a reflection of the parent-child relationship; emphasizing the importance of healthy attachment with parents. This process of breaking the secure connections from family is when the adolescent searches for the same type of support, acceptance, and approval in a peer group (Douvan & Adelson, 1966). Demo, Stephen, and Savin-Williams (1987) found that the emotionally stimulating and intimate relationships between parents and adolescents are influential in molding the self-concept of not only the adolescent, but all family members involved.

Adolescents must adapt their learned behaviors to new situations in which parents, or their caregiver, may not be there to assist. Adolescents adjust from elementary school and home life to high school, peer competence, extra-curricular activities, clubs, and parties, all of which effect self-esteem and confidence. Adjustment can also refer to a change in emotions, self-esteem, self-concept, or even ego-identity development (Rice, 1990).

In order to adapt and adjust to new situations, adolescents must begin with secure attachments (Rice, 1990). Rice's meta-analytic review indicated a consistent positive association between attachment and self-esteem, identity, emotional adjustment, and social competence (Rice, 1990). In a study done by Lapsley, Rice, and FitzGerald (1990), it was found that a secure adolescent-parent attachment relationship did provide advantages for

future adjustment and identity development.

Autonomy and Attachment In Relation To Self-Esteem

Autonomy can be misleading when discussing adolescents as it can be perceived as complete independence from parents and therefore, loss of attachment. In reality, when adolescents feel freedom and the ability to make their own choices, there is a greater sense of closeness and attachment with parents (Hill & Hilmbeck, 1986). In order for an adolescent to mature and have successful relationships, he or she must learn behaviors such as independence and emotional expressiveness which results from positive parental attachment (Rice & Paige, 1996).

Papini, Roggman, and Anderson (1991) noted adolescents who were able to keep a strong attachment bond with their parents throughout pubertal changes in early adolescence experienced more freedom, cohesion with family, and the ability to express their feelings with their parents. Likewise, Allen, Hauser, Bell, and O'Connor (1994) wrote that healthy development is the process of achieving autonomy in adolescence while at the same time maintaining a positive relationship with parents. Adolescents were reported to have higher self-esteem, better adjustment to separating, and greater resistance to negative peer pressure when they had a well developed relationship with their parents.

Demo et al. (1987) concluded from previous research that the quality of the relationship, the willingness to grant freedom and autonomy, and the support given to an

adolescent by his or her parents was significantly related to self-esteem. It is obvious that autonomy and family interactions in adolescence is strongly related to psychosocial development, ego development, and self-esteem (Allen et al., 1994). As a result, when the adolescent feels that there is a loss of independence and all of his or her decisions are made by his or her parents, it can lead to lower levels of self-esteem (Demo et al., 1987).

Attachment Conflicts

Bronfenbrenner (1977) defined each adolescent as having a continuously interacting set of complex social relationships in which various people exert influences. The Microsystems of an adolescent involves interpersonal relationships in direct face to face contact. The primary Microsystems is the family and is followed by peers and school.

Many times the transition from a family focus to a greater peer focus exhibits cross-pressures because the adolescent must choose between a mutually exclusive set of values (Bronfenbrenner, 1970). Likewise, Muuss (1988) discussed the values of parents and peers as being either opposing or in accordance. He believed that a similar set of values from both influences is more consistent and beneficial for the adolescent's emotional and social development (Muuss, 1988).

The pattern of communication and closeness changes as adolescents grow and develop, but there must be reciprocity in relationships with both parents and peers. The honor, mutual respect, and understanding that is assumed to be given from adolescents to

their parents can be broken down when the peer group becomes more influential. A peer group provides social rewards such as self-esteem, popularity, acceptance, and friendship which may conflict with some former family values (Muuss, 1988).

The adolescent can feel torn or pulled between two different directions in order to make a choice of current values. In some cases the adolescent may pretend to follow both parents and peers even when the expectations from each group are in opposition (Muuss, 1998). Some children who have a high level of family cohesiveness may feel that they are ignoring or abandoning their family if they create close friendships. As a result, the pull between being faithful to the family and also wanting intimate friendships cause great stress (Gauze, Baukowski, Aquan-Asee, & Sippola, 1996). In order to be accepted in some peer groups an adolescent may become delinquent, cheat, smoke, drink, or steal. This is when the healthy Microsystems based on reciprocity between both adolescent and parents and peers is broken down and the child has a higher degree of influence from peers (Muuss, 1988).

Maternal And Paternal Attachment

The relationship between self-esteem and attachment is a significant factor in the development of children into their adult lives. One can assess how much a child develops his or her self-concept from the significant people in his or her life. If attachment with parents can be maintained throughout adolescence, it will greatly effect and contribute to

general well-being (O'Koon, 1997). Therefore, the family and its interactions are an important determining factor of one's self-esteem (Demo et al., 1987).

Demo et al. (1987) viewed the relationship between child and parent as a reflection of one another and is the predominant factor in building self-esteem. Adolescents were found to need positive communication and participation with their parents which demonstrated the social aspect in relationships in which shared activities, emotional support, and conversations are highly correlated with their self-esteem.

A study by Rice and Paige (1996) found that the greater adolescents perceived attachment with their parents as providing security, care, and encouragement of autonomy, the higher the levels of self-esteem. In secure attachment, parents were loving and available to support adolescents during negative situations (Kobak & Sceery, 1988).

When children have a strong and cohesive family life it is easier for them to adjust in other relationships outside the home. They have built a secure base from which to work from and so they feel comfortable in reaching out to others and forming close friendships (Gauze, Bukowski, Aquan-Asee, & Sippola, 1996). As a result of the strong family environment, outside factors usually have no effect on internal feelings of adequacy.

Therefore it was found that positive features in adolescent friendships were not a significant factor in self-esteem, this leads to the belief that friends are not the dominant contributor to adolescent self-esteem and considered alone; may be weak (Keefe & Berndt, 1996). The results do show that for overall well-being; especially in mental health issues, parental attachment is more important than peers as low attachment to parents did

not seem to be compensated by high attachment to peers (Raja et al., 1992).

Those children who have adaptive families usually report less changes in their

sense of self-worth and emotional well-being when a change in any relationship occurs

(Gauze et al, 1996). Gauze et al. found it possible that adolescents who come from

families that discuss relationships and appropriate interactions will be more equipped to

use these techniques in outside relationships; raising levels of social functioning and self-

worth.

The fact that maladaptive families have difficulty with change can be related to

their inability to provide support for a child's changing friendships as well. The family

may respond negatively to a stressful situation as a typical response instead of looking at it

in a positive light. In so doing, the parents would unknowingly enforce the effects of peer

problems (Gauze et al., 1996).

Therefore, Gauze et al. (1996) reported that children who had changes in peer

relationships such as losing or gaining a friend were more likely to show changes in their

self-worth if they were from a maladaptive family rather than a cohesive family. Those

children who had family support when dealing with peer conflicts had no significant

change in self-esteem. This resulted from the fact that their family was available and

tangible to alleviate the stress.

Likewise, Ohannessian and Lerner (1994) found in a longitudinal study across one

school year in sixth or seventh grade that adolescents who reported low satisfaction with

family relations had a higher rate of anxiety and depression than those who were satisfied

with home life. In addition, adolescents who had higher anxiety levels at the beginning of the year had lower perceived supportive families than those who seemed adjusted.

Adolescents who perceived low levels of attachment to parents usually have an increase in problems such as behavior, conduct, depression, and negative life events. It is possible that adolescents who are given too much freedom may view their parents as not caring which can lead to inattention and vulnerability to negative life events or peer pressure. Adolescents who are left alone are also given more opportunities to act on curiosities, which usually involve some form of negative action or behavior (Raja, McGee, & Stanton, 1992).

