

2004

## An examination of the relationship between ego development and parenting styles

Cheri R. Harrell

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*An Examination of the Relationship Between Ego Development and Parenting Styles*

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**A Dissertation**

**Presented to**

**The Faculty of the School of Education**

**The College of William and Mary in Virginia**

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**In Partial Fulfillment**

**Of the Requirements for the Degree**

**Doctor of Philosophy**

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**By**

**Cheri R. Harrell**

**May 2004**

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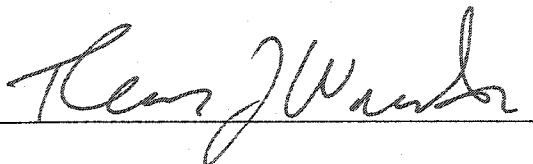
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AN EXAMINATION OF THE RELATIONSHIP BETWEEN EGO DEVELOPMENT  
AND PARENTING STYLES

ABSTRACT

The purpose of the current study was to explore the possible relationship between ego development and parenting styles for a sample of fifty multi-stressed parents who attended family counseling, using a descriptive correlational research design. There is a growing concern in the United States with how to most effectively parent children when faced with a complex milieu in which to rear children. More adequate parenting skills have been positively correlated with higher levels of ego development (Hauser et al., 1991). Overall the evidence presented in this exploratory study does not support the claim that a relationship exists between Baumrind's (1967, 1968, & 1971) and Maccoby and Martin's (1983) theories of parenting style and Loevinger's (1976) theory of ego development. However, given the empirical findings on the direct effects of parenting style on children's behaviors and the relationship between developmental stage and attributes of effective parenting, there is clear reason believe that a relationship between parenting style and ego development should not be ruled out. The results from this study may be used as a basis on which to further research the potential of the relationship between specific parenting styles and ego development.

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## CHAPTER ONE: INTRODUCTION

### Statement of the Problem

Parents in the United States today face many complex challenges in rearing healthy children. There is a growing interest in the U.S. of how to most effectively parent children with identified behavioral or family problems stemming from social issues related to changing family norms, poverty, violence, school failure, health risks, substance abuse, prevalence of psychopathology, and truancy (Centers for Disease Control and Prevention, 2001; Child Trends, 2002). With the proper guidance and support, children can overcome social adversity and lead successful and healthy adult lives (Forgatch, & DeGarmo, 1999). In order for a child to succeed, she or he needs to be able to have minimal levels of interpersonal and behavioral competencies that parents most often provide (Walker, 1999). When a child does not attain these basic competencies, he or she is at greater risk for truancy, peer and teacher rejection, low academic achievement, and early involvement with drugs and alcohol (Moseley, 1999). Therefore, it is important that parents, especially those in families stressed by environmental demands, have effective parenting skills.

To help parents become effective, vast numbers and kinds of parenting interventions are currently available including: parent education, therapeutic interventions, and various combinations of the two. Unfortunately, these approaches do not appear to be sufficiently meeting the needs of today's multi-stressed parents with children who have identified behavioral or psychological problems (Sanders, Markie-Dadds, Tully & William, 2000; Belsky, 1984; Cicchetti & Lynch, 1995). These children may require 'customized' parenting approaches by trained professionals that are

comparable to the complexities they face. Social scientists have focused the majority of parenting intervention research on the relationship between parent and child, or on the child's developmental needs, but not the developmental requirements of parents charged with the care of troubled children.

This study examines the cognitive development of parents who are experiencing multiple stressors in their parenting role. The purpose of this chapter is to introduce: (a) the current serious concerns for youth in the U.S., (b) the justification for this study, (c) the purpose of the study, (d) the theoretical rationale of cognitive development and ego development, (e) the research questions and procedure, (f) the definitions of terms, and (g) the limitations of the study.

#### Justification for the Study

##### *Current Serious Concerns for Youth in the U.S.*

There are a number of priority risk behaviors among youth and young adults that are interrelated, preventable, and extend into adulthood (Centers for Disease Control and Prevention, 2001). These risk factors include drug use, sexual activities, unhealthy dietary and physical behaviors, truancy, low academic achievement, psychological problems, and violence (Child Trends, 2002).

Numerous high school students engage in behaviors that increase their likelihood of death. Statistics from the 2001 National Youth Risk Behavior Survey indicated that during the 30 days preceding the survey of high school students, 14.1% rarely or never wore a seat belt, 30.7 % had ridden with a driver who had been drinking alcohol, 17.4% had carried a weapon, 47.1% had drunk alcohol, 23.9 % had used marijuana, and 2.3 %

had at some point injected an illegal drug. Within the twelve months preceding the survey, 8.8 % had attempted suicide (Centers for Disease Control and Prevention, 2001).

Other substantial social problems among young adults result from sexual intercourse that leads to unintended pregnancies and Sexually Transmitted Diseases, including HIV infection. According to the Centers for Disease and Control, the current trends for teen birth rates are falling. Despite this trend, teens continue to engage in risky sexual activities parents must still be concerned because. In 2001, 45.6% of high school students had engaged in sexual intercourse and 42.1% of sexually active students had not used a condom during their last sexual intercourse (Centers for Disease Control and Prevention, 2001). Statistics also show that one in five teen births are to teens that already have had a child (Child Trends, 2002). This indicates a potential need for parents to help their children make better choices in their sexual activities.

Other social problems for youth include risky behaviors that are associated with cardiovascular disease and cancer such as smoking, not eating healthily, being overweight, and not exercising. These behaviors are often initiated during adolescence and later contribute to the cause of death for two thirds of all persons aged 25 years and older. Statistics from the 2001 National Youth Risk Behavior Survey indicate that 28.5% of high school students surveyed had smoked cigarettes during the 30 days preceding the survey, 78.6 % had not eaten the recommended five servings per day of fruits and vegetables during the seven days preceding the survey, 10.5 % were overweight, and 67.8% did not attend a physical education class daily (Centers for Disease Control and Prevention, 2001). Parents could potentially play an important role in helping their children develop healthy habits that may help prevent cardiovascular disease and cancer.

Truancy and low academic achievement are also problems for today's youth. Young adults with poor education are less likely to have the minimum skills necessary to function in today's increasingly complex society and technological workplace (Child Trends, 2002). Consequently, they are more likely to live in poverty and to receive government assistance (Child Trends, 2002). Poor academic achievement for minorities is especially a concern. The U.S. Census Bureau (2000) reported that 10 % fewer African-American students graduate from high school and college than white students. The No Child Left Behind government initiative established in 2000 showed a large discrepancy between African-American and white students' academic performances. In examining scores for reading proficiency, 40% of white students and 15 % of African-American students scored at or above grade level in reading proficiency. Math scores showed that 35% of white students as opposed to 5 % of African- American students were at or above grade level proficiency. Although overall dropout rates for high school students have declined from 15% to 11% since 1972, the dropout rate for Hispanics has stayed the same at 28%. This raises concerns, because these youth are more likely to stay on public assistance longer, be unemployed, and become involved in crime (Child Trends, 2002).

The U. S. has been named as the most violent industrialized country in the world, having the highest number of rapes, homicides, and assaults (Moseley, 1999). Violence in the U. S. is now perceived as a public health issue (Massey, 1998). Youth violence is prevalent in this society and is not exclusive to large cities, low socioeconomic status, or minorities. It appears to bridge all classes, genders, and races (Action Alliance for Virginia's Children & Youth, 1999).

The Surgeon General's Report on Youth Violence indicates that between 1983 and 1993 there was an increase of lethal youth violence that was associated with a large rise in the use of firearms involving African American males (U.S. Department of Human and Health Services, 2000). During this time there was also a modest increase in the proportion of youth involved in other forms of serious violence. However, since 1993 fewer young people carry weapons to school and elsewhere, thus violent acts are less likely to result in serious injury or death and, therefore, less likely to involve the police. Arrest rates for homicide, rape, and robbery had all dropped by 1999 to below the 1983 rates with the exception of aggravated assault. Aggravated assault arrest rates remain almost 70 % higher than they were in 1983 (U.S. Department of Human and Health Services, 2000).

Unfortunately, when we examine trends in youth violence, there appears to be a difference between the governmental statistics on arrest and convictions and the confidential surveys of youths' participation in violent activities (U.S. Department of Human and Health Services, 2000). It is therefore important to also include what youth report in confidential surveys. Despite the apparent decrease in violent acts since 1993, these surveys often include violent behavior that may otherwise go unreported, and in the past twenty years self-reported violence by high school seniors has increased almost 50%. This statistic has not declined since 1993 and remains at alarmingly high levels (U.S. Department of Human and Health Services, 2000). Recent confidential surveys consistently found that about 30% to 40 % of male youths and 15 to 30 % of female youths report having committed a serious violent offense by age 17 (U.S. Department of Human and Health Services, 2000). However, these violent acts are less likely to involve

firearms and, thus, do not typically result in police involvement and formal reporting. In addition, crimes where youths are involved are at the highest levels between 3:00 P.M. and 7:00 P.M., the time in which millions of children and youth are unsupervised (Action Alliance for Virginia's Children & Youth, 1999). As the literature shows, violence is problematic for many children and adolescents.

Family violence can also affect young people in many different ways. Chronic exposure to violence in a child's family can lead to substance abuse, delinquency, adult-criminality, and emotional and developmental problems (Garbarino, 1992; Selner-O'Hagan et. al., 1996). A child who has been maltreated at home has a 53% chance of a juvenile arrest (US Department of Justice, 1998). Preschool children from abusive families can present with developmental problems and sleep disturbances, while school age children may present with depression, anxiety, and aggression towards other children (Oregon Children's Services Division, 1993). The presence of non-violent parents in the family is clearly an important factor in helping children have healthy lives (Resnick, Harris, & Blum, 1993).

Another risk factor for youth is the presence of a behavior disorder. The prevalence of behavior disorders for school age children is substantial. According to estimates in the Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> Edition), up to 46% of school age children have a diagnosis of either attention-deficit/hyperactivity disorder (ADHD), conduct disorder (CD), oppositional defiant disorder (ODD), or a combination of these disorders (American Psychiatric Association, 1998). Having a child with the presence of a behavior disorder adds a further challenge in parenting.

The presence of simultaneous risk factors, such as peer pressure, a need for attention and respect, low self-esteem, feeling rejected or isolated, early childhood abuse or neglect, witnessing violence at home, in the media or in the community, parental arrest, involvement of child protective services, a chaotic family life, involvement of special education services, and access to weapons, further increases the risk for delinquency and, or, violence (American Psychological Association, 1993; Walker & Sprague, 1999). It is crucial that parents attempt to understand how to best parent children who have been identified with challenges such as behavior problems, learning disabilities, poverty, substance abuse, and difficult home lives (Sampers, Anderson, Hartung & Scambler, 2001). Parenting today is difficult for all parents, but for those with children who are at risk due to the various social problems just discussed, it can be an especially difficult challenge. Besides the many stressors that children present for parents, they also face additional stressors in their own adult lives. The presence of multiple stressors due to complex societal changes clearly complicates today's parents' ability to be effective.

#### *Multiple Stressors of Contemporary Parents*

In contemporary society, parents are faced with many challenges in their lives such as high rates of divorce, single parenting, dual career families, job travel, and poverty. The norms for 'traditional' families are changing; it is estimated that only 3% of households in the U.S. are intact nuclear families with children where the mother stays at home to look after the family and the father works outside of the home (McGoldrick, 1998). The 1996 U.S. census and other research revealed that 25% of all households were single-person, and 25% were married couples with children. Statistics show that



there are 12.2 million single mothers with children; 3.2 million single fathers with children, and 4 million unmarried cohabitating households. It is estimated that 45% of all first marriages end in divorce, with divorce being at the top of the list of stressful life events for families (Carter & McGoldrick, 1999). Seventy-percent of the women in the U.S. who are currently of working age, are in the full time work force, including more than half of all mothers with children under the age of six (Carter & McGoldrick, 1999). Despite these changes, public policies have not adapted to meet the needs of contemporary families. Unlike families in Western Europe, families in the United States have little public support in the context of policies regarding dependable, affordable, out-of-the-home child care and family leaves from work (Zigler & Frank, 1988; Zigler & Lang 1991). Contemporary parents in the United States face more demands than ever and limited support, thus making it generally difficult to be a parent.

All parents must face the reality that their children are affected by society's challenges. As indicated by the current state of welfare for children in the U. S., children face many adversities, some of which are directly related to the increase and stress of the demands placed on parents (Seligman, 2000). High divorce rates, high stress in daily lives of parents, and their demanding schedules have been implicated as factors in the growing rates of youth violence and family instability (Seligman, 2001). Many would argue that the rise in youth-related problems and/or the seriousness of such problems has a great deal to do with non-effective contemporary approaches to parenting (Sampers, Anderson, Hartung & Scambler, 2001). Longitudinal studies have shown parents' abilities to be effective nurturers and disciplinarians to have a tremendous impact on their children's development and lives into adulthood (Baumrind, 1991; Resnick, Harris, &

Blum, 1993). There is a pressing need for improved ways to enhance parenting effectiveness, since parenting behaviors clearly contribute to children's delinquency and antisocial behaviors (Hawkins & Catalano, 1992). It is therefore imperative that parents get the level of support necessary to overcome the inherent adversities of their parenting role.

#### *Role of Parenting on Child's Behaviors*

Parents play a significant role in the development of their children and are, thereby, crucial in helping alleviate the risk of a child's behavioral problems, violence, substance abuse, school failure, truancy, and delinquency. It has been established by research that the way parents treat their child at home has a significant influence on the child's engagement in school (Steinberg, 1996). The presence of adult family members who are supportive, caring, nurturing and responsible, and who provide consistent and structured supervision has been shown to be an important factor in reducing the likelihood of a child displaying violence (Resnick, Harris, & Blum, 1993). Furthermore, a warm relationship with a parent without severe criticism can have a substantial positive effect on a child, preventing later antisocial or delinquent behavior (Yoshikawa, 1995).

Conversely, deficiencies in parenting practices have been found in several studies to be strong predictors of a wide range of child adjustment problems such as antisocial behavior, poor academic performance, deviant peer association, delinquency, depression, and anxiety (Forgatch & DeGarmo, 1999). Experiencing hostile, incompetent, or rejecting parenting, a lack of parental supervision, and/or emotional and physical abuse are factors that contribute to later problems often starting with school failure, leading to

school dropout, and followed by or concurrent with criminal activity and violence (Yoshikawa, 1995).

In order to succeed, children need to develop interpersonal and behavioral competencies such as the ability to control anger, cooperate, affiliate, listen, communicate, delay gratification, and ask for help (Walker, 1999). It appears that parents are largely responsible for helping their children gain such skills. When a child does not have these basic skills, he or she is at risk for truancy, peer and teacher rejection, low academic achievement, and early involvement with drugs and alcohol (Moseley, 1999).

The onset and persistence of behavior problems in children have been related to families with high levels of adversity, complex demands, and inconsistent or negative parenting (Campbell, 1995). Given the research on the many influences parents have on their children's behaviors, it seems that parents who face multiple stressors have a particular challenge helping their children succeed. Thus, it is important to help these parents develop more effective parenting practices. In determining how to promote effective parenting practices, it is important to first examine the different styles of parenting and their implications.

### Theoretical Rationale

#### *Influence of Parenting Style on Effectiveness*

A number of parenting styles are described in the literature. However, those most commonly named in research literature include the parenting styles of: authoritarian, authoritative, indulgent-permissive, and neglectful (Baumrind, 1967, 1968, & 1971; Maccoby & Martin, 1983). The different parenting styles are based on

underlying interpersonal qualities of demandingness (strictness) and responsiveness (warmth-acceptance) that explain how parents deal with concepts of individuality, independence, affiliation, power, dominance, and love (Baumrind, 1989). Parenting styles have shown to be associated with child well-being in the realms of academic performance, social competence, problem behaviors, and psychosocial development (Darling, 1999), (Dornbusch et al., 1987), (Lamborn, Mounts, Steinberg and Dornbusch, 1991); (Steingberg, 1996).

The authoritarian style parent uses rigidly enforced rules in combination with little acceptance or warmth. In other words, this style of parent tries to shape, control, and evaluate his/her children's behaviors and attitudes by a rigidly defined set of rules. Authoritarian style parents enforce respect for authority, hard work, tradition and order over compromises and a give-and-take attitude (Dornbusch, Ritter, Liederman, Roberts, & Fraleigh, 1987). Youth receiving the authoritarian style of parenting are moderately obedient and tend to conform to adult standards (Lamborn, et al., 1991). These youth however, tend to have relatively lower self-concepts when compared with the teens exposed to other styles of parenting (Lamborn et al., 1991). Children in an authoritarian style home tend to grow up to be less resilient, less socially poised, less persistent, and, in extreme cases, may feel emotionally alone and unsupported by their parents (Steingber, 1996).

In contrast to the authoritarian style, an authoritative style parent uses reason in conjunction with support and concern as a means of control. This parenting style involves setting firm limits and boundaries (high demandingness) while demonstrating acceptance by explaining the reasons behind consequences and rules (high

responsiveness) (Baumrind, 1989). Literature describes an authoritative parent as one who can direct children's behaviors in a rational manner; can encourage verbal give and take; can give reasoning behind policies; can guide children's behaviors in a consistent and firm manner; can value autonomous self-will and disciplined conformity; can be loving, supportive and committed; and can provide a stimulating and challenging environment (Baumrind, 1989; Dornbusch, et. al., 1987). Adolescents who describe their parents as authoritative report significantly higher levels of academic competence and psychosocial development, have a strong sense of their own abilities, and score the lowest on measures of psychological distress and behavioral dysfunction (Lamborn et. al., 1991; Shucksmith, Hendry, & Glendinning, 1995; Steinberg, 1996).

The third parenting style, permissive, describes low levels of parental demandingness (strictness) and high acceptance of children's questionable behaviors and attitudes as appropriate (Maccoby & Martin, 1983). This style parent uses limited punishments and makes few demands for mature behavior while allowing the child to do a large amount of self-regulating (Dornbusch, et. al., 1987). Adolescents with parents described as permissive are likely to have high levels of self-confidence, self-assurance, and social poise, but tend to be susceptible to peer-influence (Steingberg, 1996; Lamborn et. al., 1991). However, they also tend to feel that any sort of behavior is acceptable, and are therefore more prone to substance abuse, school behavioral problems, and are more disengaged in school (Steinberg, 1996; Lamborn et. al, 1991).

The final style is the neglectful parenting style, which differs from the permissive style in that parents are indifferent and uninvolved in their children's lives. A neglectful parenting style is associated with low levels of control (strictness) and low levels of

acceptance (warmth) (Maccoby & Martin, 1983). Adolescents who characterize their parents as neglectful report the poorest outcomes on academic competence, psychosocial development, psychological distress, and behavioral dysfunction (Lamborn et. al, 1991).

According to the research literature, parenting style provides an indicator of parenting effectiveness in predicting child well being across a diverse range of populations and environments (Darling, 1999). Research consistently shows that the authoritative style of parenting seems to be the most effective (Lamborn et. al., 1991; Shucksmith, Hendry, & Glendinning, 1995). Specifically, this approach has been associated with instrumental social competence and lower levels of problem behavior in both boys and girls at all developmental stages and ages throughout the parenting style literature (Darling, 1999). Studies have shown that certain factors of parenting inherent in the authoritative parenting style, such as parental support, warmth, inductive discipline, consistency, and non-punitive (discriminate) approval, promote positive developmental growth in children (Maccoby & Martin, 1983).

Since parenting style plays a significant role in the development of their children and can be a key factor in the prevention of school failure, behavior problems, delinquency, and violence (American Academy of Pediatrics & American Psychological Association, 1995), it stands to reason that parents should have the ability and skills determined necessary to be an authoritative style parent. A variety of parent training approaches aimed at promoting parenting skills are available. The extent to which they are useful to multi-stressed parents will be examined in the following section.

*Current Parenting Interventions*

Several types of currently available parenting interventions are described in the literature including: parental self-help/support groups, parent education programs, therapeutic interventions, and various combinations of the three.

Parental self-help resources include educational materials in the form of videos, books, manuals, and tapes. These resources offer a host of information on various topics for parents (Gilligan & Murphy 1979). They share the philosophical assumptions that parents who need help will turn to their own devices in seeking the appropriate resources and gaining the knowledge they need to understand the complexities of child rearing, resulting in more effective parenting practices. A popular example of self-help materials comes from Foster Cline and Jim Fay's Love and Logic series, which includes books and tapes that assist parents in becoming effective parents. Their materials include the book, *Parenting with Love and Logic: Teaching Children Responsibility* (Cline & Fay, 1990). The book identifies underlying concepts of their effective parenting and teaches a variety of parenting techniques. This series assumes that parents have the ability to teach themselves any self-perceived deficit of knowledge in parenting, resulting in improved parenting practices.

Another type of intervention is the parental support group that can help with problem solving and provide encouragement for parents (Harper, 1990). Support groups are based on the notion that participants can learn from other participants who are dealing with similar situations, and that they get the support they need from these individuals to help with the situations they face. Parental support groups are often informal, church or

community-based, and lack professional leadership; they could be important in creating a support network between parents and their community (Harper, 1990).

In the past three decades a major focus of parent education has been on training programs that help parents improve his or her parenting skills (Sampers, Anderson, Hartung, & Scambler, 2001). Skills-based parent education programs typically include a didactic component followed by opportunities for the participants to try out the new parenting skills. The goal of most skills-based parent training programs is for the parents to develop specific skills that promote pro-social behavior and decrease deviant behaviors in children (Kazdin, 1997).

Several clinical interventions to help parents become more effective are currently being implemented in the context of therapy by professional clinicians, thus differentiating them from the previous interventions described above. These interventions are based on altering or modifying problems that children or families face as well as acquiring new skills to deal more effectively with such problems (Seligman, 2001). These interventions include: Behavioral Parent Training (BPT) and Structural Family Therapy (SFT).

Behavioral Parent Training is based on social learning principles and the premise that problem behaviors are inadvertently developed and maintained through maladaptive parent-child interactions that are reinforced in the family. Parents are trained in BPT to alter their child's behavior in the family by modifying their own reinforcing responses through contingency management procedures (Patterson, Reid, Jones, & Conger, 1975; Goldenberg & Goldenberg, 2000).



Structural Family Therapy, unlike Behavioral Parent Training, focuses on altering the entire family's social environment, not just the child's environment (Chamberlin & Rosicky, 1995). Structural Family Therapy's major premise is that individual symptoms are best understood in the context of family transaction patterns, and thus assume that the family's organization or structure must be realigned before symptoms can be relieved (Goldberg & Goldberg, 2000). The organization of the family system is the focus for change, with the goal of reorganizing the system to optimize the development of the members of the system (Nichols & Schwarz, 2001).

Multi-faceted family interventions combine the skill-based interventions with the therapeutic interventions, while also taking into account the many adversities multi-stressed families may face (Sanders, Markie-Dadds, Tully & William, 2000; Chamberlin & Rosicky, 1995). Multi-faceted family interventions have begun to focus on increasing parenting skills as well as empowering parents with resources to maintain positive changes made during treatment (Chamberlin & Rosicky, 1995). These interventions attempt to empower parents by teaching them to increase their expressions of affection, to use nonviolent discipline, and to effectively monitor their children through the combination of skills-based treatment principals, environmental management, parental support, and resource provisions. Multi-faceted interventions are based on the assumption that there are multiple correlates of children's problems, and that problematic parenting must be accompanied by broader scoping interventions that take into account school, family, peer, and community systems (Chamberlin & Rosicky, 1995).

*Effectiveness of Contemporary Approaches*

There has been virtually no academic research found on parenting self-help materials; the majority of information available comes from marketing. For example, in conjunction with the Love and Logic series, there are several statements made by professionals. Dave Funk, a staff development coordinator in Wisconsin public schools states, "Parents consistently tell us they wish they had known about love and logic earlier. This common sense approach gives parents a tangible hope that they can still influence their kids (Cline & Fay, 1989, back cover)." One foster parent, Pam Tourigny, from California contends "I really believe that this material can benefit every parent. I have never enjoyed my children more. Parenting has become fun, and stress and anger no longer dominate my life (Cline & Fay, 1989, back cover)." Although parent self-help methods apparently serve a purpose, the vast amount of information can be contradictory and cause confusion for parents. Part of self-help can include providing parents with information about children's development and this has been found to be insufficient in transforming parental practices to be child focused and more effective (Anderson & Thomas, 1992).

The research pertaining to the effectiveness of parenting support groups is limited. Available research is inconclusive regarding support groups' effectiveness in helping parents faced with challenging circumstances (LaFountain & Geoffroy, 1990). A support group for helping parents faced with challenging circumstances was found to have the same results for improving self-esteem, reducing stress, and increasing coping as parents who had counseling and as parents who received no help. More research in the area of parental support groups is needed.

Research consistently suggests that skills-based parent training programs can produce improvements in effective parenting and child outcomes for some participants (Kazdin, 1997; Forgatch & DeGarmo, 1999). Generally, parents who receive parent training have been found to experience significantly less child behavior problems, to interact more effectively with their children, and to feel more in control in their parenting. Skills-based parent training interventions also have been found to improve child and adolescent oppositional, aggressive, and antisocial behaviors (Kadzin, 1997). The goals of skills-based programs would seem to be consistent with the authoritative style of parenting as they work toward creating a democratic atmosphere where the parents are nonjudgmental, convey reasons behind consequences, confront unacceptable behavior, are good communicators, and offer knowledge rather than imposing their views (Gordon, 1976; Dinkmeyer. et al., 1997). These interventions, however, often do not take into account parental expectations of treatment or their understandings of what is considered problematic behavior and fail to consider external influences such as economic, familial, intrapersonal, and interpersonal relationships (Prinz & Miller, 1994). Also children with more severe and chronic antisocial behavior have been found not to be as responsive to these programs (Cicchetti & Lynch, 1995) because their parents are often not able to engage in treatment sufficiently enough to obtain optimal benefits (Sanders, Markie-Dadds, Tully & William, 2000; Prinz & Miller, 1994). It appears that despite the wide use of skills-based models, a high success rate with families who face multiple stressors has yet to be achieved (Kadzin, 1997). Fundamental questions remain about skills-based parent training's scope, magnitude, and longevity of impact with this population (Kadzin, 1997).

Many research studies have reviewed the literature pertaining to the effectiveness of therapeutic parenting interventions in reducing disruptive behaviors with young children and adolescents who have early onset behavior/conduct problems, and/or childhood aggression. For example, Szapocznik, Rio, Murray, Cohen, Scopetta, Rivas-Vasquez, Hervis, & Poseda, (1989) found that both Structural family therapy and individual therapy produced improvements in reducing behavioral and emotional problems for boys. However, the families whose sons received individual therapy were found to have overall a deterioration of family functioning, where as the families who has Structural family therapy reported improved family functioning. Research demonstrates empirically that family interventions have been especially effective with this population and have maintained results over time (Chamberlin & Rosicky, 1995; Shadish, Montgomery, Wilson, Wilson, Bright, & Okwumabua, 1993; & Kadzin, 1987; Sanders, Markie-Dadds, Tully & William, 2000). Despite the effectiveness with most families, Szapocznik, et. al, (1989) found that 22% of participants who dropped out of family interventions had identified client who were older and reported lower SES than the completers. Multi-stressed parents who face several adversities such as low socio economic status, separation, high levels of paternal depression, divorce, marital conflict, and psychological diagnosis and who have children with severe behavior problems seem to be the ones who are unable to complete the programs due to attrition (Sanders, Markie-Dadds, Tully & William, 2000; Chamberlain & Rosicky, 1995; Prinz & Miller, 1994). Families, who dropout of therapeutic interventions are clearly not getting the help they need.

Multi-faceted family interventions which recognize multiple family adversities show promise for treating multi-stressed families with severe conduct disorder or delinquent children (Chamberlin & Rosicky, 1995). Nonetheless, even while using multi-faceted family interventions, multi-stressed families with more severe child behavior problems continue to have higher levels of attrition than do families with fewer stressors and children with less severe behavior problems (Chamberlin & Rosicky, 1995; Prinz & Miller, 1994). For example, Sanders, Markie-Dadds, Tully & William (2000) found high-risk families with more severe child behavior problems and higher levels of maternal depression and marital conflict had a higher level of attrition and the mothers who did not complete the intervention also reported high ratings of negative affect and high ratings of negative child behavior. Furthermore, the families who remain in treatment are less likely to show clinically significant positive changes (Webster, Stratton & Hammond, 1990). This suggests that even multi-faceted family interventions may be insufficient in promoting children with more severe problems into a non-clinical range of functioning (Sanders, Markie-Dadds, Tully & William, 2000).

Given the challenges that contemporary parents are confronted with, there appears to be a need for improved interventions to promote effective parenting. Multi-faceted parenting interventions seem to have the most potential to be effective with families who face multiple adversities; nevertheless, current parent training interventions, including multi-faceted family interventions, are still lacking for those multi-stressed families who seemingly need it the most. What appears to be at issue is that current interventions fail to consider parents' individual abilities to make sense of the information given and in their abilities to engage in the intervention process (Sanders, Markie-Dadds, Tully &

William, 2000; Forgatch & DeGarmo, 1999; Prinz & Miller, 1994). Multi-stressed parents may require an approach that takes into account the individual factors that interfere with their ability to benefit from parenting interventions and, ultimately, their ability to be effective authoritative style parents. Such approaches can be conceptualized and developed using a cognitive developmental theory framework.

### *Cognitive Developmental Theory*

Cognitive developmental theory is based on a unifying set of assumptions and separate stage theories about how individuals construct meaning out of their experiences across different functional domains (Sprinthall, Peace, & Kennington, 2000; Kegan, 1982). Theorists who describe the process of cognitive development across various domains include: Piaget, cognitive growth; Hunt, conceptual development; Loevinger, ego development; Kohlberg, moral development; Selman, social reasoning; Perry, intellectual and ethical development; and Giligan, moral reasoning (McAuliffe & Strand, 1994). There are three underlying assumptions of cognitive developmental theory. First, humans process information most effectively at their current level of psychological functioning and behave consistently within this particular level of complexity (Sprinthall & Mosher, 1978). Second, humans at higher levels of cognitive development are better able to make meaning of and function in complex environments than those at lower levels (Miller, 1981; Duckett & Ryden, 1999; Loevinger, 1976 McAuliffe & Strand, 1994). Lastly, cognitive development continues across the life span (Sprinthall, Peace, & Kennington, 2000, Manners and Durkin, 2000; Foster & McAdams, 1998).

Proponents of cognitive developmental theory contend that adults, as well as children, make meaning of their experiences and act on their environment according to

the way they understand the world; that is, according to their level of cognitive development (Pieretti, 1996, Foster & McAdams, 1996; Rest, 1994 ; Hunt, 1975; Loevinger, 1977; Kegan, 1982). According to the basic tenets of cognitive developmental theory, how parents make meaning of adverse situations and apply parenting interventions will be dependant on their cognitive developmental level.

The literature suggests that an authoritative style of parenting elicits parental support, warmth, inductive discipline, consistency, verbal give and take, and non-punitive approval while also providing a stimulating and challenging environment (Maccoby & Martin, 1983). Authoritative parenting requires parents to have a greater degree of empathetic communication, autonomy, flexibility, and the ability to problem solve, all of which are elements of higher cognitive developmental functioning (Hauser, Power & Noam, 1991; White, 1985, Duckett & Ryden, 1994; Loevinger, 1976; Sprinthall, 1978). However, the current literature does not address what level of cognitive functioning may be necessary for a multi-stressed parent to embody these factors. The domain of ego development seems best suited to lend insight into this question.

### *Ego Development*

Loevinger's theory of ego development offers a unique understanding of what it means to be human, in that it takes into account how individuals construct their identity, relate to others, behave, and ultimately make sense of the world (Hy & Lovengier, 1996). This unique perspective is applicable in examining how individuals may experience the role of being a parent at different stages of ego development. The developmental domain of ego development, therefore, served as the framework in this study for conceptualizing

the development of multi-stressed parents and the potential relationship between ego development and parenting style.

Ego development encompasses the concepts of socialization, character structure, moral development, and cognitive complexities (Lee & Snarey, 1988). Loevinger postulates that ego is a process rather than an entity and that its development is “broad and amorphous”, not just a sequential progression of structural wholes (Lee & Snarey, 1988). Ego development can therefore be thought of in terms of qualitative changes in the attained degrees of an individual’s cognitive complexity, ego strength, and understanding of self in relation to the world (Lee & Snarey, 1988). As the ego develops, an individual moves through a hierarchical and cumulative sequence of stages towards greater differentiation, integration, and internal focus (Hauser, 1976). Ego stages are sequential towards greater maturity across the domains of personal relationships, impulse control, moral development, and cognitive style and are independent of chronological age (Hauser, Powers & Noam, 1991). The stages describe the sequential nature of development and define behavior in terms of impulse control, interpersonal style, conscious preoccupations, and cognitive style (Hauser, 1976; Loevinger & Hy, 1996). From these characteristics, different representations of parenting conceptualization and behaviors can be distinguished.

Numerous studies of ego development have found that individuals at higher levels are better able to make decisions using multiple perspectives, to adapt to a changing environment, and to develop a better understanding of self in relation to the rest of the world (Duckett & Ryden, 1994, Loevinger, 1976). Higher stages of ego development are associated with the ability to take in more facets of a given situation, to



have greater tolerance for complexity, to take a more global perspective, and decide on a possible course of action (Sprinthall, 1978). Higher ego functioning has also been related to higher levels of support and understanding of children's needs among mothers (Biekle, 1979), and to stronger interpersonal relationships in terms of more closeness, clarity of communication, responsibility taking, and empathy among couples (Zilbermann, 1984). According to Kohlberg, individuals who possess high ego-strength are more likely to act on their convictions of morality (Gielen, 1991).

It has been debated as to whether or not developmental growth in adulthood is possible (Bursik, 1991, White 1985), however, it is now commonly acknowledged that developmental growth can and does occur (Helson & Roberts, 1994, White 1985). A number of interventions designed to promote ego development in adulthood have been successful (Alexander et al., 1990; Henek, 1980; Hurt, 1990; Kwasnick, 1992; McPhail, 1989, Oja, 1978; & White, 1985) and two of those were able to promote development for some individuals beyond the stage of development where most adults tend to stabilize (Alexander, et. al., 1990; White, 1985). If, in fact, a relationship between parenting and ego development exists, the ability to promote development could have clear implications for parenting interventions.

#### *Ego development and Parenting*

Although the body of literature on the relationship between ego development and parenting styles is very limited, there are promising findings suggesting a relationship between parent's ego development and positive parenting behavior. Behaviors commonly associated with effective parenting such as increased sensitivity to child's needs; understanding own feelings towards parenting; active, accepting, and empathetic

participation in family discussions; and the ability to hold many perspectives while being open to different facets of a problems and new ideas have all been shown to be positively correlated with higher levels of ego development (Hauser, Power & Noam, 1991; Bielke, 1979).

No research found has directly examined the relationship between levels of ego development and the specific parenting styles as defined by Baumrind (1967, 1968, 1971) and Maccoby & Martin (1983); this study, therefore, seeks to examine if a relationship exist between parenting style and ego development. What current research does show is that that higher levels of ego development are positively related to the ability to be nurturing, capacity for leadership, responsibility, adjustment, and tolerance, and a lack of aggression (White, 1985). Consequently, parents at higher ego development levels are seemingly more likely to create an authoritative family atmosphere where there is mutual trust, collaboration, support, and growth.

### *Implications*

A need appears to exist for a parenting intervention model that promotes effective parenting by facilitating ego development as well as an acquisition of new skills. Promoting ego development for multi-stressed parents is hypothesized as having the potential to improve parents' ability to contend with the multiple complexities they face. In turn, parents at higher levels of ego developmental where they would be more appropriate in meeting the complex environmental demands could better be able to facilitate their at risk children's growth and ability to cope with their own environmental and developmental challenges. A Deliberate Psychological Educational (DPE) model

offers a promising possibility for promoting ego development for multi-stressed parents who need help with their parenting.

A DPE is a comprehensive program designed to stimulate and nurture the process of cognitive development (Mosher and Sprinthall, 1978). It consists of five components: support & challenge, balance, role taking, guided reflection, and continuity. In addition to a DPE, an assessment of a parent's ego development could allow a parenting intervention to be matched to a particular level of ego functioning so that maximal learning can occur (D'Andrea, & Daniels, 1992).

#### Purpose of the Study

There is a growing concern in the United States with how to most effectively parent children when faced with a complex milieu in which to rear children. Although parents have numerous resources they can turn to obtain help in parenting, these mostly consist of intervention models that appear inadequate in meeting the needs of multi-stressed parents. Therefore, for parents who face multiple adversities and have identified children who are at-risk for future or more severe problems, a cognitive developmental perspective, specifically an ego developmental perspective, may help theoretically explain differences in parenting style and, more practically, what is needed to promote an effective authoritative style of parenting.