In contrast, some children strive to maintain parental love and so many times deny their own experiences in order to be accepting to their caregiver. This can be a positive experience since they do not participate in delinquent behaviors in order to please parents or could lead to alienation as they tend to deviate from the social norm just as their parents have modeled (Rogers, 1959).

Mothers and fathers both have unique ways of contributing to adolescent attachment. As researchers assess their independent roles, it is necessary to keep in mind that different measures of attachment assess different aspects in the relationship; resulting in contradictory findings that follow (Rice & Paige, 1996).

O'Koon (1997) found mother and father attachment to be significantly correlated with the overall well-being of adolescents. Differences were found in the areas of

psychopathology which related more towards maternal attachment and the mastery of the external world being more related to paternal attachment (O'Koon, 1997). Secondly, when tested in areas of vocational and educational goals, adolescents were influenced more by their father-child attachment than by mothers or peers. Fathers were also reported to have a greater effect on adolescent ego development, whereas mothers were more significant in predicting self-esteem (Allen et al., 1994).

The fact that mothers were found to have a greater effect on the self-esteem of her children than fathers highlights the societal belief that the mother is at the center of the family (Demo et al., 1987). Rice and Paige (1996) found maternal attachment to be significantly higher in predicting adolescent self-esteem than paternal attachment which is also supported by Rogers (1959), who found that the likelihood of receiving maternal love and support increased the degree of maintaining a positive self-regard throughout childhood.

Paterson, Pryor, and Field (1994) gave one explanation for mothers being more predictive in self-esteem than fathers and that it may result by the fact that adolescents assume their mother will have a more interactive role. Many times, adolescents view their fathers as being more distant and harder to talk to than their mothers. Therefore, if the relationship with their fathers follows the expected pattern, there is little effect on self-esteem. It may also be that fathers were dependable and consistent with their children; all of which were not measured in the current studies by Paterson et al (1994), Demo et al.

(1987), Rice and Paige (1996), O'Koon (1997), and Allen et al. (1994) (Rice & Paige, 1996).

Both girls and boys were reported to correlate perceived parental acceptance directly with feelings of self-worth and no measures of competence such as academic, social, athletic, and attractiveness mediated the relationship (Ohannessian & Lerner, 1996). However, when comparing mothers to fathers as factors of only a boy's self-esteem, fathers were found to have the largest influence. Boys want to have the support and acceptance of the male role model in their lives. This results in an increased need for attachment since through this sort of relationship, a bond is formed. (Lackovic-Grgin & Dekovic, 1990).

Rice (1995) supports the fact that boys had higher levels of intimacy with their fathers than did girls, but both relationship pairs (mother-son and father-son) seem to be increasing. Boys were found to need both maternal and paternal attachment in order to develop into self confident individuals over a period of time (Kenny & Lomax et al., 1998).

Even though boys reported less stability than girls in their reported levels of attachment with their mothers (Kenny & Lomax et al., 1998), the relationship between mother and son seemed to increase in intimacy from eighth throughout twelfth grade; remaining even after twelfth (Rice, 1995). Mothers are usually more comforting to their sons during problematic situations, whereas fathers may be uncomfortable with this type

of a role. This leads them to avoid dealing with those issues and may be viewed by the boy as a conflict in the father-son relationship. Many times the "conflict" may only be a father's fear of showing emotions. Men are frequently afraid of showing emotion and have a hard time discussing feelings, which in turn, teaches their sons to react to situations in the same way and search for sympathy elsewhere (Kenny & Lomax et al., 1998).

In comparison, Papini, Roggman, and Anderson (1991) found that because girls mature at a faster rate than boys, they perceived less attachment to mothers; whereas boys develop a closer attachment to their mothers at this age. Because girls develop quicker than boys, they may be beyond the need for close attachment with mothers, while their male counterparts are several years behind mentally and still need that bond. Even so, mothers and daughters seemed to increase their intimacy after twelfth grade (Rice, 1995).

Because of female adolescents' strong need for maternal acceptance with physical appearance and depression, Ohannessian and Lerner (1996) reported perceived maternal acceptance and social competence as more important in building girls' self-esteem than boys' self-esteem. Girls in early adolescence want security and seem to lack competence in self when the relationship with their mother has not been accepting. When girls reported higher levels of perceived parental acceptance and emotional well-being, they generally found themselves to be more competent physically and in school than girls with a low perceived parental acceptance.

Peer Attachment

Successful identity development may not depend or rely on a secure attachment relationship with parents (Rice, 1990). In fact, O'Koon (1997) found attachment to peers having a greater effect on adolescent self-image than parental attachment, mostly because there is a heightened awareness during their developmental period with others at the same stage (O'Koon, 1997). Peer attachment was more highly correlated with body image, social relationships, and sexual attitudes than with parental attachment (O'Koon, 1997). This could account for the fact that in adolescence, the issue of acceptance by peers is related to all of these areas.

Cooper and Cooper (1992) defined positive peer influence when adolescents view their peer relationships as providing the means for a mature sense of self. Adolescents in healthy peer relationships are able to establish and maintain friendships, develop positive self-esteem and interpersonal skills, plan peaceful conflict negotiations, and are able to solve problems (Cooper & Cooper, 1992). Likewise, Keefe and Berndt (1996) found adolescents who felt more accepted with their peers and had a higher self-image and level of confidence in school and their social environment. Townsend, McCracken, and Witton (1988) reported adolescents with higher levels of self-esteem were found to be more related to intimacy and developing close relationships with a friend than being seen as popular with a group of peers.

Many times when adolescents lack healthy attachment relations with parents, they

seek the emotional support of peers to recover from the stress and conflicting home situations. The peer group can be a place of security and acceptance while being rejected by parents in the home. Friendships also give alternative modes of expressing emotions and resolving conflicts in a positive manner which may not have been learned at home (Cooper & Cooper, 1992).

Gauze et al. (1996) reported children from families with low cohesion who found support from peers rated their friendships as more important than family. Peers became the dominant factor of self-esteem in adolescents from maladaptive families. Parental attachment and adolescent social competence with peers are definitely linked as predictors for adolescent peer relations (Schneider & Younger, 1995), but from a mental health perspective, heavy involvement in a peer group that lacks involvement with a parent is one of the strongest predictors of problem behavior for adolescents (Muuss, 1988).

Alienation from parents usually resulted in a greater level of peer competence in order to compensate for this attachment with parents and unsatisfactory home life (Schneider & Younger, 1995). Therefore, adolescents who felt no security in family relationships could build their self-esteem by seeking support from others and increasing their relations with a peer group (Ohannessian & Lerner, 1994). The problem is that studies have found that peers may have a negative influence on an adolescent (Cooper & Cooper, 1992).

Students who reported negative features in their friendships seemed to be involved

in conflicts with peers and significant others; suggesting that problems with friends can effect many aspects of the adolescent's life as well as other relationships (Keefe & Berndt, 1996). The self-esteem of these adolescents was found to be more significantly related to their perception of social acceptance than with sports or physical appearance. The adolescents with more negative features in their friendships generally had a low self-image (Keefe & Berndt, 1996).

As a result, even students who did have many positive aspects in their friendships became less satisfied with their appearance when their peer relations became unstable. The inability to maintain closeness and positive involvement with friends did effect adolescents' perceptions of physical appearance as low, but the instability seemed to have no effect on their overall self-esteem (Keefe & Berndt, 1996).

Even though most males and females have healthy attachment relationships with peers, girls did seem to have a higher level of peer attachment than boys. It could possibly be a reflection on the level of intimacy in male and female relationships (O'Koon, 1997). Females are more closely attached to their friends in early adolescence than males (Papipini, Roggman, & Anderson, 1991) which explains why friends most influenced girls' self-esteem (Lackovic-Grgin & Dekovic, 1990).

Raja et al. (1992) found that girls consistently rated higher on measures of peer attachment than boys; based on trust and communication. Girls seem to need to feel

connected in order to socially adjust and to have interpersonal relations for identity

development (Rice, 1995). It is more damaging to a female's self-esteem than a male to

lack some sort of intimate attachment with a friend (Townsend, McCracken, & Wilson,

1988).

Lackovic-Grgin and Dekovic's (1990) research contradicts earlier studies in that

boys are more likely than girls to be affected by others' opinions of them. In contrast,

O'Donnell (1976) believed that boys' self-esteem is not related to their feelings towards

friends due to the numerous other sources for self-esteem such as sports, cars, and jobs.

Ohannessian and Lerner (1996) found boys to be better adjusted and have a higher

self-esteem than girls in early adolescence. This stems from the fact that boys were more

satisfied with their physical appearances, felt competent in athletics, and reported lower

levels of depression and anxiety than girls (Ohannessian & Lerner, 1996). A possible

explanation could be that boys express and need reinforcement of support, control, or

communication; whereas girls are more subtle and may deny the cues needed for outward

responses of support. Another explanation may result from the gender bias in society in

which boys are many times given more attention than girls and so therefore, girls hide thier

needs inside (Demo et al., 1987).

Parental And Peer Attachment As A Positive Influence On Adolescent Self-Esteem

Attachment to parents and peers may develop and become more important at

different times for different adolescents. Some young children must develop early

autonomy and independence because of working parents. Many times this leads to an earlier dependence on peers. At the other extreme, some adolescents are too closely attached to their parents and it may not be by choice. Some parents have learned to view their child as their own attachment figure; disrupting the adolescent's normal break from family into healthy peer relationships (Weiss, 1986).

When adolescents have a higher self-esteem and self-image, it can be counted toward a sense of security and a strong sense of connectedness both to parents and peers (O'Koon, 1997). Gauze et al. (1996) support much research in their view that a child's emotional and social adjustment is related to his or her interactions and relationships with family and peers. No gender differences were found when measuring the differences between family and peer cohesiveness (Gaize et al., 1996).

Peer group influences can be in accordance with parental and social influences as reported by Muuss (1988). Adolescents who can effectively communicate with their parents and feel close or attached to them are more times than not also actively involved with a peer group that benefits their development.

Adaptability within the family structure is also a predictor of a child's ability to form close and healthy friendships. When a child loses a friend or has a stressful social situation with peers, he or she seeks out support from another source. Those adolescents who have a flexible and adaptable home environment can easily turn to family for help and security (Gauze et al., 1996).

Raja et al. (1992) found that the adolescent positively viewed himself or herself when he or she felt attached to both parents and peers. Parents and peers did not seem to compensate for one another because adolescents needed the support of both as they viewed their own strengths in relation to parents and peers. When an adolescent felt secure with his or her parent and peer relationships, it seemed to ease any emotional distress that could occur from any self-perceived weaknesses (O'Koon, 1997).

In a study done by Armsden and Greenberg (1987), their subjects fell into two descriptive groups: (1) high security and (2) low security attachment. Those adolescents who formed the high security group had higher levels of self-esteem and enjoyed their interactions with family. Likewise, they had confidence and high quality relationships with their peers. Those adolescents who had low security attachment reported more feelings of alienation, resentment, and did not have quality relationships with their family members (Armsden & Greensberg, 1987).

Hoffman, Ushpiz, and Levy-Shiff (1988) found patterns in research on parent and peer attachment relationships which are proven to be in relation to self-esteem. The quality of parent and peer attachment during late adolescence was a significant predictor in self-esteem, well-being, and life satisfaction. The positive contributors of parent and peer attachment continues in late adolescence and into college. This proves the importance of attachment relationships throughout life (Armsden & Greenberg, 1987).

<u>Summary of Research</u>

Overall, parent and peer attachment are significant predictors of adolescent self-esteem. Some research found parents to be more significant in adolescent self-esteem; whereas other studies proved peers to be more significant. Differences may result in sample selection and any bias in research.

Most adolescents found attachment from one set of influences in their lives. When the adolescent lacked support from one group (parents or peers), the adolescent found support from the other group, leading to a negative or positive attachment experience. In those cases where adolescents had negative attachment in one area many times had the same result with the other; proving the importance of an initial healthy attachment relationship with a caregiver.

The current study will take a further look at implications of the adolescent attachment relationship with parents and peers and how it contributes to overall well-being. The hypothesis for this study is there is a significant relationship between reported parental and peer attachment and adolescent self-esteem. Implications of any gender differences will be observed. Measurements used in research were the Inventory of Parent and Peer Attachment (IPPA) by Greensberg & Armsden (1987) and the Rosenberg Self-Esteem Scale (1962) for overall well being.

CHAPTER 3

Methodology

Subjects

The population from which the sample was drawn included all students at Fort Zumwalt South High School in St. Charles County. The school comprises about 2,000 ninth through twelfth graders. The socioeconomic status of the area is mostly middle class with a predominant population of Caucasians. The suburban area is newly developed.

A convenient volunteer sampling method was used, studied from five different social studies classes in grades 10 through 12 were selected with the aim of obtaining 100 students with an equal ratio of males to females. The final sample was comprised of 127 students of whom 60 were male and 67 were female.

The adolescents range from 15 to 19 years of age and were in their sophomore (93 students, or 73% of sample), junior (30 students, or 24% of sample), or senior year (4 students, or 3% of sample) of high school. The sample included 120 Caucasians (94.4%), five African Americans (4%), one Hispanic (.8%), and one Asian (.8%).

Instruments

The instruments used in the study were the Inventory of Parent and Peer Attachment (IPPA) (Greenberg & Armsden, 1987) and the Rosenberg Self-Esteem Scale (RSE) (1962).

The Inventory of Parent and Peer Attachment.

The Inventory of Parent and Peer Attachment (IPPA), was developed to self assess

the relationship of adolescents with their parents and peers, especially in their perceptions of security. Bolwby's (1969) attachment theory was used as the dominant theory. The IPPA can be used for adolescents who are twelve to twenty years of age (Greenberg & Armsden, 1987).

The IPPA consists of three sections of 25 statements each based on a five point Likert scale with a total of 75 questions. The three sections assess mother, father, and peers (close friends) attachment; using the same 25 statements in each section except replacing the word "mother" with "father" and with "peers." For each section, the three subscales can be derived: the degree of mutual trust, quality of communication, and extent of anger and alienation (Greenberg & Armsden, 1987).

The original sample on which the IPPA was designed were 16 to 20 years olds, but Greenberg and Armsden (1987) found that adolescents as young as 12 could be properly assessed. There was some concern that the validity of the test would be questionable for a wide range of people, but it has been proven that socioeconomic status does not alter scores (Greenberg & Armsden, 1987).

The administration of the test can be done by any researcher in a controlled setting. The three subscales of Trust, Communication, and Alienation are scored through the summation of the relevant items listed for each subscale. However, the negatively worded items must be reversed-scored. In order to score for the total attachment levels, the three subscale scores are added together (Greenberg & Armsden, 1987).

The reliability of the IPPA, in terms of internal consistency were as follows:

mother attachment, .87, father attachment, .89, and peer attachment, .92. The validity of the IPPA was shown in its ability to relate positively to two different instruments measuring self-concept, family relations, life satisfaction, affective status, and social relations. The measurements that were positively correlated were the Family and Social scores from the Tennessee Self-Concept Scale and the Family Environmental Scale; proving that the greater attachment relationships, the better overall well-being for the adolescent (Greenberg & Armsden, 1987).