Given the empirical findings on the direct effects of parenting style on children's behaviors and the relationship between developmental stage and attributes of effective parenting, there is clear reason to examine the relationship between parenting style and cognitive development. Parenting literature fails to examine the relationship between parents' developmental levels and the four standardized parenting styles. The purpose of

the current study was to explore this possible relationship. The results from this study may be used as a basis on which to further research the potential relationship between ego development and parenting styles, and more comprehensive parenting interventions that take into account helping parents meet the needs of the multiple challenges they face.

### Research Questions

This study examined the following questions:

1. What parenting styles exist for multi-stressed parents who seek family therapy?
2. What are the levels of ego development for multi-stressed parents who seek family therapy?
3. Is there a relationship between levels of ego development and parenting styles for multi-stressed parents who seek family therapy?
4. Is there a difference between levels of stress and parenting style for multi-stressed parents?
5. Is there a difference between levels of stress and levels of ego development for multi-stressed parents?

### Procedure

The target population for this study consisted of parents who were referred to family counseling by their school system. The sample was drawn from an accessible population of treatment parents at New Horizons Family Counseling Center (NHFCC), located at the College of William and Mary. The researcher obtained permission from the facility to solicit volunteers for this study. There were two ways in which subjects were obtained, either through a mailed packet by the researcher or through counselors at the NHFCC soliciting their clients for volunteers. In both cases a packet that consisted of the following materials: the Washington University Sentence Completion Test (SCT) (Loevinger, 1976); the Index of Parenting Style (Adapted from: Parenting Style Inventory II (PSI-II), Darling & Toyokawa, 1997); and a demographics form. Participation was

voluntary. Participants were informed of their right to decline to participate or withdraw from this study at anytime. All responses are confidential.

#### Definition of Terms

*Cognitive developmental theory:* A comprehensive theory based on a unifying set of assumptions and separate stage theories about meaning making across different functional domains that understands that humans have created meaning making systems that interpret and make sense of their experiences (Sprinthall, Peace, Kennington, 2000).

*Ego Development:* qualitative changes in the attained degrees of an individual's cognitive complexity, ego strength, and understanding of self in relation to the world (Lee & Snarey, 1988).

*Ego:* a unified structure that includes concepts of socialization, character structure, moral development, cognitive complexities, and ways of perceiving oneself and others (Loevinger, 1994; Lee & Snarey, 1988).

*Multi-stressed family:* For the purpose of this study, a multi-stressed family is any family who has been referred for family counseling and has two or more of the following characteristics: child behavior problems, academic problems, unsafe neighborhood, divorced, blended family, single parent family, physical abuse, substance abuse, ADHD, suicide, lack of transportation, low socio-economic status, parental depression, terminally ill parent/child, marital/partner conflict, or parental psychiatric diagnosis.

*Parent:* For the purposes of this research, 'parent' refers to a primary caregiver who has full or partial custody of a child, including non-biological adoptive or foster parents, such as aunts, uncles, or grandparents.

*Parenting:* “a complex activity that includes many specific behaviors that work individually and together to influence child outcomes (Darling, 1999, p 1).”

*Parenting Styles:* Categories of broad patterns of parenting behaviors, that are made up of “a constellation of attitudes towards the child that are communicated to the child and that taken together, create an emotional climate in which the parent’s’ behaviors are expressed (Darling & Steingberg, 1993, p488.)”.

*Demandingness:* The willingness of parents to act as a socializing agent for their children by demanding behavioral compliance to one’s familial and societal standards; including the number and types of behavioral demands (Baumrind, 1991).

*Responsiveness:* Parents’ behaviors that intentionally foster individuality, self-regulation, and self-assertion by being accepting & attuned to their children’s needs (Baumrind, 1991), & the parents’ recognition of the child’s individuality (Darling & Steinberg, 1993).

*Authoritative Parenting Style:* uses reason in conjunction with support and concern as a means of control (low psychological control). This parenting style involves setting firm limits and boundaries (high demandingness) while demonstrating acceptance by explaining the reasons behind consequences and rules (high responsiveness) (Baumrind, 1989).

*Authoritarian Parenting Style:* uses rigidly enforced rules (high demandingness) in combination with little acceptance or warmth (low responsiveness). This style of parent tries to shape, control, and evaluate his/her children’s behaviors and attitudes by a rigidly defined set of rules (Dornbusch, Ritter, Liederman, Roberts, & Fraleigh, 1987).

*Indulgent-Permissive Parenting Style:* This style of parenting has low levels of parental demandingness (strictness) and high acceptance of children's questionable behaviors and attitudes as appropriate (Maccoby & Martin, 1983). This style parent uses limited punishments and makes few demands for mature behavior, while allowing the child to do a large amount of self-regulating (Dornbusch, et. al., 1987).

*Neglectful Parenting Style:* This parenting style is indifferent and uninvolved in his or her children's lives, and has low levels of control (strictness) combined with low levels of acceptance (warmth) (Maccoby & Martin, 1983).

#### Limitations of Study

There are several limitations to the current study. The participants in this study were limited to parents in southeastern Virginia, who have been referred because of problems experienced by the children. This study may have limited generalizability due to the fact that parents who choose to participate in this study may be significantly different from those who decide not to participate and due to the fact that the sample used in this study will come from a family-counseling clinic in Southeastern Virginia. One potential area for bias is that the researcher is affiliated as a family therapist with the family-counseling clinic. Another limitation is potential sample bias due to the small sample size. In addition, the parenting inventory being implemented has been altered for use with parents instead of adolescents. In a parental self-report measure, there may be differences in actual parenting styles versus the styles that parents perceive themselves to have, resulting in limitations in assessing actual parenting practices. It is also important to acknowledge that due to the nature of this study all extraneous variables could not be controlled for and other factors may have played a part in the participants' parenting style



and, or, ego level. Lastly, as with Correlational research, there is an inability to establish a causal relationship between two factors.

### Summary

The preceding chapter provided a description of the current problem, offered justification for the proposed study, established the theoretical rationale, posed research questions and procedure, defined important terms, and explored limitations. The following chapter will review the relevant literature pertaining to the problem of violent and delinquent youth, the complex role of parenting, parenting styles, parent training models, and cognitive and ego development.

## CHAPTER TWO: LITERATURE REVIEW

### Introduction

Parents in the United States frequently face many complex challenges in rearing healthy children. This literature review: (a) examines the relationship between parenting styles and child behaviors, (b) addresses the goals and outcomes of current parenting interventions, and (c) explores the foundation in the literature for the conducted study through the examination of the basic principles of cognitive developmental theory and ego development as delineated in research.

### Parenting and Child Behavior

Parental interactions and behaviors have profound effects on their children's development and emotional wellbeing. Early brain development research shows that the ways parents respond and relate to their children and the ways they mediate their children's environment directly affect the early formation of neural pathways (Shore, 1997). Children who have parents that respond or relate to them in negative ways are at risk for significant developmental problems including irreversible brain damage (Shore, 1997). Children who have been exposed to parental behaviors such as criminality, substance abuse, and inconsistent or harsh parenting practices have commonly been associated with chronic delinquency (Hawkins & Catalano, 1992). Several studies cited in Kadzin (1997), showed that incompetent parenting is related to deviant behaviors in children and adolescents and that changing such practices can ameliorate aggressive and antisocial behaviors (Dishion & Andrews, 1995; Dishion, Patterson, & Kavanagh 1992; Forcatch, 1991).

Research has shown that parenting practices such as positive involvement, constructive discipline, close monitoring, and problem solving contribute to short and long term positive adjustment outcomes in children (Patterson, Reid, Dishion, 1992). Henderson (2000) observed in a review of the current literature that families whose children are doing well in school have parents who establish a daily family routine, including being firm about when to get up and go to bed and insistent upon having dinner together. These parents also provide time and an appropriate place for study and/or assign appropriate responsibility to children for household chores.

Given that parental behaviors have a profound influence on their children's outcome, a review of the parenting literature begs an important question that has been deliberated by researchers: what is the nature of effective parenting (Darling, 1999)? In understanding the nature of parenting, there has been an effort by researchers to disaggregate parental behaviors to illuminate more precise information on their effects (Barber, 2002). Some models have examined how specific parenting behaviors' such as time spent reading or spanking influence a child's development (Darling, 1999). Many researchers argue that examining such specific behaviors in isolation may be misleading, because they are less predictive of a child's wellbeing than broad patterns of parenting (Darling, 1999).

### *Parenting Style*

In examining the vast milieu of parental practices, the most robust approach for understanding these behaviors categorizes parenting patterns into what is called "parenting style." Parenting styles, which have been extensively described in the literature for the past 35 years, are broad patterns of parental attitudes towards children

that are communicated to children and create an emotional climate in which parents can express their behaviors (Darling & Steinberg, 1993). These parental behaviors include, goal directed specific parenting practices such as commands and non-goal directed parental behaviors such as tone of voice, gestures, and expression of emotion (Darling & Steinberg, 1993). Diana Baumrind's (1967, 1968, & 1971) body of research has greatly contributed to the concept of "parenting style" and has been the most prolific in academic literature. Her identified styles have also been vastly utilized in exploring parental influences on children's development (Baumrind, 1967, 1968, & 1971). Baumrind developed a typology of parenting style specifically to capture normal variations in parenting; however, her model did not include deviant parenting such as parenting that surrounds abuse or neglect (Baumrind, 1991).

Baumrind distinguished between three different parenting styles: authoritarian, authoritative, and permissive based on naturally occurring family types that were organized around parental belief systems about parental control, parental affect, and parental behaviors. She was the first to define the concept of parental control as "parent's attempts to integrate the child into the family and society by demanding behavioral control (Darling & Steingberg, 1993)." Maccoby and Martin (1983) took Baumrind's concepts a step further; attempting to capture parenting style as a function of two underlying interpersonal dimensions they called parental demandingness and parental responsiveness. Demandingness refers to the willingness of parents to act as a socializing agent for their children by demanding behavioral compliance to one's familial and societal standards (Baumrind, 1991). Demandingness also includes the number and types of behavioral demands. Responsiveness refers to parents' behaviors that intentionally

foster individuality, self-regulation, and self-assertion by being accepting and by being attuned to their children's needs (Baumrind, 1991). It could also be said that responsiveness refers to the parents' recognition of the child's individuality (Darling & Steinberg, 1993).

Maccoby & Martin (1983) applied the concepts of parental responsiveness and parental demandingness to a broader range of parenting variations. They were then able to distinguish two distinct patterns out of Baumrind's "permissive" type parenting, which were called permissive parenting and neglectful parenting. This distinction created the four styles of parenting found in a broader population rather than in just well functioning families. The four styles more commonly discussed in research are: authoritarian, authoritative, permissive, and neglectful.

Baumrind (1989) distinguished between the qualitative difference of authoritative and authoritarian demandingness further disaggregating this concept into the two dimensions of restrictiveness (psychological autonomy-granting/psychological control) and firm control (behavioral control). Psychological control has been more recently described by researchers as a separate and third dimension of parenting styles (Barber, 1996; Steinberg et al., 1989; Steinberg, 1990). Psychological control refers to attempts by a parent that infringe into the psychological and emotional development of the child. Behavioral control is associated with parental behaviors that attempt to manage their children's behaviors (Barber, 1996).

Parents who are considered authoritarian are concerned primarily with obedience and status and expect orders to be obeyed without explanation (Baumrind, 1991). The quality of demandingness is different for authoritarian and authoritative style parents. The

authoritarian parent uses rigidly enforced restrictive rules (high demandingness) in combination with little acceptance or warmth (low responsiveness), thus creating high psychological control (Steinberg & Darling, 1993). Authoritarian parents provide a structured environment with clear rules and monitor their children's behaviors closely (Baumrind, 1991).

In contrast to authoritarian, an authoritative style parent uses reason in conjunction with support and concern as a means of behavioral control, not psychological control (Steinberg, & Darling, 1993). The authoritative style involves setting firm limits (demanding) while demonstrating acceptance by explaining the reasons behind consequences and rules and encouraging communication (responsive). Authoritative parents are assertive but not restrictive or intrusive (Baumrind, 1991). Literature describes an authoritative parent as one who is able to: direct children's behaviors in a rational manner; encourage verbal give and take; give reasoning behind policies; guide children's behaviors in a consistent and firm manner; value autonomous self-will and disciplined conformity; be loving, supportive, and committed; and provide a stimulating and challenging environment (Baumrind, 1989).

The third parenting style delineated in the literature is permissive, which involves low levels of demandingness and high acceptance of children's questionable behaviors and attitudes as appropriate (Maccoby & Martin, 1983). These parents tend to be more responsive than they are demanding and avoid confrontation (Baumrind, 1991). An example of the permissive style is a parent who's 'child can do no wrong' and they blame the school, other children, or something else for the child's poor conduct.

Lastly, the neglectful parenting style differs from the permissive style in that parents are indifferent and uninvolved in their children's lives. Neglectful parents are disengaged from their children's lives. A neglectful parenting style is associated with low levels of demandingness and low levels of responsiveness (acceptance or warmth) (Baumrind, 1991). A neglectful parent may be involved with social services for not taking care of his or her children's basic needs or may be a disengaged parent who allows their child to parent themselves while taking care of only basic needs. Because these last two types of parenting style are both low on the demandingness dimension, there is not a need to disaggregate this dimension to examine psychological control.

Table 2.1

*Parenting Style and Levels of Underlying Dimensions*

Parenting Style	Demandingness	Responsiveness
Authoritative	High	High
Authoritarian	High	Low
Permissive	Low	High
Neglectful	Low	Low

In a literature review, Darling (1999) pointed out that several studies examining the four types of parenting styles found them to be predictive of child well-being in the realms of academic performance, social competence, problem behaviors, and psychosocial development (Baumrind, 1991; Lamborn, Mounts, Steinberg and Dornbusch, 1991; Shucksmith, Hendry, & Glendinning, 1995; Steinberg, Lamborn, Dornbusch & Darling, 1992). Lamborn, et. al., (1991) examined the impact of the four

parenting styles on adolescent adjustment and psychosocial functioning. The researchers classified 4,100 adolescents, whose ages ranged from 14 to 18 year old, according to the four styles of parenting based on ratings of their parents' strictness or supervision (demandingness), and acceptance or involvement (responsiveness). The youth were then contrasted along four sets of outcomes for: psychosocial adjustment, school achievement, internalized distress, and problem behaviors. More specifically the range of outcome variables that were examined included: self-reliance, work orientation, social competence, grade point average, school orientation, academic competence, psychological symptoms, somatic symptoms, school misconduct, drug use, and delinquency.

The researchers found that youth receiving the authoritarian style of parenting, scored in the moderate range on measures examining obedience and conformity to adult standards, but they had lower self-concept when compared with the teens exposed to other styles of parenting. Thus they did not see themselves as popular, as having as many friends, or as able to make friends easily as did the other three styles. Adolescents who described their parents as authoritative, reported significantly higher levels of academic competence, and psychosocial development, and scored lowest on psychological distress and behavioral dysfunction scales. The adolescents with parents described as permissive had high levels of self-confidence, but had more reported incidents of substance abuse, and school behavioral problems and were more disengaged from school (Lamborn et. al, 1991). Adolescents, who characterized their parents as neglectful, reported the poorest outcomes on academic competence, psychosocial development, psychological distress, and behavioral dysfunction (Lamborn et. al, 1991). Limitations of this study include its



inability to predict that the parenting practices examined caused the outcomes assessed, because of the cross-sectional nature of the sample. In other words, it is impossible to say that well-adjusted youth do not elicit authoritative parenting practices while less well-adjusted adolescents do not provoke parental neglect. However, given the large sample size, range of ages, and diversity of participants, this study is a strong indicator of the theoretical predictability of differences in adjustment and psychological functioning among adolescents who characterize their parents along the four styles of parenting. A replication of Lamborn et al.'s (1991) study, conducted by Shucksmith, Hendry, and Glendinning (1995), with 10,000 youth from the United Kingdom ranging in age from 9-20 years old, confirmed the results of the original study. Shucksmith, Hendry, & Glendinning, (1995) also found authoritative parenting to be the most effective style of parenting because, once again, youth who received this style of parenting were less likely to report symptoms of psychological distress.

Consistently, the authoritative approach has been associated with instrumental social competence and lower levels of problem behavior in both boys and girls at all developmental stages and ages throughout the parenting style literature (Darling, 1999; Baumrind, 1991; Lamborn et. al., 1991; Maccoby & Martin, 1983; Ritter, Dornbusch, Leiderman, Roberts, & Fraleigh, 1987; Shucksmith, Hendry, & Glendinning, 1995; Weiss & Schwarz, 1996). Parenting style offers a robust indicator of parenting functioning that predicts child well-being across diverse populations and environments (Darling, 1999).

*Ethnicity, Social Economic Status, Gender and Parenting Style*

In assessing the generalizability of using these delineated concepts of parenting styles for a multi-stressed population, it is important to examine the effects of ethnicity, social economic status (SES), and gender on parenting style. In 1987 a sample of 6,400 ethnically and socio-economically heterogeneous American 14 to 18 year olds from nine different high schools provided information used to classify the adolescents' families into one of the four parenting styles. The adolescents were initially administered a 30-page two-part questionnaire with a series of standardized psychological inventories, attitudinal indices, and demographic questionnaires and again at a one year follow up. Several solid and robust studies were based on this data, which indicated the following results (Steinberg, Dornbusch, & Brown, 1992; Steinberg, Darling & Fletcher, 1995, Steinberg, Lamborn, Darling, Mounts, & Dornbusch 1994; Steinberg, Lamborn, Dornbusch & Darling 1992).

The authoritative parenting style appears to result in the most positive outcome for children regardless of family ethnicity (Lamborn et. al., 1991; Steinberg, Dornbusch, & Brown, 1992; Steinberg, Darling & Fletcher, 1995). Authoritative style of parenting is related to fewer behavioral problems and more positive psychosocial outcomes across African-, Asian-, European- and Hispanic- American ethnic groups in the United States (Steinberg, Dornbusch, & Brown, 1992; Steinberg, Darling, & Fletcher, 1995). Parents of European descent have been shown to be more likely to adopt an authoritative style than an authoritarian (Darling, 1999; Lamborn et al., 1991; Steinberg, et. al., 1992). Chao (1994) argues that Asian descent parents are less likely to be categorized as authoritative and more likely to be considered authoritarian because of the cultural

meaning attached to the underlying concepts of demandingness and responsiveness. Chao (1994) contends that in Chinese culture a high level of maternal involvement, rigorous teaching, and physical closeness are considered to be positive traits that are not entirely captured by the underlying authoritarian parenting dimensions.

Despite the findings that children across all ethnicities benefit the most from an authoritative style of parenting, there is an inconsistency found in the literature when it comes to the combination of ethnicity, school performance and parenting style for Asian adolescents. Dornbusch et. al. (1987) found that although Asian-Americans had the highest performances in school out of all the ethnicities, their parents were the least authoritative.