One particular strength of the IPPA is that it was not found to be significantly related to socio-economic status from the sample of four hundred 18 to 20 year olds; meaning that the education level had no effect on the intensity of the attachment. The IPPA, therefore, can be used with most any population and the level of education is not a hindrance to the study (Greenberg & Armsden, 1987).

Lyddon, Bradford, and Nelson (1993) noted the IPPA was a highly reliable source of self reported parent and peer attachment. Because of the IPPA ease of administration, independent scales of parent and peer attachment were formed as well as subscale scores for each of Trust, Communication, and Alienation. A major strength is that researchers can assess attachment in the mother, father, and peer relationships independently or can be computed together for a summary attachment score (Lyddon, Bradford, & Nelson, 1993).

Rice (1990) believed that overall, the IPPA was a valid test, but that it computed attachment very broadly. He noted that by measuring dependence, intergenerational intimacy, and fusion, it would greatly expand and validate the results of the IPPA.

Further, a study of discriminant validity could determine how to differentiate attachment from dependence or from other variables correlated with family systems such as cohesion (Rice, 1990).

Rosenberg Self - Esteem Scale.

The Rosenberg Self-Esteem Scale (RSE) (1962) is a 10 item response scale in which the subject responds with strongly agree, agree, disagree, or strongly disagree. Originally designed to be rated on a Guttman scale, it is more widely used as a four point Likert Scale. There are no subscales for the RSE as it is a global measure of overall self esteem. Even though the RSE was designed in 1962 for high school adolescents, it is now widely used for adults as well (Fischer & Corcoran, 1994).

The norm group used was about 5,000 high school students in New York state with varying ethnic backgrounds. Because of the large sample size and the varying ethnicities, one can assume validity within this population. Other tests have proven the RSE valid as well when testing college students and adults so that one can also assume it accurately measures self-esteem across ages (Fischer & Corcoran, 1994). The norm group of 5,000 ethnically mixed high school students makes this a suitable instrument for the current study.

Administration of the RSE is simple as it can be done by anyone to any size group or to individuals. It can be completed in fewer than five minutes and scoring is just as easy. All 10 items can be summarized with five questions needing revere-scoring for negative wording (Fischer & Corcoran, 1994).

The RSE has a Guttman scale coefficient which indicates excellent internal consistency with a .92 score of reproducibility. Two different test-retest reliability factors had correlations of .85 and .88; proving internal stability. Crombach's alpha for the 10-item test was .88 with a standard error of measurement at 0.23, on an averaged summed-score scale ranging from 0 to 5. The RSE was also analyzed using Samejima's (1969) graded response model. The Item Response Theory (IRT) was interpreted that the items were differentially related to self-esteem and were not equally discriminating. The Pearson correlation resulted at $r = .9928$ (Fischer & Corcoran, 1994).

The RSE is a valid test; mostly because of the significant amount of research that has been conducted with this scale over the years. It correlates with many self-esteem scales such as the Coopersmith Self-Esteem Inventory. The RSE also correlates with predictors of depression, anxiety, and peer group relations (Fischer & Corcoran, 1994).

Gray-Little and Williams (1997) reported the RSE to be very practical as it requires no more than a fifth grade reading level, it only takes a few minutes to complete, and is obviously related to its construct. The scoring and administration of the RSE are also strengths because anyone can administer the test to an individual or a large group with minimal requirements in scoring for the researcher.

Gray-Little and Williams (1997) found that although the RSE had many advantages, little attention has been paid to the internal consistency and factor structure as they thought a more advanced item-level analysis was needed. They believed that further research should assess how well the scale values of the RSE differentiate between

individuals possessing these different levels.

Gray-Little and Williams (1997) also found the RSE was too broad and gave only a global factor of self-esteem and had no way of calculating levels of self-esteem such as low, moderate, high, extremely high, and so on. Overall, the RSE has too many advantages that outweigh its negative features.

Procedures

Design.

The design of research for the current study is correlational. This study attempts to examine the relationship of adolescent attachment with their parents and peers and their self esteem. The prediction is that when adolescents have healthy attachment with parents and peers, they will have higher levels of self-esteem. While on the other hand, those who have lower levels of attachment with parents and peers will have lower levels of self-esteem.

The population of the current study were high school adolescents. For the sample, the researcher used cluster sampling in which five social studies classes in a high school in St. Charles County were used to complete the testing instruments. The students were given parental permission forms for their parents to fill out before they could participate in the study. Once all the forms were turned in, the researcher administered the tests to all students who were willing and had parental permission. All students participated in the study except one.

The Inventory of Parent and Peer Attachment (IPPA) by Greenberg and Armsden

(1987) and Rosenberg's Self-Esteem Scale (RSE) (1962) were administered in the normal classroom setting in each of the five social studies classes. Steps were taken to ensure that each adolescent completed the IPPA and RSE in the same manner and under the same conditions. The researcher gave oral directions and instructed the students to also read the directions while proctoring the students. The IPPA and the RSE are simple questionnaires and it took no longer than 15 minutes for the students to complete both measurements.

Data Analysis. The first step in scoring was to determine overall self-esteem of each adolescent by computing the Rosenberg Self-Esteem Score and attachments scores as measured by the Inventory of Parent and Peer Attachment (Greenberg & Armsden, 1987). An overall total attachment score was calculated for each of the mother scale, father scale, and peers scale. Then self-esteem was correlated with each of the total attachment scores to examine the relationships between self-esteem and attachment to mother, father, and peers.

CHAPTER 4

Results

The average mean age of all subjects (N=127) was 16.2 years old with a positive

skew. There were slightly more females (53% of subjects) tested than males (47% of

subjects). The low scores on the Rosenberg Self-Esteem Scale reflect a higher self-

esteem, whereas high scores on the Inventory of Parent and Peer Attachment (Armsden &

Greenberg, 1987) reflect a higher level of attachment. Table 1 shows mean scores of

attachment and self-esteem.

The distribution of the father attachment score is negatively skewed with a mean

score of 80 and a standard deviation of 23.74 similar to the negatively skewed distribution

for mother attachment scores as well. The mean score for maternal attachment was 89.6

with a standard deviation of 21.25. The average of parental attachment has a bimodal

distribution with a mean of 84.8 and a standard deviation of 16.98. Results shown in

Appendix 4.

The distribution of the peer attachment score was negatively skewed with a mean

at 102.7 and a standard deviation of 14.76. The total attachment score curve is normal

with a mean score of 93.7 and a standard deviation of 12.28. The Rosenberg Self-Esteem

Score is fairly normal with a mean score of 19.3 and a standard deviation of 4.89.

The hypothesis to be tested was *there is a significant relationship between reported parental and peer attachment and adolescent self-esteem.* The hypothesis was supported as reflected in Table 1. The correlation between Total Attachment scores (higher scores indicating more attachment) and Rosenberg Self-Esteem scores (lower scores indicating positive self -esteem) was significant at $r = -.578$ ($p < 0.01$). In ascending order, with self- esteem the significant correlations of the different adolescent attachment scores were as follows: peer attachment (-.347), maternal attachment (-.389), paternal attachment (-.390), and average parental attachment (-.535).

Table 1

Correlations of Attachment and Self-Esteem Scores

	Adolescents	
	N	p value
Paternal Attachment/RSE	125	-.390**
Maternal Attachment/RSE	127	-.389**
Total Parental Attachment/RSE	127	-.535**
Peer Attachment/RSE	127	-.347**
Total Attachment/RSE	127	-.578**

**significant at p<0.01

Another area of observation was to explain gender differences in relation to parental and peer attachment. Girls' self-esteem was found to be correlated at a higher level with maternal attachment (-.457) than boys (-.347), whereas boys' self-esteem was more strongly correlated to their fathers (-.537) than girls (-.248). Boys were correlated slighly higher to the average attachment of both parents (-.586) than girls (-.507), with only a -.79 difference. Girls' self-esteem was found to be related stronger with their peers (-.449) than boys' self-esteem (-.293). Both males and females had a higher mean peer attachment relationship with peers than parents, but does not indicate that peers were the strongest predictors in self-esteem as can be seen in Tables 2, 3, and 4.

Table 2

Correlations of Attachment and Self-Esteem Scores by Gender Comparison

	Adolescents				
	Males			Females	
	N	p value		N	p value
Paternal Attachment/RSE	59	-.537**		66	-.248**
Maternal Attachment/RSE	60	-.347**		67	-.457**
Total Parental Attachment/RSE	60	-.586**		67	-.507**
Peer Attachment/RSE	60	-.293**		67	-.449**
Total Attachment/RSE	60	-.597**		67	-.625**

** significant at p<0.01

Table 3

Correlations of Peer Attachment and Total Attachment Scores by Gender

Comparison

| | Adolescents | | | |
| | Males | | Females | |
	N	p value	N	p value
Total Attachment/RSE	60	.705**	67	.720**

** significant at p<0.01

Table 4

Correlations of Peer Attachment and Total Attachment Scores

| | Adolescents | |
	N	p value
Total Attachment/Peer Attachment	127	.735**

** significant at p<0.01

CHAPTER 5

Discussion

The purpose of this study was to examine adolescent attachment to parents and peers and its relation to self-esteem. The hypothesis was supported in the current study and findings. The hypothesis is as follows: There is a significant relationship between reported parental and peer attachment and adolescent self-esteem. With a degree of significance at .000, one may assume that adolescents need to feel connected and have healthy attachment relationships to build positive self-esteem.

As found in the current study, O'Koon (1997) found positive attachment to both parents and peers can lead to a higher level of self-esteem and self-image. Parent and peer relationships are proven to be intertwined in relation to self-esteem (Hoffman, Ushpiz, & Levy-Shift, 1998) as adolescents need the support from both parents and peers because they do not compensate for one another (Raja et al., 1992). Armsden and Greenberg (1987) found parents and peers as significant predictors of self-esteem, well being, and life satisfaction which allows the adolescent to continue having healthy relationships throughout life.

No research has concluded that parental and peer attachment is insignificant in adolescent self-esteem. Even so, it may appear that many adolescent have conflicts between parents and peers when deciding whose influences they will follow (Bronfenbrenner, 1977). Muuss (1988) found parental and peer values can be in accordance or opposing

and a similar set of values from both influences is the most beneficial for adolescent self-esteem and development. The adolescent may feel torn between accepting parental values and peer values and as a result, believe that he or she abandons his or her family if he or she forms close friendships. It may also have the opposite effect of abandoning friends for family (Muuss, 1988). Muuss (1988) concluded his study in suggesting that creating reciprocity between both adolescent and parents and peers is the best way to alleviate unwarranted attachment stress.

Peers seemed to have a higher mean score of peer attachment than parental attachment in the current findings. Keefe and Berndt (1996) found adolescents who felt more accepted with their peers had a higher self-image and confidence level. Rice (1990) agreed by writing that successful identity development may not necessarily depend on a secure attachment relationship with parents. It has also been suggested that attachment to peers has a greater effect on adolescent self-image than parental attachment; mostly because of their stage in development and awareness of those like them (O'Koon, 1997).

In contrast, Demo et al. (1987) viewed the attachment relationship between adolescent and parent as the predominant factor in building self-esteem. Raja et al. (1992) found that peer attachment cannot compensate for the strong effects of parental attachment in building self-esteem because even low attachment to parents was not found to be significantly replaced with peer attachment for higher levels of self-esteem. Therefore, positive peer attachment was not found to be a significant factor in self-esteem which allows the assumption that friends are not the dominant contributor to adolescent

self-esteem and considered alone; may be weak (Keefe & Berndt, 1996).

Discrepancies in findings may be related to the fact that adolescents are tending to relate more and more to their peers with societal "pushes" to grow up too fast. With the decrease of the traditional family model and the increase of single parent homes and working parents, many adolescents may lack the support needed from home and so turn to their peers to find that intimacy that they need.

The current study found no significant difference between maternal and paternal attachment with adolescent self-esteem. Allen et al. (1994), Rice and Paige (1996), Paterson et al. (1994), Rogers (1959), and Demo et al. (1987) found mothers are significantly higher in predicting adolescent self-esteem than fathers. Demo et al. (1987) noted that the societal belief of the mother at the center of the family may have impacted the findings of maternal attachment as more significant in adolescent self-esteem than paternal attachment. Paterson et al. (1994) gave another possible explanation for mothers being more predictive in self-esteem than fathers in that adolescents assume their mother will have a more interactive role in their development.

Allen et al. (1994) found fathers to be more significant in predicting adolescent ego development than mothers, while O'Koon (1997) found that fathers were more influential than mothers in areas of vocational and educational goals. Overall, O'Koon found both mother and father to be significantly correlated with the well-being of adolescents.

The discrepancies in findings may account for the fact that the term adolescence can include children ages 12 to 19 with a varying degree of maturity levels. The age of the

children would greatly influence results as those who are younger may need the maternal attachment relationship more than those who are older and are identifying more with their gender and need of a gender role model.

Another discrepancy in the results of research may be the difference in family structure such as a two parent home or a one parent home in which the child may become attached to their caretaker and not be involved as frequently with the other parent.

In terms of gender differences, O'Koon (1997) found that most males and females have healthy attachment relationships with peers which usually leads to positive self-esteem. Peers have a great effect on adolescent self-image, no matter the gender.

As found in the current study, Raja et al. (1992) found that girls rated higher on measures of peer attachment than boys. It is more damaging to a girls' self-esteem to lack some sort of close bond with friends than it is for boys (Townsend, McCracken, & Wilson, 1988). Papini, Roggman, and Anderson (1991) also found girls to be more closely attached to their friends in adolescence than boys as Lackovic-Grgin and Dekovic (1990) supported with the explanation that friends most influenced a girls' self-esteem.

Ohannessian and Lerner (1996) found boys to be better adjusted and have a higher self-esteem in adolescence than girls as a result of being more satisfied with their physical appearances and athletic ability, O'Donnell (1976) felt that because boys have many sources of self-esteem such as cars, jobs, and sports, their self-esteem was not directly related to their friends.

Lackovic-Grgin and Dekovics (1990) concluded that boys are more affected by

others' opinions of them and need peer attachment more than girls. Demo et al. (1987) thought that because boys are more vocal in their needs, they may receive this type of support from peers, whereas girls are more subtle and may deny the cues needed for support.

Some possible discrepancies in research may account in sampling bias. The current study used volunteer subjects which many times are well adjusted, well educated, and confident people. Therefore, the current results may be controlled in the future by using randomization.

The current study found girls to be slightly more attached to their mothers and boys to be slightly more attached to their fathers. Ohannessian and Lerner (1996) reported perceived maternal acceptance and social competence as important predictors of a girl's self-esteem because of the strong need for maternal acceptance with physical appearance. When a girl's relationship with her mother has been unaccepting, the adolescent tends to have a lower self-esteem, a higher chance of depression, and a lower self-identity (Ohannessian & Lerner, 1996).

Most research has found that when we compare males to females, fathers are more important in boys' self-esteem development than mothers (Lackovic-Grgin & Dekovic, 1990). Lackovic-Grgin and Dekovic found boys to need the support and acceptance of a male role model in their lives; resulting in the need for attachment that will predict their level of self-esteem. Rice (1995) also found boys to have higher levels of intimacy with their fathers than did girls.