Steinberg, Dornbusch, and Brown (1992) examined the effects of authoritative parenting on 15,000 youth to see if parenting styles differ as a function of adolescents' environments for poor minority youth. The youth were placed into groups determined by three demographic variables: ethnicity, socioeconomic status, and family structure. The ethnic categories were: African-American, Asian –American, Hispanic, and White. Socioeconomic status was divided into two categories: working class and below, and middle class and above. Secondly, family structure was determined to either be biological two-parent or non-intact. A questionnaire was administered to the youth including standardized psychological inventories, attitudinal indices, and demographic questions. Families were assigned a parenting style of either authoritative or non-authoritative according to a child- reported questionnaire that examined the scales of parental warmth (responsiveness), behavioral control (demandingness), and psychological autonomy (psychological control). Families who scored above the median

on these three scales were considered authoritative whereas families who scored below the entire sample median on any of the scales were considered non-authoritative.

The researchers contrasted the different adolescents within each sub-sample on the following: school performance; psychosocial development; psychological distress; and behavior problems. The results indicated that youth from the authoritative families in all ethnic groups scored higher on all the outcome variables except for school performance. White and Hispanic youth were more likely to benefit from authoritative parenting than were Asian - or African- American youth with regards to school performance. Within the Asian- or African-American groups, youth who were from authoritative families did not perform better in school than youth who were from non-authoritative families. Regardless of parenting practices (and level of education for the African-American students), African- American youth received relatively lower grades than the other groups and Asian-Americans received the highest grades among the groups. This study concluded that Asian- and African- American youth benefit from authoritative parenting in the realms of mental health and psychological development, but not for school performance. As for school performance, they found that the effect of parenting practices on school performance is largely determined by the social climate among youth's peers at school. To best help these youth, they recommend taking multiple contexts into account. One limitations of this study is that it does not include a follow up discussion or results pertaining to family structure or social economic class. In addition, this study did not discuss the exact measures used, but it still offers insight into understanding the effects of parenting styles on child outcomes.

Research on parenting style and its relationship to gender is limited. Parenting style however, seems to have differential effect on outcomes related to gender. Weiss and Schwartz (1996), report that parental control seems to be less vital to girl's well being than to boy's well being. In other words, they contend that parental strictness (demandingness) is not as important a factor in a positive outcome for girls as it is for boys. Further research in this area is needed to better understand the relationship between parenting style and gender.

In examining differences in SES, authoritative parenting is most commonly found in the United States in middle-class, intact families (Darling, 1999). While the literature does not address what parenting styles are commonly found among other social classes in the U.S. it does discuss the prevalence of different parenting styles for different family configurations. One study found that adolescents living with two parents were more likely to experience authoritative parenting than the other styles (Kurdek & Fine, 1993). It was also noted that youth who were living with single, divorced mothers experienced less authoritarian parenting than those living with single, divorced fathers, while step-fathers tended to be more permissive than step-mothers (Kurdek & Fine, 1993).

Shucksmith et al. (1995) found that the age of a child and family configuration elicits some differences in prevalence of parental style. Their research data was obtained from a longitudinal study of adolescent socialization and consisted of 10,000 Scottish youth ranging in age from nine to twenty years of age. The analysis of parenting style was based on 16 items of a larger questionnaire that reflected the three underlying dimensions of parenting styles using a principal components analysis. Their research concluded that authoritative or authoritarian parenting approaches were associated more

with younger adolescents, while the permissive style was associated more with older adolescents. For single parent or blended families, the neglectful style of parenting was found most commonly and these parents were more likely than other configurations to score high on problem parent-child relationships. In conclusion, this study found that, regardless of family configuration and SES, the authoritative style of parenting is the most effective for positive child-outcomes.

In predicting child well being across a diverse range of populations and environments, parenting style provides a strong indicator of parenting effectiveness (Darling, 1999). Studies have consistently shown that certain factors of parenting captured by the authoritative parenting style, such as parental support, warmth, inductive discipline, consistency, and non-punitive approval, promote positive developmental growth in children (Maccoby & Martin, 1983).

Since parenting style plays a significant role in the development of their children and can be a key factor in the prevention of school failure, behavior problems, delinquency, and violence (American Academy of Pediatrics & American Psychological Association, 1995), it is imperative that parents have the ability and skills determined necessary to effectively parent. Several approaches claim to help parents become more effective by assisting them in developing an authoritative parenting style, but it is essential to critically examine their actual utility at achieving this objective.

#### Contemporary Parenting Interventions

The literature reveals that contemporary parenting interventions generally assume one of the following types: parental self-help programs, parental support groups, skill-based parent education programs, and clinical interventions.

*Parental Self-Help & Support Groups*

Parental self-help resources include educational materials in the form of videos, books, manuals, and tapes. Foster Cline and Jim Fay's Love and Logic series is a popular example of a self-help program. This series includes books and tapes that assist parents in becoming effective parents. *Parenting with Love and Logic: Teaching Children Responsibility* (Cline & Fay, 1990) identifies underlying concepts of their effective parenting and teaches a variety of parenting techniques. This series assumes that parents have the ability to teach themselves any self-perceived deficit of knowledge in parenting, and this would result in improved parenting practices. Although these materials may be informative, the vast amount of information they provide has been reported as contradictory and confusing for parents (Gilligan & Murphy 1979). They have the philosophical underpinnings that assume parents who need help will turn to their own devices in seeking the appropriate resources and gaining the knowledge they need to understand the complexities of child rearing, resulting in more effective parenting practices. There is no academic research regarding the utility of self-help materials at this time.

Parental support groups are intended to help parents with problem solving and provide them with encouragement. These groups are often informal church- or community-based and lack in professional leadership, but have demonstrated to be important in creating a support network between parents and their community (Harper, 1990). The research pertaining to the effectiveness of parenting support groups is limited. The effectiveness of a group format in general is based on the parent's willingness to invest emotional energy into the group and into their child at home

(Statham, 2000). LaFountain & Geoffroy (1990) investigated the effects of a parent support group on the stress levels, self-esteem, and degree of coping for parents with developmentally delayed or handicapped infants. They compared three parent groups: a support group (N=16), a counseling group (N=16) and a control group (N=16), who did not receive any treatment. It was hypothesized that parents in the two treatment groups compared to parents in the control group would have lower stress levels, higher self-esteem, and higher coping scores. However, the results revealed no significant score differences on measurements of self-esteem, stress, or coping between parents in the control group and those in the two treatment groups. The support groups' effectiveness in helping parents was found to be equal to both counseling and to no treatment at all. Therefore this research is unconvincing to support groups' effectiveness in helping parents faced with challenging circumstances. More research in the area of parental support groups is needed.

#### *Parental Skills Training/Education*

In the past three decades the major focus of parent education has been on programs that help parents improve parenting skills (Sampers, Anderson, Hartung, & Scambler, 2001). A number of formal programs for parent training exist where participants pay a fee covering the cost of the instructor, the materials, room rental, and administrative cost for the parent organization which provides materials and marketing (Harper, 1990). These programs emphasize the development of more effective parenting skills. Forgatch & DeGarmo (1999) report several studies that have shown that parenting practices can be positively changed through parent-training programs that are skills based



and that they can benefit children with conduct problems. The following examples illustrate the nature of three of the more popular skills based interventions.

*Parent Effectiveness Training (P.E.T).* Thomas Gordon, a clinical psychologist, started PET in 1963 as a pilot project with parents in Pasadena, CA. Gordon was inspired to start this project because he felt that the 'problem children' who were brought in by their parents for help were really only experiencing difficulties with interpersonal relationships with their parents and vice versa. The goal of P.E.T. is to promote democratic relationships by teaching parents the skills necessary to become effective communicators in their interpersonal relationships with their children, while also showing the negative aspects of being a permissive or authoritarian parent (Gordon, 1976).

P.E.T. uses a theory and practice model that includes a course book for the parents and a training manual for the instructors (Gordon, 1976). It is conceptualized as an adult parent group without the direct involvement of children. Groups are led by a trained instructor for eight consecutive weeks. Each week a new skill is introduced. The instructor has multiple tasks: (a) to explain the skills and why they are helpful; (b) to model the skill being discussed; (c) to give a rationale for its use; and (d) to provide assistance to parents, who are practicing the skill with other participants. In this program parents learn a variety of skills including: (a) using personality traits rather than judgmental and abstract terms when talking to their children; (b) honestly conveying their own feelings to their children; (c) being competent in confronting unacceptable behavior by talking about own feelings rather than blaming, ordering, and warning; (d) being competent communicators, using silence, door openers, or open ended questions; (e) influencing children's values by offering knowledge rather than imposing it; (f) allowing

children to learn from an experience through modeling; (g) understanding the drawbacks of the win-lose situation; and (h) employing a six-step problem solving process to achieve a “no lose solution” where parent and child both get their needs met (Gordon, 1976 p. 12). Each session begins with a discussion of how parents feel using the previously learned skill, followed by further instruction and the introduction of new techniques. Parents are asked to practice their newly learned skills at home with their children. P.E.T. assumes that during treatment parents will be able to reflect on two or more perspectives at a time, identify and express their feelings, appreciate individual diversity, and empathize (Harper, 1990). P.E.T. does not appear to take into account the parent’s potentially variable abilities and readiness to participate fully in course activities.

The effectiveness of P.E.T. has been evaluated only by Gordon and researchers involved in the program (Harper, 1990). They claim that skills promoted by the program such as active-listening and problem solving have been helpful to their clients, and evidence suggests that parents who complete P.E.T. feel more competent and have better interactions with their family (Gordon, 1976). Despite such claims, there has not been any non-program affiliated research, nor has there been any longitudinal studies examining the long term effects of P.E.T.

*Systematic Training for Effective Parenting.* Don Dinkmeyer Sr. (1976) developed the S.T.E.P. program based on Adlerian theory. Dinkmeyer, McKay, & Dinkmeyer, (1997) have since updated the program to what is commonly used today, which is also very similar to P.E.T in that it focus on teaching parents active listening and problem solving skills (Dinkmeyer. et al., 1997). However, STEP differs from PET in its introduction of parents to the teaching of the application of natural and logical

consequences to children's behaviors to teach them the importance of taking personal responsibility (Dinkmeyer. et al., 1997). Parenting skills are taught by a trained instructor using a standardized manual. Each session has a discussion and a lecture on a new skill, followed by time to practice. The STEP program helps parents reconsider their present model of parenting and work towards a democratic family process.

The STEP program is widely used despite the fact that current research on its effectiveness has been done only by developers of the program. Consequently, the body of work critiquing this type of program is at risk of being biased and is not readily available in the academic literature. In addition, the STEP program, which aims primarily on parents acquiring new skills and developing confidence in parenting neglects, like PET, to address the parents' abilities to comprehend the information and skills taught and their readiness to become effective communicators and listeners (Osgood, 1991).

*Parenting Through Change (PTC)*. Parenting through Change (Forgatch, 1994) is a skills-based parent-training program designed to change maternal parenting practices, with the goal of preventing negative child outcomes. Trained interventionists follow the PTC manual in implementing parent group meetings held weekly for 14-16 weeks. The meetings provide specific skill-building in parenting practices such as: non-coercive discipline, contingent encouragement, monitoring, and problem solving. These skills are reinforced through mid-week phone calls and homework assignments (Forgatch, 1994).

Prior to evaluating PTC's effectiveness, Forgatch and DeGarmo (1999) found that existing studies examining skills-based programs fell short of testing the direct effect of change in parenting practices on change in child outcomes. These earlier studies

examined either change in parents or change in children, but not both (Forgatch & DeGarmo, 1999). Thus, the findings were inconclusive about the direct effect that skills-based parenting programs have on the enhancement of parenting skills that effect child outcomes.

Forgatch & DeGarmo (1999) evaluated the effectiveness of the PTC by assessing change in maternal parenting practices as well as indirect change in child outcomes. They used a randomized quasi-experimental longitudinal design, with a sample that consisted of 238 divorcing or recently separated mothers and their sons. There were eight instructors who conducted thirteen parenting groups. The education of the interventionists varied; three had PhD's, two had Masters Degrees, one had some college, and two only had high school diplomas. Measures of child adjustment, which were based on ratings by teacher, child, and mother, and direct observations, were conducted at the baseline, at six months, and at one year.

The findings revealed significant changes in both parenting practices and child outcomes. More specifically, improved parenting practices such as a reduction in the use of negative reinforcements and reciprocity (coercive discipline), were found to correlate significantly with improvements in child and mother-reported maladjustments, and in teacher-reported school adjustments for the children. At the 12 month assessment, mothers in the treatment condition reduced their use of negative reinforcements and reciprocity, whereas the mothers in the control condition increased theirs.

Despite these positive results, there are several important limitations to this study. The effects of the intervention on parenting change were moderate to small, suggesting that the intervention was only moderately effective with mothers and sons. Daughters

were not examined, so the results cannot be generalized. In addition, there is limited generalizability of this study, because the sample was limited in diversity. It consisted primarily of moderately well educated (76 % training/education beyond high school) and white (86 %) mothers. Another limitation of this study, as with all Correlational design studies, causation cannot be determined. Therefore, the parent training intervention did not show any direct effects on child outcomes. A further weakness of the intervention that was reported by the researchers is that the mothers were expected to learn parenting strategies, with the assumption that they had the ability to adapt these skills to fit their own situation and children's needs. In examining the attrition of this study, the researchers found 28 of the 153 families in the experimental group had dropped out. They also found that those who dropped out were mothers with lower SES who regularly used negative disciplinary measures. Therefore, it appeared that the mothers who needed the help most were those who were least likely to receive help. This skills-based intervention program, as with other major skills-based programs, seemed to fail to address the parents' readiness and abilities to apply the newly learned skills to their lives; abilities which may have been preventing them from becoming more effective parents.

As shown in the preceding paragraphs, skills-based parent training programs can produce improvements in effective parenting and child outcomes for some participants (Kazdin, 1997, Forgatch & DeGarmo, 1999). Barlow (1997) reviewed 255 studies of parent training programs and found only 18 to meet her criteria for providing evidence for effectiveness. Consistent with the Forgatch & DeGarmo (1999) findings, high success rates for skills-based programs in general have yet to be achieved for children with more severe behavioral problems, and, or, for multi-stressed families (Belsky, 1984;

Cicchetti & Lynch, 1995, , Kadzin, 1997). Poor outcomes from parent training have been related to depression, marital discord, unsupportive partners, poor problem-solving skills, lack of social support, and environmental stress among participating parents (Forgatch, 1989). Research also suggest that parents with entrenched beliefs, who continually rationalise why they should not change and who resist cognitive restructuring, are the most difficult to help (Gill, 1998). Current parent training interventions often do not take into account parental expectations of treatment or their understanding of what is considered problematic behavior, while also failing to consider external influences such as economic, familial, intrapersonal, and interpersonal relationships (Prinz & Miller, 1994). In summary, both the magnitude and longevity of skills- based parent training interventions remains uncertain (Kadzin, 1997).

#### *Therapeutic Family Interventions*

Several clinical interventions to help parents become more effective are currently being implemented in the context of therapy by professional clinicians, thus differentiating them from the previous interventions described above. These interventions are based on altering or modifying problems that children or families face as well as acquiring new skills to deal more effectively with such problems (Seligman, 2001). These clinical interventions typically include: Behavioral Parent Training, Structural Family Therapy, and Multi-Stressed Family Interventions.

*Behavioral Parent Training (BPT).* Behavioral Parent Training (Patterson, Reid, Jones, & Conger, 1975) is referred to in the literature under several different names such as: Parent Management Training (Kadzin, 1997), Social Learning Family Therapy (Chamberlin & Rosicky, 1995), Standard Family Treatment (Prinz & Miller, 1994), &

Behavioral Family Intervention (Sanders, Markie-Dadds, Tully & William, 2000).

Behavioral Parent Training is based on social learning principles and their premise that problem behaviors are learned and maintained through maladaptive parent-child interactions (Patterson, Reid, Jones, & Conger, 1975). The focus for BPT is on the impact of coercive interaction patterns, where the deviant behavior of one family member is directly reinforced or supported by another, thus suppressing pro-social interactions (Chamberlin & Rosicky, 1995). Behavioral Parent Training trains parents to alter their child's behavior by modifying responses that are reinforcing the problematic behaviors (Patterson, Reid, Jones, & Conger, 1975).

Behavioral Parent Training implements a continuous family assessment along with treatment in order to diminish specific problematic behavior patterns while also monitoring the family's progress (Goldenberg & Goldenberg, 2000). It is usually conducted by a trained clinician in a clinical setting focusing on the children's behaviors (Osgood, 1991). Parents learn to enforce rules and keep track of progress through charts, and/or records. The goal for BPT is for parents to learn to be consistent; the origin of the behavior is not seen as necessary to understand (Kadzin, 1997).

*Structural Family Therapy (SFT)*. Structural Family Therapy provides a clear framework for understanding family systems (Nichols & Schwarz, 2001). SFT offers a body of theory and techniques that conceptualizes the individual within a social context. This type of therapeutic family intervention is done in the context of a family therapy setting and is implemented by a trained family therapist.

The major premise of SFT is that individual symptoms are best understood in the context of family transaction patterns, thus the family's organization/structure must be

changed before symptoms can be relieved. The focus of change is on the organization of the family system. The goal is to reorganize the system to optimize the development of the members of the system (Nichols & Schwarz, 2001).

Family systems are organized by their structure, which is the pattern of family interactions governed by covert rules. The hierarchy in a family is determined by who has the authority in the family. The hierarchy can become skewed with the children on top if the parent(s) are not in charge (Nichols & Schwarz, 2001). Families are made up of organized coexisting components called subsystems (Goldberg & Goldberg, 2000). Subsystems form when members join together to perform specified roles in the overall functioning of the family; examples include parental, spousal, and sibling subsystems (Goldberg & Goldberg, 2000). Invisible barriers called boundaries regulate subsystems by determining who is in the subsystem, and how information is passed from one subsystem to another (Nichols & Schwarz, 2001). When boundaries become too rigid or overly restrictive they are then considered disengaged. Parents who are disengaged minimize affection and may fail to see when children need support and guidance, or may fail to mobilize necessary support. On the other end of the spectrum are diffuse boundaries, where there is high mutual support at the expense of independence and autonomy. This type of boundary constitutes 'enmeshment.' A family with an enmeshed parental/child subsystem will argue about who is in charge and who has authority to make parental decisions. This type of boundary produces a dependent child who is less comfortable interacting outside the system and hinders the development of mature behavior (Nichols & Schwartz, 2001).