On the other hand, Papini, Roggman, and Anderson (1991) found that because girls mature more quickly than boys, girls had less attachment to mothers whereas boys needed maternal attachment for self-esteem development.

Limitations of the Current Study

Because the students knew the researcher as their classroom teacher, there could be some who answered to be socially desirable. As in all cases with adolescents, acceptance is one of their main concerns and even though they did not use their names, there is still the fear of someone knowing it was their test. As with any case, there is also the chance of bias with convenient and volunteer sampling.

The fact that the research was drawn from only one high school leads to more possible bias. The research would prove to be more valid if a cross-sectional study was used such as by comparing different high schools in the same area. Another study could be conducted by using different high schools in different geographic regions; also comparing rural with urban areas.

Lastly, the sample lacks diversity. St. Charles County is a predominantly Caucasian area and so the availability of other minority groups was low. Other studies might research and compare the differences of the IPPA and RSE in a more diverse population with the current results.

Implications of Findings

From the more than 31 million adolescents ages 12 to 19 in the United States today, we can find alienation, loneliness, and insecurity. Because many adolescents have a

hard time connecting with significant people in their lives such as parents and peers (Kantrowitz & Wingert, 1999), it demonstrates the importance and significance of the current study.

Relationships are formed to help the child feel secure, develop self-esteem and autonomy, and establish other positive relationships (Mahler et al., 1975). Bowlby (1977) defined attachment as an enduring factor in a person's self-esteem which was supported by Townsend, McCracken, & Wilton's (1988) belief that attachment and intimacy of relationships is a strong predictor in self-esteem throughout one's life.

Hill and Hilmbeck (1986) found both parents and peers as important factors in predicting adolescent self-esteem. Even though adolescence is considered a time period of separation from parents, it does not mean complete separation. While adolescents develop closer relationships with peers, a healthy relationship with parents should be maintained for positive development (Hill & Hilmbeck, 1986).

The current study is a reminder to our country as the problem of adolescent alienation continues. Adolescents need to have a combination of support, security, and conncectedness from both parents and peers in order to produce a higher self-esteem and self-image (O'Koon, 1997). Especially important is the awareness of parents as they develop their relationships with their children. Self-esteem should be instilled by parents early on so that children can establish healthy attachment relationships throughout life.

Future research may focus primarily on the parent-child attachment relationship and the techniques used to build a child's self-esteem. Patterns and types of parenting may

be assessed for the most significant ways to develop healthy attachment relationships with children. By focusing on parental attachment to children, we will be starting from the beginning stages in any child's life of developing any sort of attachment relationship.

It would further benefit research to develop longitudinal studies that follow a child from birth to adolescence. The research could evaluate the adolescent's attachment relationships with parents and then observe how they relate to others.

Once the child is an adolescent, the researchers may observe and assess attachment to peers or how the attachment relationship with parents may or may not change. A longitudinal study may be more significant in predicting the best attachment source for self-esteem: parents or peers.

Attachment and Self-Esteem Scores (Histograms follow)

Adolescents

	N	Mean	SD
Age	127	16.24	.72
Paternal Attachment Score	125	81.33	.21.63
Maternal Attachment Score	127	89.60	21.25
Total Parental Attachment Score	127	84.82	16.98
Peer Attachment Score	127	102.65	14.76
Rosenberg Self Esteem Scale	127	19.30	4.89
Total Attachment Score	127	93.74	12.28

Histogram

AGE

Std. Dev = .72
Mean = 16.2
N = 127.00

AGE

Father Attachment Score

Std. Dev = 21.63
Mean = 81.3
N = 125.00
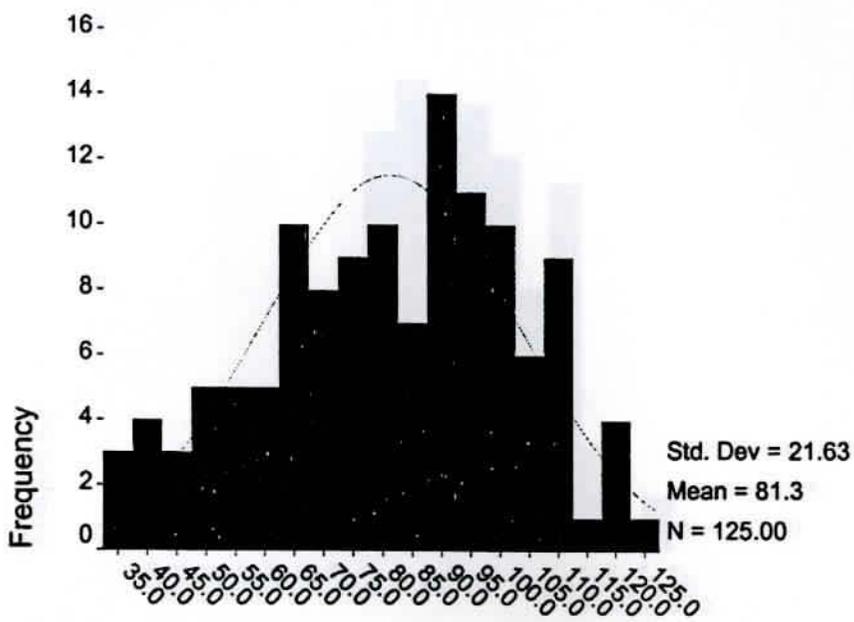
Father Attachment Score

Mother Attachment Score

Std. Dev = 21.25
Mean = 89.6
N = 127.00
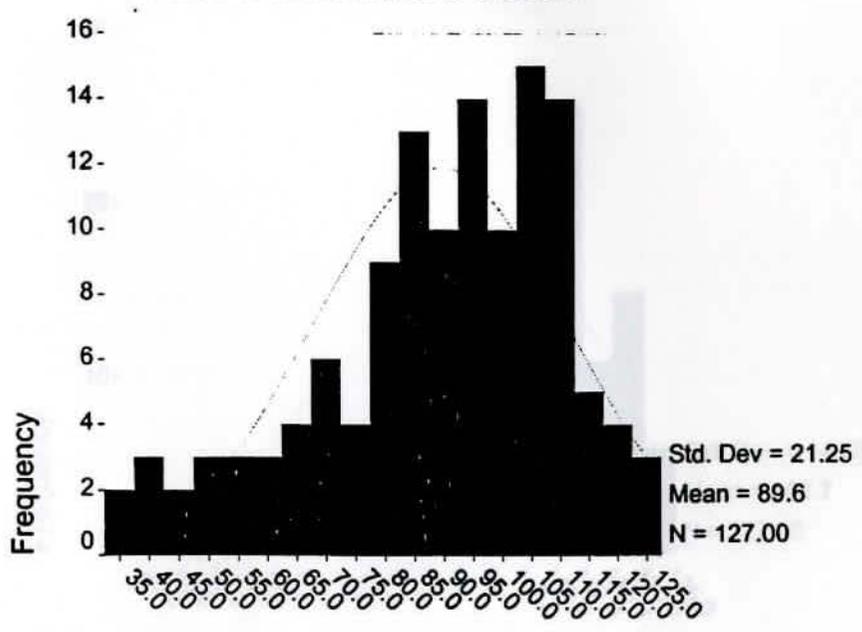
Mother Attachment Score