All families struggle to adapt to the developmental changes of their members and to modify their family's structure accordingly. Children require different stages of parenting at different developmental stages. For example, infants need nurturance and support, while adolescents need independence and responsibility (Nichols & Schwartz, 2001). Therefore, Minuchin (1974) warned not to mistake growing pains with pathology. Pathology exists when a family becomes stuck in its transaction patterns and cannot utilize alternative solutions (Nichols & Schwartz, 2001).

Many research studies have reviewed the literature pertaining to the effectiveness of therapeutic interventions for childhood aggression and conduct problems, and have determined that clinical family interventions are effective and their results are maintained over time (Chamberlin & Rosicky, 1995; Patterson & Forgatch, 1995; Shadish, Montgomery, Wilson, Wilson, Bright, & Okwumabua, 1993; & Kadzin, 1987).

Specifically Patterson & Forgatch, (1995) examined the effects of behavioral parent training on children's behaviors for parents with children that were exhibiting antisocial behavior problems in a pre- and post-test design. The sample consisted of eighty parents who had children ranging in age from five years old to twelve years old. The treatment consisted of weekly sessions, totaling about 20 hours, where parents learned a skills-based component that included family management skills designed to reduce coercion and to increase appropriate parental responses, and a therapeutic component where the parents learned family-problem skills designed to reduce conflict and to further facilitate negotiation for change. The measurements included: home observations, the Family Interaction Task, structured interviews, questionnaires, professional staff assessments, and official records. Several conclusions can be drawn

form this study. The home observations showed a reduction in problematic child behavior at the time of termination. Parents showed a decrease in externalizing behaviors from baseline to termination. Observations of family interactions found problem solving and discipline significantly improved. Despite these findings, the teachers reported that they only observed minimal changes in the classroom following treatment. The researchers found that positive changes resulting from behavioral parent training for parents and their preadolescent children, does not predict future adjustment of the children. However, scores related to parenting practices were found to be predictive of future child adjustment. More effective parent monitoring, family problem solving, and discipline were found to significantly reduce the risk of future child arrests and out of home placements. Despite the useful findings, there were several limitations to this study which include: the sample consisted of 90% white participants, there was a drop-out rate of 16%, and positive parental and adolescent changes resulting from behavioral parent training did not translate to future adjustment for the children.

Further support of behavioral parent training and its limitations is reported in Kadzin (1997), a meta-analysis of several hundred-outcome studies that were specifically conducted on behavioral parent training. The author contends that these studies have produced several conclusions of behavioral parent training such as: improvements of children's problematic behavior are reported by parents and teachers, through direct observations of behavior at home and school, and through institutional records; behavioral parent training can improve behavior for conduct disordered children, moving them from a clinical to non-clinical range of functioning; and treatment gains can be maintained for one to three years. However, Kadzin (1997) also highlights limitations to

most of these studies: a) they do not include clinically referred adolescents, b) they are conducted in a school, departing from the intended treatments used clinically, c) they do not evaluate the clinical significance of treatment, d) they do not examine intra or inter personal factors that may influence outcomes, and e) they omit follow up evaluations.

Limited research is available that specifically examines the effectiveness of structural family therapy in helping parents. Szapocznik, Rio, Murray, Cohen, Scopetta, Rivas-Vasquez, Hervis, & Poseda, (1989) compared the effects of SFT, individual therapy and no therapy in a random sample control group study with 69 Hispanic boys ages ranging from 6-12 who had clinical behavioral and emotional problems. The findings suggested that both the SFT and the individual therapy produced improvements in reducing behavioral and emotional problems for the boys at post treatment. However, the families at post treatment whose sons received individual therapy had deteriorated in functioning, based on the family-systems rating scale. At a one-year follow up, parents whose families received SFT reported a reduction of problem behaviors in their adolescents while the other two groups did not report improved family functioning, thus adding to the body of literature suggesting that structural family therapy can make a positive difference. Despite the positive findings of this study on the use of family therapy with clinically delinquent boys, there are some limitations for the generalizability of this study. The sample size was small and consisted of entirely two-parent families and 75% were middle class. The results also did not indicate if the boys who improved had moved into a non-clinical range of functioning.

Regardless of the positive outcomes, multi-stressed parents who face several adversities such as low socio economic status, separation, high levels of paternal

depression, divorce, marital conflict, psychological diagnosis, and who have children with severe behavior problems seem to be the ones who drop out of the intervention and benefit the least (Sanders, Markie-Dadds, Tully & William, 2000; Chamberlain & Rosicky, 1995; Prinz & Miller, 1994). Few studies seem to report attrition; although, of the studies that do attrition seems to be a major obstacle in successful family intervention for children with severe problems Prinz and Miller (1994). Prinz and Miller (1994) found that current therapeutic interventions do not seem to take into account multi-stressed parents expectations of treatment, nor the individual outside influences such as, interpersonal, economic, and intrapersonal factors that impact their lives (Prinz & Miller, 1994).

#### *Multi-Faceted Family Interventions*

In the treatment of childhood behavioral difficulties, a few interventions such as Multitarget Ecological Treatment developed by Chamberlin & Rosicky, (1995) and Enhanced Family Treatment (EFT) developed by Prinz & Miller (1994) have begun to combine the skills-based interventions with the therapeutic interventions. These multi faceted family interventions seem to have begun to address the needs of multi-stressed families such as: transportation, flexible hours, home based implementations, sensitivity to culture and expanded treatment models (Sanders, Markie-Dadds, Tully & William, 2000; Prinz & Miller, 1994). They focus on increasing parenting skills and empowering parents with resources to maintain positives changes made during treatment (Chamberlin & Rosicky, 1995). These interventions are based on the premise that there are multiple causes of children's problems and their delinquent behaviors are related to occurrences in multiple settings such as school, family, peer systems and communities (Prinz & Miller,

1994). One example of a program that includes such interventions is the Triple P-Positive Parenting Program.

*Triple P-Positive Parenting Program (TPPPP)*. The TPPPP developed by Sanders (1999) represents one type of a multi-faceted intervention. This multi-tiered program is designed to reflect the diversity of intervention options available to help parents. The TPPPP consists of five intervention levels on a continuum from broad to narrow outreach to parents. The levels also range from helping parents learn general information and new skills to intense therapeutic family sessions. This model assigns families to a particular level based on their perceived parenting needs. The highest level of TPPPP represents an example of a Multi-Stressed Family Intervention.

Level 1 is an information-based educational intervention targeting the entire country's parent population through media. Level 2, Selective Triple P, consist of a one-to-two-session brief consultation program used for prevention. Level 3, Primary Care Triple P, is a four-session brief behavioral family consultation intervention used in a primary care setting. Level 4, Standard Triple P is an intense intervention consisting of an eight to ten-session parenting skills program, which can be delivered in individual, group or self-help format. Lastly, Level 5 the Enhanced Triple P is an example of a true multifaceted intervention in that it combines traditional skill building sessions with a therapeutic intervention component. This level is designed for multi-stressed families with parenting concerns (Matthew, Markie-Dadds, & Tully, 2000).

Sanders, Matthew, Markie-Dadds, & Tully (2000) attempted to contrast the effectiveness of three behavioral family interventions (Standard, Self-Directed, and Enhanced Behavioral Family Interventions), found in Levels 4 and 5 of the TPPPP, with

multi-stressed families who have children with early onset conduct problems. They implemented an experimental random sample control group design, using four groups. The first group was the Standard Behavioral Family Intervention (SBFI) condition, which consisted of Level 4 in a group format. While the Self-Directed Behavioral Family Intervention (SDBFI) group, consisted of Level 4 in a self-directed format. The Enhanced Behavioral Family Intervention (EBFI) group consisted of Level 5, as described above. Lastly, the control group consisted of a wait list condition with no treatment implemented. Participants were 305 volunteer mothers and fathers who came from at-risk Australian families, each with a 3-year-old child. Families were selected from an area that has high juvenile crime and high rates of unemployment. Standardized interviews were conducted to gain information on any family problems, levels of education, substance abuse, criminal history etc. These interviews were done to ensure that participants met the following criteria: (a) a parent was concerned about a child's elevated behavioral problems, (b) there were no developmental delays in the child, (c) there were no current counseling or psychiatric medicines being taken, (d) the parents were able to read, and (e) the family was faced with more than one stressor (maternal depression, relationship conflict, single parent, and/or low SES).

In addition to initial interviews, the researchers assessed mother-child behaviors during a 30-minute videotaped home observation where the mothers had designated tasks (not fathers). Pre and post-treatment measures, and a one-year follow-up parent report were completed. The nine measures examined: the potential for child abuse as measured by the Child Abuse Potential inventory (CAP), parental depression as measured by the Beck Depression Inventory (BDI), levels of anxiety and stress as measured by the

Depression Anxiety Stress Survey (DASS), relationship adjustment as measured by the Abbreviated Dyadic Adjustment Scale (DAS), levels of child behavioral problems as measured by the Eyberg Child Behavior Inventory (ECBI) and by the Child Behavioral Check List (CBCL), parents' perceptions of parenting competency as measured by the Parent's Sense of Competency (PSOC), and parental perceptions of disruptive behaviors as measured by the Parent Problem Check-list (PPC) and by the Parent Daily Report (PDR).

There were three family treatment groups and a wait-list group that did not receive treatment. The three treatment groups received either: Level 4 in a self-directed format (SDBFI); Level 4 as a standard behavioral family intervention (SBFI) in an individual face-to-face format; or Level 5, the enhanced behavioral family intervention (EBFI). The Enhanced Behavioral Family Intervention consisted of approximately 14 hours of therapy where parents worked on building parenting, communication, and coping skills, through activities and homework assignments.

There were several findings for this complex study. Of the participants, 55% of the mothers and 37% of the fathers had a psychiatric illness, 40% of the parents did not finish high school, and 40% had financial difficulties. Three percent of the sample was two-parent families, while 26% were single mothers. Sixty percent of the total participants reported five or more risk factors for child conduct problems, while 52% of the families had two risk factors, 36% reported three risk factors, and only 12% reported all potential adversities (however, there were no significant differences across the three treatment conditions, indicating that all groups were similar in make-up). The measure that examined the potential for child abuse (CAP) revealed that 56% of the mothers and

29% of the fathers had elevated scores. Prior to completing the intervention, the mothers who scored high for negative ratings of affect (DASS, PPC) were less likely to complete the Enhanced Behavioral Family intervention, and those parents who found their children to be more problematic (PDR) were also less likely to complete the study across all four groups. Fathers across all four conditions, who did not complete the study, rated their child's behavior as more problematic (ECBI) than those who did complete the program.

Post-intervention findings of this study revealed that all variations of the treatment (SBFI, SDBFI, & EBFI) reduced disruptive behaviors in young children compared to the wait list group. Significantly greater proportions of children from the treatment groups moved from a clinical to a non-clinical range than the wait-list. The enhanced condition (EBFI) was the most effective in producing significant short-term effects; mother reports from the ECBI, PDR, and observations showed less negative child behavior at post-intervention. At post-intervention, the mothers in the enhanced condition groups reported less frequent use of dysfunctional discipline strategies (PS) and greater parenting competence (PSOC) than parents in the wait-list condition. However, there was no significance between conditions on the mother's observed negative behaviors, meaning that the mother's negative behaviors were observed equally across the conditions. Mothers reported greater parenting competence (PSOC) for the EBFI condition post intervention, however, fathers did not. No significant differences were found between the SDBFI and the wait-list conditions at post intervention, thus the self-directed approach does not seem to be effective for at risk families. The standard condition (SBFI) showed less negative child behavior on one measure (PDR) and less dysfunctional discipline (PS) than the wait-list group.



At the one-year follow-up, significant positive differences were found only for the enhanced condition (EBFI), and only on the ECBI, one of three measures of disruptive child behaviors. No significant difference between conditions on observed negative child behaviors nor on parents' reports of negative child behaviors (PDR) were found at the one-year follow-up. These findings suggest that a generic intervention, such as the SDBFI or the SBFI, which works on parental distress, may be of little long term benefit for children in multi-stressed families, while intensive individually tailored interventions may achieve better results. Despite the positive changes shown in the child behavior measure at the one year follow up; the enhanced condition did not produce any significant long-term outcomes on measures of parenting adjustment, aspects of communication, intimacy, cohesion and disagreement.

In addition, high-risk families with more severe child behavior problems and higher levels of maternal depression and marital conflict had a higher level of attrition reported at the one-year follow up. The mothers who did not complete the intervention reported high ratings of negative affect and higher ratings of negative child behavior across the conditions. It is also interesting that 40 % of the enhanced (EBFI) participants failed to complete post-intervention measures and, once again, the mothers with high ratings of negative affect were the least likely to do so.

The limitations of this study include: (a) possible threats to internal validity from the same practitioners delivering two of the group programs; (b) potentially poor generalizations due a self-selected recruitment method; (c) an observational measure that may have been non-valid because it failed to detect parental negativity at either pre- or

post- intervention, which it was designed to measure; and (d) attrition among families with the highest levels of child behavior problems, marital conflict, and depression.

Research suggests that multi-faceted family interventions are more effective in reducing disruptive behaviors in most young children with early onset behavior problems, but are not as effective for multi-stressed families (Prinz and Miller, 1994; Sanders, Markie-Dadds, Tully & William, 2000). Even while using a multi-faceted family intervention, which began to take some of the stress factors into account, multi-stressed families with more severe child behavior problems still have higher levels of attrition. Additionally, some families who completed the study were unable to show clinically significant change as expected, but the researchers did not say if these families were the ones who were multi-stressed or not. These results suggest that the Multi-faceted family intervention may be insufficient in helping children with severe problems move their behaviors into a non-clinical range of functioning (Sanders, Markie-Dadds, Tully & William, 2000, Prinz & Miller, 1994).

Prinz and Miller (1991) argue that many of the current parenting interventions do not take cultural differences into account in meeting the complex needs of parents, despite the fact that childhood conduct problems occur across all socioeconomic levels, cultures, and ethnicities; current intervention approaches need to consider cultural context. They contend that the term 'parent training' has negative connotations in some cultures because it implies that parents need to be told by someone else how to parent and, therefore, family development would be a better alternative. It appears that parents who face multiple stressors are often not able to sufficiently engage in treatment in order to obtain optimal benefits from an intervention (Sanders, Markie-Dadds, Tully &

William, 2000; Prinz & Miller, 1994). Engagement in treatment includes: active involvement, cooperation on activities, and investment of time outside the intervention program, all things that multi-stressed families often cannot give (Prinz & Miller, 1991).

It is a challenge to incorporate cultural sensitivity into parent intervention programs and to present the interventions in ways that could not be construed as condescending (Prinz & Miller, 1991). Important aspects of working with parents who face adversities include: (a) environmental stressors such as economic, medical, housing, and transportation problems; (b) interpersonal determinates such as involvement of a significant other, nature of the family relationships and the extent of social support; (c) expectations and attitudes about interventions; and (d) intrapersonal factors such as cognitive abilities, beliefs, and coping styles (Prinz & Miller, 1991).

#### *A Need for Continued Study*

In summary, current parenting interventions, whether self-help/support groups, parent education, therapeutic family interventions, or multifaceted family interventions, are not unilaterally effective for multi-stressed families. While the multifaceted family interventions seem to have the most potential to be effective with multi-stressed families, they still do not appear to be helping those who seemingly need it the most. Given the many challenges with which contemporary families are confronted, there appears to be a need for improved interventions to promote effective parenting. A majority of the current interventions primarily focus on providing information for parents while neglecting to examine individual factors such as learning styles, capabilities, and current understanding of the world. Multi-stressed families in particular may require approaches that take into account the individual factors that are interfering with their ability to benefit from

parenting interventions and, ultimately, their ability to be effective authoritative style parents. Cognitive developmental theory offers a promising framework through which those individual factors can be examined.

### Theoretical Rationale

#### *Cognitive Developmental Theory*

Cognitive developmental theories view the individual as an active organizer of his or her own experiences, continually engaging in the process of meaning-making based on the structural organization by which he or she views the world (Pieretti, 1996). Cognitive Development theory is based on an amalgamation of assumptions and separate stage theories across different functional domains about how individuals make meaning out of their experiences (Sprinthall, Peace, & Kennington, 2000; Kegan, 1982). There are eleven basic assumptions that these theories share.

1. Human motivation towards mastery and competence is intrinsic (Sprinthall, 1978).
2. Cognitive development occurs in distinct stages, which represent the currently preferred style of organizing and comprehending the environment (Sprinthall, 1978).
3. Stage growth represents qualitative changes rather than a quantitative transformation; each stage is unique and separate and builds upon the previous stage (Sprinthall, 1978).
4. Stage growth is hierarchical and sequential. Higher stages represent more complex levels of cognitive processing than lower stages. Growth proceeds

sequentially from a less complex to a more complex way of viewing the world and making meaning (Sprinthall & Collins, 1984).

5. Invariant and irreversible structural regression is not possible, in that one cannot return modally to less complex ways of functioning (Rest, 1983).
6. Cognitive developmental growth is not automatic; it occurs as individuals interact with their environment and a series of significant experiences is necessary to allow movement from one stage to the next (Paisley, 1990; Sprinthall, Peace, Kennington, 2000). This interactive process of change and adjustment involves the concepts of assimilation and accommodation. Assimilation is the modification or filtering of incoming stimuli from the environment to fit into individuals known schemes, where as, accommodation is the modification of an individual's existing internal schemes when confronted with a new reality (Piaget & Inhelder, 1969).
7. A relationship exists between stage and behavior. Behavior is a function of person and environment (Hunt, 1975).
8. Cognitive development includes physiological as well as psychological transformations (Flavell, 1985).
9. Growth is domain specific; development in one domain does not insure development in others (Sprinthall, 1978).
10. Stages represent a modal way of functioning; a currently preferred style rather than a fixed state. Individuals can function at higher or lower stages than their modal functioning (Sprinthall & Collis, 1984).
11. Cognitive development is universal across cultures (Lee & Snarey, 1988).

A significant body of research supports the claim that higher stages of cognitive development provide better tools for decision-making (Miller, 1981; Duckett & Ryden, 1994; Loevinger, 1976). Higher cognitive levels have been related to greater empathetic communication, more autonomy, more flexibility, and thus better ability to problem solve when dealing with diversities (Foster & McAdams, 1998). Holloway and Wampold (1986) found significant support for the claim that, counselors who are at higher levels of cognitive development performed better at a variety of counseling tasks.