Average of Total Parental Attachment

Std. Dev = 16.98
Mean = 84.8
N = 127.00
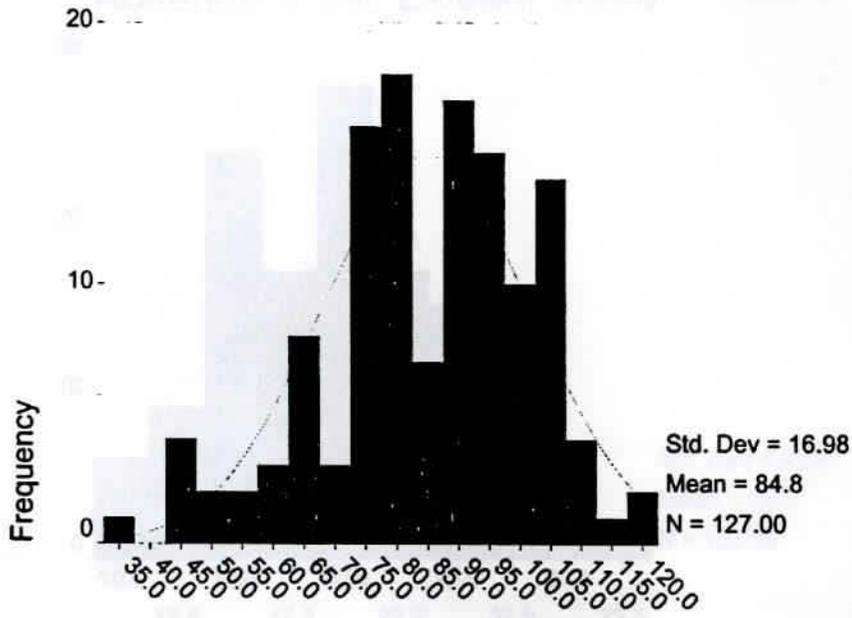
Average of Total Parental Attachment

Peer Attachment Score

Std. Dev = 14.76
Mean = 102.7
N = 127.00
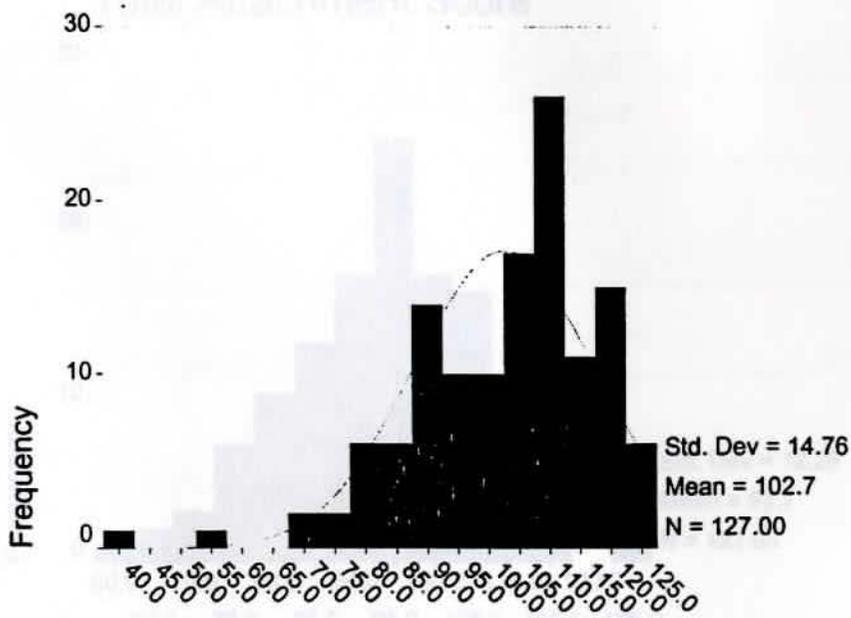
Peer Attachment Score

Rosenberg Self Esteem Score

Std. Dev = 4.89
Mean = 19.3
N = 127.00

10.0   15.0   20.0   25.0   30.0
  12.5   17.5   22.5   27.5   32.5
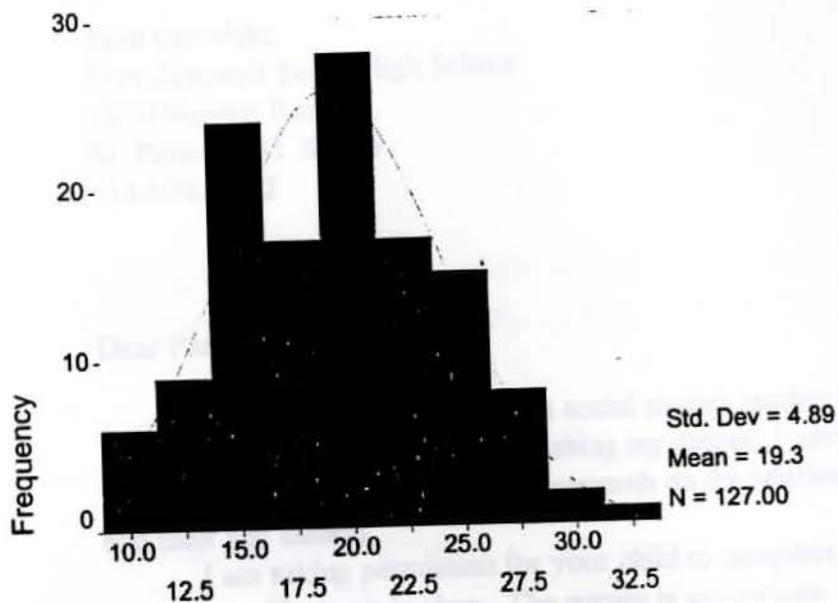
Rosenberg Self Esteem Score

Total Attachment Score

Std. Dev = 12.28
Mean = 93.7
N = 127.00

60.0   70.0   80.0   90.0   100.0 110.0 120.0
  65.0   75.0   85.0   95.0   105.0 115.0 125.0
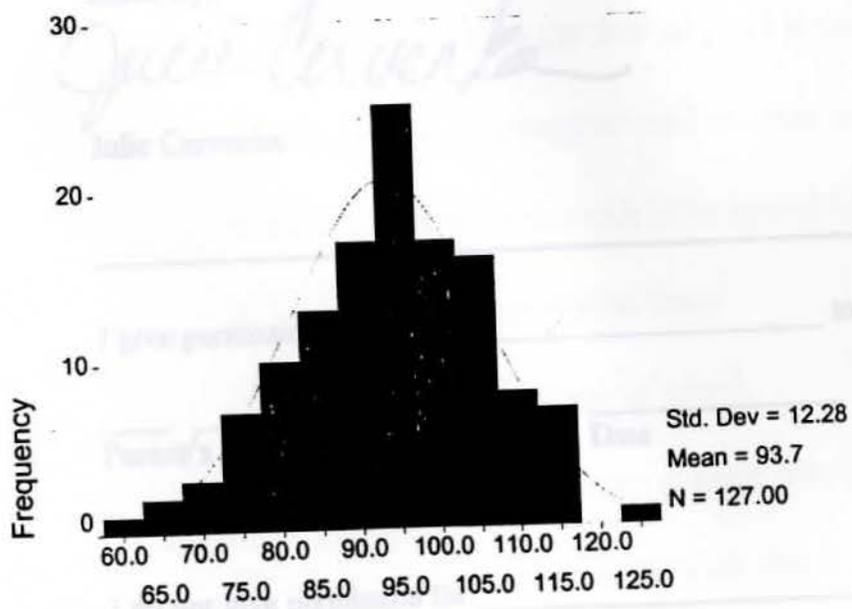
Total Attachment Score

Appendix 1

Parental Permission Form

Julie Cervenka
Fort Zumwalt South High School
8050 Mexico Road
St. Peters, MO 63776
314-978-1212

Dear Parents:

I am your son or daughter's social studies teacher and am currently working on my masters in counseling. As I am finishing my degree, I am diligently working on my thesis research project. I am conducting research on the relationship of adolescent attachment and their self esteem.

I am asking permission for your child to complete a survey on attachment and a survey on self esteem in class. The survey is anonymous and the only information needed is gender and age. This is completely voluntary, but I would really appreciate your child's participation. Please fill out the bottom portion of the letter and send it to school with your son or daughter. Thank you for your time and have a wonderful summer!