Being a parent to an at-risk child could be regarded as a complex role similar to that of counselor or teacher. Therefore, one could argue that parents at higher developmental levels may possibly be more effective in this role. Walker & Hennig (1999) examined the effect that parental cognitive developmental levels had on parenting in the domain of moral development. The findings suggest that the way parents handled discussions was related to the children's moral development. The parents who were at higher stages of moral reasoning and had parental discussions involving supportive dialogue were found to be the most beneficial to their children's development. On the other hand, parental hostility and conflict were negatively related to their children's developmental growth. This study examined the influences of parental development on parenting ability, but did not address how to help parents become more effective or how to promote higher levels of development. Ego development offers a promising framework to further examine this question.

*Ego Development*

Loevinger's theory in the domain of ego development offers a perspective that seems best suited to parenting applications for several reasons: it includes a focus on interpersonal relationships, it has been vastly researched in the realm of adult development, and it has a valid and reliable instrument for its measurement. Loevinger and her colleagues' work on ego development originally began with the study of family life problems, evolved into the broader study of personality patterns, and ultimately lead to the deep theoretical conception of ego development (Loevinger, 1998). Through this evolution, Loevinger, Wessler, & Redmore (1978) developed the Sentence Completion Test (SCT), a semi-projective inventory that objectively measures the domain of ego development. Loevinger has continued to focus on shaping and re-shaping this theory by the means of a feed back loop consisting of research on the SCT, and has made revisions to accommodate insights provided by new research data. Through many of these cycles, there has been a fine-tuning of the SCT scoring manual and, ultimately, the current understanding of ego development. Therefore, the SCT can be seen as both a method of assessing the ego development framework and, simultaneously, as an integral part of the overall theoretical framework. The feed-back loop process has resulted in a stable picture of the stages of ego development (Loevinger, 1993).

The Ego includes concepts of socialization, character structure, moral development, and cognitive complexities and is seen as a process rather than an entity with a broad development, not just a sequential progression of structural wholes (Lee & Snarey, 1988). Ego development can be thought of in terms of qualitative changes in the

attained degrees of an individual's cognitive complexity, ego strength, and understanding of self in relation to the world (Lee & Snarey, 1988). As the ego develops, an individual moves through a hierarchical and cumulative sequence of stages towards greater differentiation, integration, and internal focus (Hauser, 1976). Ego stages are sequential towards more maturity across the domains of personal relationships, impulse control, moral development, and cognitive style and are independent of chronological age (Hauser, Powers & Noam, 1991). The ego development stages describe the sequential nature of ego development and define behavior in terms of impulse control, interpersonal style, conscious preoccupations, and cognitive style (Hauser, 1976). The stages of Ego development can be measured on the Sentence Completion Test designed by Loevinger and Wessler (1970).

Hy and Loevinger (1996) describe eight of the nine stages of ego development (the *first stage* of ego formation is beyond the scope of their work). The lowest stage of development, the Impulsive stage (E2), describes an individual who lacks insight into motives, has a short attention span, poorly understands rules, regards punishment as arbitrary and is driven by physical needs. This individual understands self and others in dichotomous terms such as either good or bad. While self-protective stage (E3) individuals understand rules, they only obey them to meet their immediate needs. Such individuals are mainly concerned about being caught and tend to assign blame to external causes when this happens. Individuals at the self-protective stage are preoccupied with manipulation, deception, and with having advantages over others. The Conformist stage (E4) represents the partial internalization of rules. What is conventional and socially approved is seen as worthy of obeying. Conformist stage individuals are able to have



mutual trust for others with genuine interpersonal reciprocity. However, they may extend this to a select group with strong prejudices against others. Interpersonal relations are seen as actions rather than in the terms of feelings or motives. Conformist stage individuals are preoccupied with material things, status, reputations, and make clichéd references about their inner feelings. Self-aware stage (E5) individuals have begun to internalize morality over stereotypical standards and recognize that compliance with societal rules is not always possible. Interpersonal relationships are seen more in terms of feelings, and are becoming more intense and meaningful for the individual. In the Conscientious stage (E6) self-evaluated standards have become evident as inner conflicts arose between needs and duties. These self-reflective individuals have self-evaluated standards that are implemented in their own decision-making, and have a greater tolerance for the solutions of others. For this individual motives and consequences for actions are more important than breaking rules. Multiple solutions are seen as possible and, thus, there is a sense of choice in ones' actions. At this stage individuals highly value achievement and are often self-critical. Individualistic stage (E7) individuals have an increased tolerance for individual differences between self and others. Differences between physical, financial, and emotional dependence are acknowledged, with particular concern for the latter. Interpersonal relationships are based on deeper feelings and the needs of others. Individuals can hold differing roles simultaneously. For example, a woman at this stage can see herself an individual who is a parent, an executive, and a partner. An individual at this stage appreciates cultural differences and accepts discomfort when faced with a new task. The Autonomous stage (E8) is characterized by the recognition of the need for the autonomy of others. These individuals feel that real

people and real situations are complex, and they respect other people and their decisions.

Conflicts between needs and desires are recognized as part of the human condition.

Autonomous individuals have a high tolerance for ambiguity and paradoxes. An autonomous parent would allow a child to learn from his or her own mistakes, rather than prevent the child from making mistakes (Loevinger, 1964). The Integrated Stage (E9), the highest stage, is categorized by individuals who proceed beyond coping with inner conflicts to reconciliation of conflicting demands and beyond tolerance for individuals to cherishing of individual differences (Hy, & Loevinger, 1996). Few people reach the integrated stage, which has been compared to Maslow's extensively described stage of self-actualized (Loevinger, 1964). The following table summarizes in more detail Loevinger's 'stages' of ego development

Table 2.2

*Some Characteristics of Stages of Ego Development: E-levels*

Adapted from (Hy & Loevinger, 1996).

Stage	Code	Impulse Control, Character Development	Interpersonal Style	Conscious Preoccupation	Cognitive Style
Impulsive	E2	Impulsive, fear of retaliation	Dependent, egocentric	Bodily feelings, especially sexual & aggressive	Stereotypy, conceptual confusion
Self-protective	E3	Fear of being caught, externalizing blame, Opportunistic	Wary, manipulative	Self-protection, wishes, things, advantage, control	Dualistic thinker, Very literal
Conformist	E4	Conformity to external rules, shame, guilt for breaking rules	Belonging, superficial niceness, cooperative, & loyal	Appearance, social acceptability, banal feelings, behavior	Conceptual simplicity, stereotypes, clichés
Self-Aware	E5	Differentiation of norms, Goals	Aware of self in relation to group	Adjustment problems, reasons, opportunities (vague)	Multiplicity
Conscientious	E6	Self-evaluated standards, self-critical guilt for consequences, long-term goals and ideals	Intensive, responsible, mutual, concern for communication	Differentiated feelings, motives for behavior, self-respect, achievements, traits, expression	Conceptual complexity, idea of patterning
Individualistic	E7	Add: respect for individuality, tolerant	Add; dependence as an emotional problem- mutual	Add: development social problems, differentiation of inner life from outer	Add: distinction of process & outcome
Autonomous	E8	Add: Coping with conflicting inner needs	Add: respect for autonomy, interdependence	Vividly conveyed feelings, integration of physiological & psychological causation of behavior, role conception, self-fulfillment, self in social context	Increased conceptual complexity, complex patterns, toleration for ambiguity, broad scope, objectivity
Integrated	E9	Add: reconciling inner conflicts, renunciation of unattainable	Add: cherishing of individuality	Add: identity	

Note: "Add" means in addition to the description applying to the previous level.

Stabilization generally occurs in adulthood at or below the Self-aware stage and is less than the maximum potential for individuals (Burisk, 1991; Manners & Durkin, 2000). However, several studies have corroborated further that ego stage development is

possible in adulthood (Burisk, 1990; Helson & Roberts, 1994; MacPhail, 1989). Promoting ego development in adulthood (Alexander et al., 1990; Henek, 1980; Hurt, 1990; Kwasnick, 1992; McPhail, 1989, Oja, 1978; & White, 1985) beyond the Self Aware stage (Alexander, et. al., 1990; White, 1985) is possible. Development is not automatic and an appropriate interaction with the environment is necessary (Paisley & Peace, 1995). One aspect of this interaction involves meeting a sufficient challenge (Sprinthall & Thies-Sprinthall, 1983). It has been argued that the frequency and range of life experience that challenge one's existing ego developmental schemas can contribute to developmental growth (Manners & Durkin, 2000).

Loevinger's theory, although has been criticized for its lack of a coherent theoretical account of how ego development in adulthood occurs, specifically the stage-transition process (Broughton & Zahaykevich, 1988). Loevinger does explain the process of stage transition as an adaptive response to the ongoing interaction between person and environment (1976, 1987). She acknowledges that ego development is possible in adulthood, and has highlighted the two important factors of life experiences and cognitive development as having an impact on the occurrence of ego-stage transition in adulthood.

Ego development during adulthood appears to be unrelated to chronological age (Burisk, 1991). There is a moderate to strong relationship between years of education and ego developmental stage (Lee & Snarey, 1988), but education is not a predictor of ego development (Manners, & Durkin, 2000). If a life challenge is experienced as sufficiently disequilibrating in conjunction with support, it has the potential to promote development (Burisk, 1990). Yet, if the challenge is too great, or does not include

interpersonal or emotional aspects that motivate the person, then ego development will not occur (Manners & Durkin, 2000). A disequilibrating experience that is accommodatively challenging is necessary for growth promotion (Manners & Durkin, 2000). It is this disequilibrium or unbalance that motivates a person to seek a restored balance by adapting to his or her environmental challenges and either assimilating the information into existing schemas or accommodating the information into new schemas, the later constituting developmental growth (Piaget & Inhelder, 1969; Loevinger, 1976).

Empirical evidence exists for the relationship between advanced stages of ego development and more adaptable functioning in a number of respects. Individuals at higher levels have been found to be better able to make decisions using multiple perspectives, have greater tolerance for complexity adapt to a changing environment, and develop a more thorough understanding of self in relation to the rest of the world (Duckett & Ryden, 1994; Loevinger, 1976; Sprinthall, 1978). Higher levels of ego development are also associated with significantly lower severity of symptoms among psychiatric patients (Noam & Dill, 1991; Noam, 1998). Several studies show high levels of ego development to be associated with advanced levels of impulse control, interpersonal maturity, empathy, and moral development (as cited in Luther, Doyle, Suchman, & Mayes).

Giesbrecht & Walker (2000), conducted a study using ego development as a framework for examining the motives for moral action, response to moral failure, integration of ethical ideas, and personal identity of college age students. The Sentence Completion Test was administered to 20 male and 16 female college students, who were either first-year students or graduating students. The modal stage for all students was at

the self-aware stage (E5) with 47%. A significantly higher proportion of graduating students were at stages above the self-aware stage (E5) than first-year students (57% vs. 23%). The students were also asked to write stories in response to three Thematic Apperception Test pictures (TAT). Moral characteristics using the TAT coding system were then compared across the stages of ego development using the scored SCT. In summary, increased moral motivation, broader perception of ethical dilemmas, richer conceptualization of a moral self, greater self-acceptance following moral failure, and progressive integration of moral and personal identity as a function of ego developmental stage were found. The researchers also contended that the psychological capacities evident in the higher ego stages are consistent with characteristics found in other research. These characteristics, which all seem important embodiments of an authoritative parent, include: interpersonal competence, emotion management, balancing autonomy and interdependence, appreciating interpersonal differences and forming intimate relationships, establishing identity, clarifying a life purpose, and achieving congruence between one's values and behaviors (Chickering and Reisser, 1993). The generalizability of this study is limited due to the small sample size and the homogeneity of the sample; over 90% of the participants were white and of western European ancestry. Another limitation of this study is that the researchers do not explain thoroughly how they applied the TAT to ego developmental levels.

Higher levels of ego development have been shown to positively relate to the ability to nurture, the enjoyment of children, the capacity for leadership, responsibility, personal adjustment, tolerance, and a lack of aggression (White, 1985). White (1985) examined adult ego development for 163 nurse practitioners in a full time six-month

training program. To evaluate ego developmental changes, Loevinger's Sentence Completion Test was implemented at pre-training and two years later, after the nurse had been in practice for over a year.

The researchers found that all the women in this study were above the Conformist level (E4), and most of the sample was at the Self-Aware (E5) or Conscientious levels (E6). The ego development scores were correlated with scores from different personality tests and an interview (details concerning these measures were not mentioned in the study). They found that higher levels of ego development were related to higher personal adjustment ( $r = .29$ ), and a better sense of well being ( $r = .27$ ). Nurturance proved to have one of the highest correlations with higher levels of ego development ( $r = .26$ ) from the measure examining effective nurturance. The nurses at higher ego developmental levels also gave the reason for becoming a nurse as a way to give direct care for to the patients ( $r = .30$ ). In examining the scale for responsibility, higher levels of ego development were also found to be significantly related to responsibility, self-control, tolerance, and good-impression ( $r = .28$ ). When child rearing was examined, the nurses at the higher levels of ego development were more likely to say that a major satisfaction of being a parent was the enjoyment they got from watching children grow and development ( $r = .33$ ). The findings of this study generally confirm that the characteristics of nurses at higher developmental levels are consistent with what Loevinger describes for individuals at higher levels of ego development. The same attributes appear to be necessary for the implementation of an authoritative style of parenting.

*Parental Ego Development and Parenting*

The body of literature that attempts to examine the relationship of ego development and parenting is very limited. Bielke (1979) examined the relationship between maternal ego level and mothers' attitudes and behaviors with their infants and found that a mother's level of ego development affects her interpersonal behaviors and abilities to parent (Bielke, 1979). Bielke's findings suggest that mothers at higher stages of ego development show more psychological complexity, are able to be more sensitive to their babies' needs, and can better understand their own feelings towards parenting. On the contrary, 70 % of mothers at lower stages of ego development were found to be mildly to severely neglectful. Regrettably, this study was limited by the fact that it only examined the parenting abilities of first time mothers' that were on welfare and parented alone. It did not examine parenting behaviors of fathers or for school age children. It nonetheless suggested that there is a relationship between more effective parenting and higher levels of ego development.

In a study primarily focusing on adolescent ego development, Hauser, Powers & Noam, (1991), examined the relationship between parent's ego development and parenting behaviors. The sample consisted predominantly of white parents from upper-middle to middle-class two-parent families and their adolescents attending suburban high school or under private psychiatric care. Both parents and adolescents were administered the SCT and Kohlberg & Colby (1982) Moral Dilemmas. Parents and children were coded by observers for constraining (devaluing, distracting, indifferent, judgmental, and withholding) and enabling (accepting, showing curiosity, actively understanding,



empathetic, explaining, focusing, problem-solving, and being reciprocal) behaviors during discussions about moral dilemmas, and parenting behaviors during these discussions sessions was recorded and analyzed.

Facilitative parenting behaviors were positively correlated with higher levels of ego development. Specifically, the researchers found that parents who were at higher stages of ego development “actively participate in family discussion, expressing acceptance and empathy” and seem to be parents who are able to hold many perspectives while being open to different facets of problems and new ideas (Hauser, et. al., 1991). The sample was majority white middle-class two-parent families. In addition, this study does not broach the subject of attrition. Regardless of these limitations and their resultant lack of generalizability, the results again illustrate the potential for a significant relationship between the higher levels of parent’s ego development and beneficial family behaviors.

Despite the limited number and limitations of studies supporting the positive relationship between ego development and parenting, the findings are generally promising. It is feasible that parents at different levels of ego development may parent and experience parenting intervention in different ways. Virtually no research has explored the impact of ego development and parenting on multi-stressed parents who have challenging children. Barber, (1996) contends that further research should be done in this area.

#### *Parental Cognitive Development and Parenting Interventions*

Given the empirical evidence suggesting the potential for a relationship to exist between parenting styles and ego development, there is a clear need to better understand

the implications of ego development for multi-stressed parents. Despite empirical evidence that exists for the relationship between advanced stages of ego development and more adaptable functioning, adults tend to stabilize at or below the self-aware stage (Holt, 1980, McCrae & Costa, 1980; Redmore, 1983; Redmore & Loevinger, 1979). However, many studies have succeeded in promoting ego development in adulthood (Alexander et al., 1990; Henek, 1980; Hurt, 1990; Kwasnick, 1992; McPhail, 1989, Oja, 1978; & White, 1985) and two of those were able to promote development beyond the Self Aware stage for some individuals (Alexander, et. al., 1990; White, 1985).

A significant body of literature exists that supports the notion that cognitive development can be augmented through what Mosher and Sprinthall (1978) called a Deliberate Psychological Education (DPE). One potential way to promote more adequate stages of ego development for multi-stressed parents is by using a DPE model in conjunction with an already existing parenting intervention program. A DPE model is a comprehensive program to stimulate and nurture the process of human growth. It consists of five components to promote developmental growth: support & challenge, balance, role taking, guided reflection, and continuity. Actual practice related to an active role-taking experience that is supplemented by supportive interactions with others seems to accelerate development with gains that are maintained and cumulative (Foster & McAdams, 1998).

This model has been found to be useful in an array of training settings. Peace (1995) implemented such a program to enhance the developmental levels in school counselor mentors. The program was designed to focus on promoting developmental growth of both the experienced and novice counselors. The program involved two parts:

(1) a three hour, 15 week Differentiated Supervision Course that included field-base practice, journaling, and readings; and (2) a Practicum that included supervision experience, journaling, and seven classes for three hours each over 15 weeks. An increase in moral reasoning and conceptual development was found to be related to more effective supervisory behaviors. One limitation to this study is that measures used to obtain pre- and post-developmental levels were not mentioned. Despite this limitation, Peace (1995) found evidence of a relationship between higher levels of cognitive development and desirable counseling behaviors including greater empathy, more complex hypothesis formation, more complex analysis of relationships, and a greater ability to understand the clients' needs.

In addition to a DPE, an assessment of a parent's ego development using Loevinger's Sentence Completion Test may allow a parenting intervention to be matched to a particular level of ego functioning so that learning can occur (D'Andrea, & Daniels, 1992). The matching model refers to a fit between individual cognitive development and the environment (Hunt, 1966). There are two type of matching that could potential be implemented with an existing parent training model: a match that meets the learner's developmental needs and a match that stimulates the learner's cognitive development. The second is based on providing a 'miss-match' or a 'plus one' level of challenge, that provides the learner with an environment that is just demanding enough to push the learner to use different and higher level strategies of coping or problem solving (Holloway & Wampold, 1986).

It is hypothesized that a cognitive developmental approach to a parenting intervention, which employs either a matching model or a DPE framework, could

promote ego development in multi-stressed parents and ultimately help them become more effective authoritative parents. In turn, parents at more adequate levels of ego developmental would better be able to contend with the complexities they face and to facilitate the growth of their at risk children so they too could effectively cope with their own environmental and developmental challenges.

#### Conclusion

Parents in today's society face a complex milieu in which to rear children and there is a serious concern for the propensity for violent and delinquent youth in the United States. Although parents have numerous resources to turn to for obtaining help in parenting, these mostly consist of intervention models that appear inadequate in meeting the individual developmental needs of multi-stressed parents. It is imperative that parents help their children by learning to be effective parents. Therefore, for parents who face multiple adversities and have identified at risk-children, a cognitive developmental perspective, specifically ego development, may be necessary to promote an effective authoritative style of parenting. However, the parenting literature fails to empirically examine the relationship between individual differences of levels of ego development, and standardized parenting styles. A developmental perspective may better explain the affect that parents' perception of parenting style and the long-term influence parenting style may have on the development of their children (Darling, 1997). Thus, the proposed study seeks to examine the relationship between parenting style and ego development for parents who seek help in parenting through family counseling, including multi-stressed parents.

### CHAPTER THREE: METHODS AND PROCEDURES

The literature review in the previous chapter explored the current problem of violent and delinquent youth in the United States in addition to the problems faced by parents in this milieu. Although parents have numerous resources for obtaining help in parenting, these mostly consist of training models that have been proven to be inadequate to meet the individual developmental needs of parents who are confronted with diversity. To address this issue this study sought to examine the relationship between individual differences of parent's levels of ego development and parenting style for multi-stressed parents who had or are currently receiving family counseling services.

Chapter Three describes the research methodology used in this study. This chapter specifically identifies the research design, the hypotheses, the sample, data collection techniques, instrumentation, data analysis methods, and ethical considerations for the current study.

#### Research Design

The purpose of this exploratory study was to investigate the relationship between parent ego development and parenting style using a descriptive Correlational research design, which determines relationships between variables (Gall, Borg, & Gall, 1996). The relationships examined were those thought to be relevant to creating more effective approaches to parent education. Four hypotheses were investigated:

1. The ego developmental level for multi-stressed parents will be significantly lower than the modal level for the average adult population as measured by the SCT.

2. There are a significantly higher proportion of the authoritative style parents at higher levels of ego development than authoritarian, indulgent-permissive, and neglectful style parents.
3. Parents who are authoritarian, indulgent-permissive, and neglectful have a significantly higher mean of level of stressors than parents who are authoritative in parenting style.
4. A negative relationship exists between ego developmental levels and number of stressors.

### Sample

The target population for this study consisted of multi-stressed parents who recently have been or are currently in family therapy. The sample was drawn from an accessible population of parents who have been seen at New Horizons Family Counseling Center (NHFCC), a university-based counseling center at the College of William and Mary. NHFCC provides family therapy for students and their families referred by public school systems. Services are designed to enhance the collaborative relationships between families and schools while promoting student academic success. This clinic also provides a university-based site for Master's and Doctoral level students who desire clinical training and research experience. Family counseling is provided without a fee to families who are referred by their school system. Counselors at NHFCC use a structural family therapy systems approach in their services to families.

This researcher obtained permission from NHFCC to recruit 50 volunteers for this study. The participants included mothers and fathers from two-parent families, as well as single parents and partnered couples. The sample consisted of parents who were

currently or previously in family counseling, and who either responded to mailed surveys or were recruited for participation by their family counselor.

The researcher obtained a sample size of 50, and the demographic characteristics are presented in Table 3.1, 3.2, and 3.3. Participants ranged in age from 26 to 68 years, and the mean age was 39.9 years. The sample was 76% female (n=38) and 24% male (n=12). Twenty-eight percent of the sample was minority (other than white, n=14).

Table 3.1 shows family characteristics in terms of ethnicity, gender, poverty status, family structure (married or single) and parent classification (grandparent, divorced, widowed, single and never married, living with a significant partner or remarried). Ten single parents who had never been married participated in the study. Table 3.1 shows that over one-third of the parents had been divorced, widowed, or separated while about one third of the parents were still single parents at the time of the study (Table 3.1). In addition, a majority of parents were currently married or had a significant partner (Table 3.1). Table 3.1 also indicates that over a fourth of the parents reported that they were at or below the poverty level according to the guidelines of the Department of Health and Human Services, which determines a person is below poverty if they make less than \$8,980 per year and for each additional person 3,140\$ is added (2003).

Table 3.1

*Demographics and Weighted Scores*

Category	Demographic	Weight	%	n
Ethnicity	Minority	3	28%	14
	White	0	72%	36
Gender	Male	0	24%	12
	Female	0	76%	38
Poverty	Poverty		28%	14
Family Structure	Single Parent	4	34%	17
	Married/Remarried Parent	0	66%	33
Parent Classification	Divorced/Widowed/Separated	3	38%	19
	Single Parent- never married	0	20%	10
	Grandparent	0	8%	4

Table 3.2 indicates the educational demographic for the sample. This table shows the highest educational level attained by participants ranged from below high school to graduate degree. Table 3.2 shows that a majority of parents in this sample had a high school or below education (high school or GED,  $n=24$ ; below high school education,  $n=5$ ). Less than half of the participants had an above high school education.



Table 3.2

*Education Demographics*

Education	Highest Degree Attained	Weight	%	n
High School or Below		3	58%	29
	High School or G.E.D.		48%	24
	Below High School		10%	5
Above High School		0	42%	21
	Bachelors degree		14%	7
	Graduate degree		2%	1
	Associates degree		12%	6
	Post H.S. job training		14%	7

Table 3.3 indicates that just under half of parents in this sample reported that they did not have available child-care, while half reported that they did not have affordable child care. Although a small percentage of families had a parent with a psychiatric disorder, nearly half of the parents reported that they had a child with a psychiatric disorder (Table 3.3). One third of parents indicated that they had a chronic medical condition in the family and also one third reported that they, did not have health insurance for themselves. Over half of the sample was eligible for child support as shown in Table 3.3; however of those only about one-fourth of the parents received the support.

Table 3. 3

*Demographic Risk Factors & Weighted Scores*

Factor	Classification	Weight	%	n
Job	More than 1 job	3	10%	5
Psychiatric Disorder	Parent	4	16%	8
	Child	4	44%	22
Chronic Med. Disor.	In family	3	32%	16
Health Insurance	Parent not have	4	30%	15
	Child not have	4	8%	4
Child Care	Not available child-care	4	40%	20
	Not affordable child-care	4	50%	25
Child-support	N/A	0	44%	22
	Not get & should	3	26%	13
	Get	0	28%	14
Child Abuse	Identified in family	5	4%	2
Physical Abuse	Parent	5	6%	3
Substance Abuse	Parent	5	4%	2
	Child	4	6%	3
Transportation	Lack of	3	8%	4

## Data Collection

Participants were obtained either through a packet mailed by the researcher or through NHFCC family counselor recruitment of client volunteers. In both cases the

participants received a packet that consisted of the following materials: a research cover letter (APPENDIX A); the Washington University Sentence Completion Test (SCT, Loevinger, 1976) (APPENDIX C); the Index of Parenting Style (Adapted from Parenting Style Inventory II [PSI-II], Darling & Toyokawa, unpublished) (APPENDIX D); a demographics form (APPENDIX B); a pen; and a self-addressed stamped envelope. In cases in which counselors solicited participants, blank envelopes were given instead of a self-addressed stamped envelope.

A cover letter informed participants of the purpose, procedures, and their rights as study participants. The cover letter also explained informed consent procedures as well as how to obtain the monetary incentive. All participants received a phone card with a ten-dollar value from the researcher upon completing and returning the measures to the researcher in attempt to enhance participant return rates. Participation was voluntary as confirmed by a written consent form. Participants were informed in advance of their right to decline to participate or withdraw from the study at any time.

One Hundred and sixty-six packets were mailed to potential participants in July of 2003. To increase the response rate, a follow-up reminder/thank you card was mailed two weeks after the first mailing encouraging participation of volunteers who had not yet responded. From the two mailings, 35 were returned to the researcher yielding a return rate of 21%. The remaining 15 participants came directly from counselors at NHFCC who solicited their clients to participate (it is unknown how many families were approached by NHFCC counselors). All of the participants who responded were used in the analysis of this study. Data collection ended in January of 2004.

All mailed packets and instruments were given an identification number that matched identification numbers on a list of participants' names and addresses so that the monetary incentive could be mailed. All responses were confidential but not anonymous because of the need to mail the incentive to participants.

#### Instrumentation

This study used three data collection instruments. A demographics form provided background information that was used to assess levels of family stressors (APPENDIX B). The Washington University Sentence Completion Test (SCT, Loevinger, 1976) was used to assess ego development (APPENDIX C). The Index of Parenting Styles (IPS) was adapted from the Parenting Style Inventory II (PSI-II, Darling & Toyokawa, unpublished) to assess parents' perceptions of their own parenting style (APPENDIX D).

#### *Demographics Survey*

The demographics survey is a two-page form developed by the researcher to identify demographic variables that might have a relationship to findings with regard to an ego development and parenting style relationship. It asked for general information such as age, gender, ethnicity, education, family configuration, finances, and relationship status. The demographics form also asked participants to respond to questions concerning different family stressors in order to determine the levels of family stress.

To obtain a score for the level of family stress, that reflects the magnitude of each of the stressors, the researcher created a Likert scale ranging from 1-5 and asked 20 doctoral students, professors, and professionals to rate the items assessing the risk potential for each item on the demographic survey. A weight was then assigned to each stressor (as seen in Tables 3.1, 3.2, and 3.3). The researcher then used the weighted

scores to achieve a standardized mean score for each item. The standardized mean scores were used to calculate a total score for family stress by dividing the weighted scores by the number of stressors to create a final level of stressor score that reflected the number and the magnitude of each stressor, which was used in the analysis. The range of number of stressors was from 20 to 2, and the range of level of stressors was from 3.7 to 3.

#### *Washington University Sentence Completion Test*

Loevinger, Wessler, & Redmore (1978) developed the Washington University Sentence Completion Test (SCT) (APPENDIX C) to objectively measure the domain of ego development. The SCT is a projective inventory comprised of 36 sentence stems that allow participants to project their own frame of reference in completing them in any way they want. Completing the SCT usually takes between 20-30 minutes and can be used with individuals that demonstrate a sixth grade reading level or above. The instrument has been standardized for use with both males and females, however, separate protocols are based on gender difference only in their use of the pronouns "he" or "she" (Loevinger & Hy, 1996). The short forms with 18 sentence stems, Form-81 for men and Form-81 for women, are not gender biased. The shorter alternative form can be used without sacrificing validity, despite some loss of reliability due fewer items on the form (Foster & Sprinthall, 1992). The SCT has had widespread use for almost thirty years with a variety of adolescent and adult populations and many researchers view it as a valid measure of ego development.

Several studies, which used different analyses of the scoring process, have reported high reliability and validity of the SCT, with reliability values ranging from .76 to .85 (D'Andrea & Daniels, 1992; Hauser, 1976; Hauser, 1993; Holt, 1980; Loevinger,

1979; Loevinger, 1998). In a review by D'Andrea & Daniels, (1992) it was noted that numerous studies (Blasi, 1972; Cox, 1974; Hope, 1972) have indicated that SCT scores are not correlated with verbal fluency or intelligence test scores, but do have a strong inter-rater correlation of .89 and .92, suggesting that it is a reliable measure of ego development. Redmore (1976) conducted several studies to determine the possibility of "faking" on the SCT and found that subjects who attempted to fake downward were successful, while subjects who attempted to fake upwards were generally unsuccessful. Therefore, it is unlikely for individuals to be assessed at a level higher than they are currently functioning.

In a review of developmental constructs, Holt (1980) argues that Loevinger's SCT is a highly developed and reliable scoring system of ego development. Loevinger and Wessler (1970) reported an alpha coefficient of .91 for all 36 stems when testing for internal consistency of the SCT. They also found by running a factor analysis that the SCT only measures a singular dimension. In addition to longitudinal and cross sectional support for the theoretical construct of ego, the validity of the SCT has been strengthened by several studies that have significantly and positively correlated ego development with other developmental stage instruments that measure conceptual and moral development (Lee & Snarey, 1988; Loevinger, 1979). There is a significant correlation between ratings of psychological maturity and ego development as measured by the SCT (Blasi, 1993). Lastly, it has been ascertained by researchers that the SCT is an adequate instrument for researching ego development with external validity (Holt, 1980; Hauser, 1976; Loevinger, 1993).

In the current study, trained raters used a detailed scoring manual to assign an ego level to each of the participant responses on the shorter Form-81. Also, more than one trained rater was used as suggested by Hy & Loevinger, (1996). The researcher and a colleague, who both self trained with the manual, scored the SCT. An inter-rater agreement for self-trained raters was reported to be between .86 and .90 for self-trained raters by Loevinger and Wessler (1970). Inner-rater reliability was calculated at .88. Individual items were scored in chunks consisting of several protocols instead of scoring each protocol separately. Once complete, the item scores were reassembled for each participant. Several different scoring methods exist, however, most raters use the Automatic Ogive (see table 3.4) (Cohn, 1991). This method requires the cumulative frequency distribution of item scores to be calculated, followed by subsequent comparison with rules provided in the scoring manual. A single test score called the "total protocol rating" (TPR) representing one of the nine levels was then calculated for each protocol.

Table 3.4

*Ogive for Scoring SCT Abbreviated Form: Item sum rules for 18-Item Forms*

Stage	Name	Item Sum	Automatic Ogive	Explanation of Ogive
E7	Individualistic	101-108	No more than 15 ratings at E6	3 or more E7 or higher
E6	Conscientious	91-100	No more than 12 ratings at E5	6 or more E6 or higher
E5	Self-Aware	82-90	No more than 9 at E4	9 or more E5 or higher
E3	Self-Protective	68-75	At least 3 at E3	3 or more E3 or lower
E4	Conformist	76-81	Other cases	Other Cases

*Index of Parenting Style (IPS)*

The Index of Parenting Style (Appendix D) was adapted by the researcher from the Parenting Style Inventory II (PSI-II, Darling & Toyokawa, unpublished) and a questionnaire based on Steinberg, Elmen, and Mounts (1989). The PSI-II was designed by Darling and Toyokawa to assess the construct of parenting style independently of parenting practice, allowing comparisons of parenting style with child outcomes across diverse populations. The measure was designed to be short, easy to understand, and



reliable. Three subscales, consisting of five items each, were developed to assess the three dimensions of maternal parenting style: demandingness, emotional responsiveness, and psychological autonomy-granting, based upon previous literature (Schaeffer, 1965; Steinberg, Elmen, & Mounts, 1987).

The PSI-II is a 15-item scale in which adolescents rate their mothers on three dimensions of parenting: demandingness, responsiveness, and psychological autonomy-granting. Each dimension was represented by five items. For example, an item from the demandingness scale states: "My mother really expects me to follow family rules"; the responseviness scale: "My mother spends time just talking to me", and the psychological autonomy-granting scale: "My mother respects my privacy". Mothers are rated on each item on a scale from 1 (strongly disagree) to 5 (strongly agree). Darling and colleagues conducted a study on the reliability tests for the PSI in samples of high school seniors and college students. This study yielded acceptable levels of reliability for the PSI (demandingness  $\alpha = .69$ ; responsiveness,  $\alpha = .87$ ; autonomy-granting,  $\alpha = .82$ ). However, in reliability tests in a population of 7th graders the measure was more problematic (demandingness,  $\alpha = .68$ ; responsiveness,  $\alpha = .62$ ; autonomy-granting,  $\alpha = .58$ ) showing a strong, positive skew. Due to these limitations, a revision of the measure was undertaken for the current study.

The goal of revising the PSI was to increase the variability and internal consistency of the items, while maintaining a short format with conceptual clarity. Two major changes were made. First, additional items were added that would decrease positive response bias and capture a broader range of the demandingness construct. Secondly, the instrument was modified from a four-response format, where respondents

were forced to choose between positive and negative presentations of their parents, to a five-response format that allowed for a wider range of responses including neutral ones.

The PSI-II resulted in marked improvements and appears to have adequate internal consistency, variability, and validity. The final items and subscale reliabilities alphas reached acceptable levels (demandingness  $\alpha=.72$ ; responsiveness  $\alpha=.74$ ; autonomy-granting  $\alpha=.75$ ). Correlations were calculated to assess the relationship between mothers' and adolescents' perceptions of the dimensions of maternal parenting style. Mothers' and adolescents' assessments of the individual dimensions of mothers' parenting style were moderately correlated (Responsiveness,  $R=.41$ ,  $p<.01$ ); (Demandingness,  $R=.33$ ,  $p<.01$ ), (Psychological Autonomy-Granting,  $R=.26$ ,  $p<.01$ ). Although correlations were moderate, a Chi-Square suggested that there was no relationship between the categorization of mothers' parenting style as assessed by mother and adolescent (maximum likelihood  $\chi^2=10.302$ ,  $df=9$ ,  $p=.33$ ). At a one year follow-up, correlations indicated that adolescents' perceptions of the dimensions of their mothers' style remained relatively stable over a one year period (Responsiveness,  $R=.51$ , Demandingness,  $R=.61$ , Psychological Autonomy-Granting,  $R=.52$ ,  $p<.01$ ,  $n=85$ ) and their assessment of her overall parenting style was also relatively stable.

Steinberg and colleagues (1989) developed an instrument to measure the underlying dimensions of responsiveness, and demandingness. They based their analysis of acceptance (responsiveness) on the subscale of the revised Child Report of Parent Behavior Inventory (Schaefer, 1965). They used a 17-item checklist to analyze parents' use of behavioral control (demandingness). This instrument has been found to be a valid measure of individual parenting styles (Steinberg, Elmen & Mounts, 1989). Moderately

high internal consistency was demonstrated with Cronbach alpha reliability coefficients equaling .72 for parental responsiveness and .76 for parental demandingness (Steinberg et al., 1994). The two dimensions were found to be moderately intercorrelated ( $r = .34$ ), thus showing good discriminate validity (Lamborn, et al, 1991).

The IPS developed for this study is consistent with Lamborn et. al. (1991) and Maccoby and Martin (1983) in that it consists of two scales based on the underlying dimensions of demandingness and responsiveness. Psychological autonomy-granting, which seems to be useful in determining the quality of demandingness as to either psychological compliance or behavioral compliance, was not explicitly included in Lamborn (1991), or in Maccoby & Martin's (1983) categorical scheme of parenting style or in the current study. The IPS is a 37-item inventory with two scales in which a parent rates him or herself as compared to an average parent on the two underlying dimensions of responsiveness and demandingness. The wording for the instructions was changed from those of the PSI to have parents compare themselves to the 'average parent' as a way to increase variability and, in turn, to increase reliability (Darling, Personal Communication, 2003). The Likert scale includes five choices: (1) "much less than most parents"; (2) "a little less than most parents"; (3) "about as much as most parents"; (4) "a little more than most parents"; (5) "much more than most parents." Items were adapted from the works of Steinberg et al (1989) and Darling et al, (1997) to create a longer scale with greater reliability (Darling, Personal Communications, 2003). In order to determine whether the dimension of responsiveness or demandingness was reflected in the items, each of the 37 questions was subjected to an audit. Three independent raters, including the researcher, placed each item into one of two categories based on the definitions of the

two dimensions in accordance with the literature. The result of this audit was general consensus as to the accuracy of the items in defining the two categories.