Sincerely,

Julie Cervenka

Julie Cervenka

I give permission for _____ to participate in the study.

_____   _____
Parent's signature   Date

I do not give permission for _____ to participate in the study.

_____   _____
Parent's signature   Date

Appendix 2

The Rosenberg Self Esteem Scale

RSE

Sex: M F   Age:____

Directions: Please record the appropriate answer for each item, depending on whether you strongly agree, agree, disagree, or strongly disagree with it.

1 = Strongly Agree
2 = Agree
3 = Disagree
4 = Strongly Disagree

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

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

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

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

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

_____ 6. I certainly feel useless at times.

_____ 7. I feel that I'm a person of worth.

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

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

_____ 10. I take a positive attitude toward myself.

Appendix 3

The Inventory of Parent and Peer Attachment

Instruments for Practice

IPPA

This questionnaire asks about your relationships with important people in your life—your mother, your father, and your close friends. Please read the directions to each part carefully.

PART I

Each of the following statements asks about your feeling about your *mother*, or the woman who has acted as your mother. If you have more than one person acting as your mother (e.g., a natural mother and a stepmother) answer the questions for the one you feel has most influenced you.

Please read each statement and circle the *ONE* number that tells how true the statement is for you now.

		Almost never or never true	Not very often true	Some-times true	Often true	Almost always or always true
1.	My mother respects my feelings.	1	2	3	4	5
2.	I feel my mother does a good job as my mother.	1	2	3	4	5
3.	I wish I had a different mother.	1	2	3	4	5
4.	My mother accepts me as I am.	1	2	3	4	5
5.	I like to get my mother's point of view on things I'm concerned about.	1	2	3	4	5
6.	I feel it's no use letting my feelings show around my mother.	1	2	3	4	5
7.	My mother can tell when I'm upset about something.	1	2	3	4	5

Instruments for Children

		Almost never or never true	Not very often true	Some-times true	Often true	Almost always o always true
8.	Talking over my problems with my mother makes me feel ashamed or foolish.	1	2	3	4	5
9.	My mother expects too much from me.	1	2	3	4	5
10.	I get upset easily around my mother.	1	2	3	4	5
11.	I get upset a lot more than my mother knows about.	1	2	3	4	5
12.	When we discuss things, my mother cares about my point of view.	1	2	3	4	5
13.	My mother trusts my judgment.	1	2	3	4	5
14.	My mother has her own problems, so I don't bother her with mine.	1	2	3	4	5
15.	My mother helps me to understand myself better.	1	2	3	4	5
16.	I tell my mother about my problems and troubles.	1	2	3	4	5
17.	I feel angry with my mother.	1	2	3	4	5
18.	I don't get much attention from my mother.	1	2	3	4	5

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	Almost never or never true	Not very often true	Some-times true	Often true	Almost always or always true
19. My mother helps me to talk about my difficulties.	1	2	3	4	5
20. My mother under-stands me.	1	2	3	4	5
21. When I am angry about something, my mother tries to be understanding.	1	2	3	4	5
22. I trust my mother.	1	2	3	4	5
23. My mother doesn't understand what I'm going through these days.	1	2	3	4	5
24. I can count on my mother when I need to get something off my chest.	1	2	3	4	5
25. If my mother knows something is bother-ing me, she asks me about it.	1	2	3	4	5

PART II

This part asks about your feeling about your *father*, or the man who has acted as your father. If you have more than one person acting as your father (e.g., natural and stepfathers) answer the questions for the one you feel has most influenced you.

	Almost never or never true	Not very often true	Some-times true	Often true	Almost always or always true
My father respects	1	2	3	4	5

	Almost never or never true	Not very often true	Some-times true	Often true	Almost always or always true
2. I feel my father does a good job as my father.	1	2	3	4	5
3. I wish I had a different father.	1	2	3	4	5
4. My father accepts me as I am.	1	2	3	4	5
5. I like to get my father's point of view on things I'm concerned about.	1	2	3	4	5
6. I feel it's no use let-ting my feelings show around my father.	1	2	3	4	5
7. My father can tell when I'm upset about something.	1	2	3	4	5
8. Talking over my problems with my father makes me feel ashamed or foolish.	1	2	3	4	5
9. My father expects too much from me.	1	2	3	4	5
10. I get upset easily around my father.	1	2	3	4	5
11. I get upset a lot more than my father knows about.	1	2	3	4	5
12. When we discuss things, my father cares about my point of view.	1	2	3	4	5
13. My father trusts my judgment.	1	2	3	4	5

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		Almost never or never true	Not very often true	Some-times true	Often true	Almost always or always true
14.	My father has his own problems, so I don't bother him with mine.	1	2	3	4	5
15.	My father helps me to understand myself better.	1	2	3	4	5
16.	I tell my father about my problems and troubles.	1	2	3	4	5
17.	I feel angry with my father.	1	2	3	4	5
18.	I don't get much attention from my father.	1	2	3	4	5
19.	My father helps me to talk about my difficulties.	1	2	3	4	5
20.	My father understands me.	1	2	3	4	5
21.	When I am angry about something, my father tries to be understanding.	1	2	3	4	5
22.	I trust my father.	1	2	3	4	5
23.	My father doesn't understand what I'm going through these days.	1	2	3	4	5
24.	I can count on my father when I need to get something off my chest.	1	2	3	4	5

		Almost never or never true	Not very often true	Some-times true	Often true	Almost always or always true
25.	If my father knows something is bothering me, he asks me about it.	1	2	3	4	5

PART III

This part asks about your feelings about your relationships with your close fri[...] Please read each statement and circle the ONE number that tells how tru[...] statement is for you now.

		Almost never or never true	Not very often true	Some-times true	Often true	Almost always or always true
1.	I like to get my friends' point of view on things I'm concerned about.	1	2	3	4	5
2.	My friends can tell when I'm upset about something.	1	2	3	4	5
3.	When we discuss things, my friends care about my point of view.	1	2	3	4	5
4.	Talking over my problems with my friends makes me feel ashamed or foolish.	1	2	3	4	5
5.	I wish I had different friends.	1	2	3	4	5
6.	My friends understand me.	1	2	3	4	5

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		Almost never or never true	Not very often true	Some-times true	Often true	Almost always or always true
7.	My friends help me to talk about my difficulties.	1	2	3	4	5
8.	My friends accept me as I am.	1	2	3	4	5
9.	I feel the need to be in touch with my friends more often.	1	2	3	4	5
10.	My friends don't understand what I'm gong through these days.	1	2	3	4	5
11.	I feel alone or apart when I'm with my friends.	1	2	3	4	5
12.	My friends listen to what I have to say.	1	2	3	4	5
13.	I feel my friends are good friends.	1	2	3	4	5
14.	My friends are fairly easy to talk to.	1	2	3	4	5
15.	When I am angry about something, my friends try to be understanding.	1	2	3	4	5
16.	My friends help me to understand myself better.	1	2	3	4	5
17.	My friends care about how I am.	1	2	3	4	5
18.	I feel angry with my friends.	1	2	3	4	5

		Almost never or never true	Not very often true	Some-times true	Often true	Almost always or always true
19.	I can count on my friends when I need to get something off my chest.	1	2	3	4	
20.	I trust my friends.	1	2	3	4	
21.	My friends respect my feelings.	1	2	3	4	
22.	I get upset a lot more than my friends know about.	1	2	3	4	
23.	It seems as if my friends are irritated with me for no reason.	1	2	3	4	
24.	I can tell my friends about my problems and troubles.	1	2	3	4	
25.	If my friends know something is bothering me, they ask me about it.	1	2	3	4	

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