The categorization of parenting styles based on the underlying dimensions discussed above has been done using a number of different methods. These have ranged from mean splits to qualitative assessments (Darling et al., 1997). However, because of the skewedness typical of self-ratings of parenting style dimensions (Holden & Edwards, 1989), the ratings of parenting were categorized based on the dimensions of responsiveness and demandingness in accordance with the parenting style profiles found in literature (Baumrind, 1971; Maccoby et al., 1983; Lamborn et al., 1991). Parents were then categorized as Authoritative (high in responsiveness and demandingness), Permissive (high in responsiveness, low in demandingness), Authoritarian (low in responsiveness, high in demandingness) and Neglectful (low in responsiveness and demandingness) in accordance with their standardized scores on the two dimensions of the IPS. Based on median splits, the parents then were categorized into one of the four styles (Table 4.5). Those parents who scored in the upper ntiles on both responsiveness and demandingness were considered authoritative parents (n=17), whereas neglectful parents (n= 18) scored the lowest on both variables. Permissive parents (n=7) were in the highest ntiles on responsiveness, but scored in the lowest ntiles on demandingness. Authoritarian parents (n=8) scored in the upper ntiles on demandingness, but in the lowest ntiles for responsiveness. Thus, parents were placed into categories based on their relative self-reported performance to other parents in the sample.

### Data Analysis

The first hypothesis was tested using a comparison of modes because levels of ego development are considered to be parametric nominal data. Hypothesis Two was determined through the use of a Chi-Square, a non-parametric statistical test for nominal data, where frequencies of occurrence of the various categories are obtained. The Chi-Square assessed the frequency of each parenting style among high levels of ego development. A one-way analysis of variance (ANOVA), which allows the researcher to compare several independent groups mean differences on one factor, was implemented in testing the third hypothesis (Kiess, 1996). This test determined whether there was a significant mean difference between the levels of stressors for the four different parenting styles. The fourth hypothesis was examined by using a non-parametric Spearman rank-order correlation for ordinal data in attempts to quantify the relationship between ego development levels and number of stressors (Kiess, 1996). In addition, a factor analysis, a commonly used statistical approach to analyze inner-relationships among a large number of variables that are moderately or highly correlated with each other and to explain variables in terms of their common underlying dimensions or factors, was run for items on the Index of Parenting Styles (Gall, Borg and Gall, 1996).

Due to the exploratory nature of this study alpha was set at 0.1, power at 0.80 (for a large effect size).

### Ethical Considerations

To insure that ethical standards were maintained the following precautions were taken:

1. The Human Subjects Board of the College of William and Mary reviewed the protocol to monitor that the welfare of the participants in this study was

protected. The dissertation chair, dissertation committee members, and researcher followed *Section E of the American Counseling Association Ethical Code (1995)* to insure the welfare of the participants.

2. Participants were informed in writing that their participation was voluntary.
3. A thorough written explanation of the study's procedures was provided to the participants.
4. Measures to insure confidentiality of data were implemented by coding the instrument forms to eliminate any distribution of information about participant identity. Each participant was assigned a number that matched with the demographic forms and address list so that the incentive could be mailed.
5. A written informed consent for participation and use of data were obtained from each participant.
6. Instrumentation was used in an appropriate manner as designed by the various instrument authors, and measures were scored and interpreted by qualified individuals.

### Conclusion

Due to the current growing problem of violent and delinquent youth in the United States and parents' needs for assistance in parenting considering this environment, this study used a developmental perspective to investigate variables thought to be important for development of effective parent training programs. This chapter reviewed the methodology and procedures for the proposed study including explanations of the research design, the research hypotheses, the sample, data collection procedures, instrumentation, data analysis methods, and ethical considerations. The following chapter will present the research findings.

## CHAPTER FOUR: RESULTS

## Introduction

The purpose of this study was to explore the relationship between the developmental levels of parents experiencing multiple stressors and four standardized parenting styles. This chapter presents: (a) data analysis results of descriptive demographics in relation to the instruments, (b) data analysis results in relation to the research hypotheses, and (c) data analysis results for additional findings.

*Ego Development*

Results of the Sentence Completion Test indicated that there were five levels of ego development present in the sample (Table 4.1): Self-Protective level (E3) (N=4; 8%), Conformist level (E4) (N=5; 10%), Self-Aware level (E5) (N=21; 42%), Conscientious level (E6) (N=15; 33.3%), and Individualistic level (E7) (N=5; 10%). There were no participants at either the lowest level (Impulsive, E2) or at the highest levels (Autonomous level, E8, and the theoretical Integrated level, E9).

Table 4.1

*Parents' Ego Development Stage*

Level	Loevinger's Stage Description	N	%
E3	Self-Protective	4	8
E4	Conformist	5	10
E5	Self-Aware	21	42
E6	Conscientious	15	30
E7	Individualistic	5	10



*Parenting Style*

As noted in Chapter Three, participants were asked to answer 37 items on the Index of Parenting Styles that compared their parenting to that of the average parent on a five point Likert scale where '1= less than an average parent', '3= about the same as an average parent' and '5= more than an average parent.' Because the scale was adapted from the PSI-II, checks on the reliability and factor structure were conducted. The Cronbach alpha reliability coefficient equaling .871 indicated that the whole scale was reliable. A Generalized Least Squares factor analysis with a varimax rotation produced a result with eleven factors accounting for 78% of the total variability. This may indicate that the two underlying dimensions of demandingness and responsiveness may not be an adequate representation of the responses to the scale. An examination of the eleven factors did not produce useable results. However, because this scale was altered from the original instrument, the researcher was compelled to disregard the factor analysis findings and fall back on the underlying parenting style theory as consistently described in the literature. An apparent solution that was consistent with the comparative literature, therefore, was to use the underlying parenting dimensions of responsiveness and demandingness to assign parents to one of four parenting styles (Baumrind 1971; Maccoby and Martin 1983; Lamborn et.al., 1991). As previously discussed in Chapter three, based on the audit, scores for demandingness and responsiveness were calculated for each parent. Once the parents' scores on the two dimensions had been calculated, different methods recommended in the literature were used to categorize parenting style based on these dimensions (Lamborn et. al., 1991, Darling, et.al., 1997). First, in an

attempt allow the parenting style groups to naturally cluster, a k-means cluster analysis was conducted (Darling, et.al., 1997). As shown in Table 4.2, two clusters of parents emerged from this analysis. One cluster of parents grouped around scores representative of an authoritative parenting style (high in demandingness and high in responsiveness), while the remaining parents' scores grouped around average for both responsiveness and demandingness, thus representing an average parent (which is not one of the four style specific categorizations) (Table 4.2).

Table 4.2

*Results from the Cluster Analysis*

Cluster/Dimensions	N	Minimum	Maximum	Mean	Standard Deviation
1 Demand	19	3.11	4.42	3.76	.393
1 Respond	19	3.56	4.50	3.98	.270
2 Demand	31	2.32	3.95	3.16	.352
2 Respond	31	2.67	3.67	3.24	.250

The use of a median-split procedure was used to assign parents to one of the four parenting styles for heuristic rather than diagnostic purposes, as seen in Table 4.3.

Authoritative parents (N=17; 34%) were considered to be those who scored in the upper ntiles on both responsiveness and demandingness, whereas neglectful parents (N=18; 36%) scored in the lowest ntiles on both variables (Table 4.3). Permissive parents (N=7, 14%) were in the highest ntiles on responsiveness, but scored in the lowest ntiles on

demandingness. Authoritarian parents (N=8, 16%) scored in the upper ntiles on demandingness, but in the lowest ntiles for responsiveness.

The parenting styles analysis resulted in a categorization of parents that is sample-specific. Although it is clear from the data in Table 4.3 that the parents in the “neglectful” category are indeed relatively more neglectful than the other parents in the sample, it is not known whether the families labeled “neglectful” would be considered so within another sample at another point in time. This finding is congruent with other research and suggests that generalizeability is limited (Lamborn, et. al., 1991).

Table 4.3

*Parents Classification of Parenting Style*

Parenting Style	n	%	Demand.	Standard	Respond.	Standard
			Mean	Dev.	Mean	Dev.
Authoritative	17	34	3.83	.346	3.96	.276
Authoritarian	8	16	3.59	.202	3.24	.208
Permissive	7	14	2.47	.266	3.73	.280
Neglectful	18	36	3.01	.247	3.14	.218

Analysis of the Research Hypotheses

In this section the results are discussed in relation to each of the research hypotheses.

*Hypothesis One*

It was hypothesized that the modal ego developmental level for multi-stressed parents would be significantly lower than that for the average adult population in the

United States as measured by Loevinger's SCT. A comparison of modes was used to analyze this hypothesis. It was found that the ego developmental level for multi-stressed parents (mode = E5) was not significantly lower than the modal level for adults in United States, which is the Self-Aware stage (E5) (Holt, 1980; McCrae & Costa, 1980; Redmore & Loevinger, 1979). As shown in Table 4.1, only 18% of the parents were below the adult modal stage for ego development (the Self Aware [E5] level), while 42% were equivalent to the modal level for adults, the Self Aware stage (E5). Forty percent of the parents, scored above the Self-Aware stage (E5) thus, scoring higher than the average adult in previous studies (Table 4.1).

#### *Hypothesis Two*

It was hypothesized that the proportion of authoritative style parents, at higher levels of ego development, would be significantly higher than that of authoritarian, permissive, and neglectful style parents. Table 4.4 displays the results from the Chi-Square analysis that was conducted to determine the frequency of each parenting style for each assessed level of ego development. The Chi-Square indicated [ $\chi^2(6, m=50)=7.64, p=.266$ ] that authoritative style parents in the sample were not at significantly higher ego developmental levels (at either the Conscientious or Individualistic stage) more so than authoritarian, permissive, or neglectful parents in the sample. However, authoritative parents were found to be more likely to be at higher ego developmental stages than the other parenting styles, as seen in Table 4.4. In addition, there was only one participant who considered herself or himself to be an authoritative parent and who was below the modal stage of adult ego development. Interestingly, nearly half of the parents at higher

stages of ego development were found to have a relatively more neglectful parenting style than parents at the lower ego developmental levels (Table 4.4).

Table 4.4

*Frequency Count of Parenting Styles by Ego Developmental Stage*

Parenting Style	Below Mode	Modal	Above Mode	Total
	(E3, E4)	(E5)	(E6, E7)	
	n (%)	n (%)	n (%)	n (%)
Authoritative	1 (5.9%)	7 (41.2%)	9 (52.9%)	17 (34%)
Authoritarian	1 (12.5%)	5 (62.5%)	2 (25%)	8 (16%)
Permissive	3 (42.9%)	3 (42.9%)	1 (14.3%)	7 (14%)
Neglectful	4 (22.2%)	6 (33.3%)	8 (44.4%)	18 (36%)
Total	9 (18%)	21 (42%)	20 (40%)	50 (100%)

*Hypothesis Three*

It was hypothesized that parents who were authoritarian, permissive and neglectful would have a higher mean for level of stressors than parents who are authoritative in parenting style. A one-way analysis of variance (ANOVA), used to determine whether or not there was a significant mean difference between the level of stressors for the four different parenting styles (Kiess, 1996) was not statistically significant [ $F(3,46)=.027, p=.994$ ] (Table 4.7). As shown in Table 4.5, authoritative parents did not have a significantly lower level of stressors than parents in the remaining three parenting styles.

Table 4.5

*Level of Stressors for the Four Parenting Styles*

Parent. Styles	N	Mean Level of Stressor	Standard Dev.
Authoritative	17	3.41	.217
Authoritarian	8	3.41	.250
Permissive	7	3.40	.174
Neglectful	18	3.39	.206
Total	50	3.40	.207

*Hypothesis Four*

It was hypothesized that a negative relationship would exist between parents' ego developmental level and the number of stressors that they report are present in their lives. This hypothesis was tested by using a non-parametric Spearman rank-order correlation for ordinal data in attempt to quantify the relationship between ego development levels and number of stressors (Kiess, 1996). There was no significant correlation found between ego developmental levels and number of stressors ( $r=.095$ ,  $p=.51$ ). However, the Spearman rank order correlation did determine that there was a significant correlation between level of stressors and number of stressors ( $r=.993$ ,  $p\leq .01$ ). In other words, these two measures of stress have a significant relationship, which is not surprising.

## Additional findings

In an attempt to further describe the findings, a series of additional analyses were conducted. Independent Sample t-tests were conducted to examine possible differences on ego development scores along the lines of poverty, ethnicity, education, family

structure, and gender. As show in Table 4.6, education was the only factor that resulted in a significant finding, with the mean scores on the SCT of parents with education levels above high school being greater than that of parents with education levels at or below high school [ $t(48)=-2.82, p=.00$ ].

Table 4.6

*Sentence Completion Test Scores and Education Level*

Education	N	Mean	Standard Dev.	Std Error Mean
High School or Below	31	4.94	1.063	.191
Above High School	19	5.74	.806	.185

Another series of Independent Sample t-test were conducted to examine any possible differences on ego development along the lines of the different risk factors. A significant difference was found between ego developmental levels for parents who were referred to family counseling for parental substance abuse and for those who were referred for other reasons [ $t(48)=-1.76, p=.086$ ] (Table 4.9). Parents who reported parental substance abuse were found to be significantly lower developmentally than parents who did not report parental substance abuse. As seen in Table 4.7, significant differences were also found between ego developmental levels for parents who reported relationship conflict and those who did not [ $t(48) = 1.76, p=.085$ ]. Parents who reported having conflict in their significant relationship had higher ego developmental levels than those who did not report conflict. Lastly, as shown in Table 4.7, the ego developmental



level of parents who had a psychiatric diagnosis was also significantly higher [ $t(48) = 1.93, p = .059$ ] than for parents who did not report a psychiatric diagnosis.

Table 4.7

*Examining Ego Development Levels for Parental Substance, Relationship Conflict, and Parental Psychiatric Diagnosis*

Parental Substance Abuse	Yes	No
Mean SCT	4.00	5.29
Standard Dev	1.41	1.01
Standard Err. Mean	1.00	.146
N	2	48
Relationship Conflict	Yes	No
Mean SCT	6.00	5.16
Standard Dev	.707	1.04
Standard Err. Mean	.316	.156
N	5	45
Parental Psychiatric Diagnosis	Yes	No
Mean SCT	5.88	5.12
Standard Dev	1.36	.942
Standard Err. Mean	.479	.145
N	8	42

### Summary

This chapter reported the results of the data analysis procedures including a one-way ANOVA, Independent Sample t-tests, a Spearman rank-order correlation and a Chi-Square analysis. The following chapter will discuss the results relative to the relationship between parenting style and ego development. It will also address possible future implications and limitations of the current study.

## CHAPTER FIVE: DISCUSSION

This chapter includes a brief introduction to the study, a discussion of the research hypotheses in relation to the results and previous studies, and a discussion of findings from post hoc analyses. Implications of the study are also explored. The limitations of the study and future recommendations for research based on the results are also presented. References and appendices follow Chapter Five.

The focus of this study was to explore the relationship between parenting style and ego development because, to date, virtually no research has specifically examined this relationship. However, as seen in Chapter Two, research has shown that higher levels of ego development are positively related to increased parenting skills (Hauser, Powers & Noam, 1991), in particular the ability to demonstrate leadership, responsibility, tolerance, nurturance, and a lack of aggression (White, 1985). While some research has looked at limited and generalized aspects of parenting, this study sought to examine the specific relationship between Baumrind's (1967, 1968, & 1971) and Maccoby and Martin's (1983) theories of parenting style and Loevinger's (1976) theory of ego development. According to research delineated in Chapter Two, parents at higher levels of ego development have greater capacity to cope with conflict, to take multiple perspectives in addressing complex family interactions (Hauser, et. al., 1991), and to develop an appropriately nurturing relationship with their children (Biekle, 1979). Research has also shown parenting styles to be related to parenting effectiveness. Parents identified as authoritative have been found to be supportive, warm, consistent, and implement inductive discipline and non-punitive approval, which all contribute to promoting positive developmental growth in children (Maccoby & Martin, 1983).

Authoritative parenting also allows for a family atmosphere characterized by conditions of mutual trust, collaboration, and support and allows for growth of each family member (Maccoby & Martin, 1983). It was hypothesized that parents at higher ego development levels would be more likely to demonstrate an authoritative parenting style.

The rationale for this study rested in the presumption that a relationship exists between ego development and parenting style which, if proven, would enable practical applications of this knowledge to parenting interventions. Surprisingly, no statistically significant results were found in relation to the study's hypotheses; however, there were some interesting findings that hold clear implications for future research. A discussion of findings specific to each hypothesis follows.

### Hypotheses Discussion

#### *Hypothesis One*

Due to the nature of the stressors experienced by parents in family counseling, it was hypothesized that the modal ego developmental level for multi-stressed parents would be lower than that of the adult population in the United States as measured by Loevinger's Sentence Completion Test. Affective stressors can result in *décalage* which is a systematic gap between developmental competence and performance, however in the current study no mean differences between the sample and the norm adult population were found. The Self-aware stage was the modal ego developmental stage for both groups. Most study participants (n=21) were found to be at or below the Self-aware stage (E5), which is consistent with the literature on the modal level for adults and is the level at which ego development tends to stabilize (Manners & Durkin; 2000, Redmore, 1983; Holt, 1980; McCrae & Costa, 1980; Redmore & Loevinger, 1979).

One explanation for the lack of significance in relation to this hypothesis could be that parents who face multiple adversities and participate in family counseling are simply not different developmentally from the average adult as was expected. Although the modal ego developmental level in this sample was at the Self-aware stage, 40% of the participants were actually found to have ego developmental levels that were higher than the Self-aware stage (that of the average adult). It could be alternatively that, although these parents faced multiple-challenging stressors, they also received support in their environment and/or in counseling, which may have contributed to unexpected developmental growth.

*Environmental Support.* The higher ego development levels found for 40 % of the participants in this sample could be the result of developmental growth due to the unique combination of the challenging stressors the parents faced coupled with support provided to them from sources unknown to the researcher. As discussed in Chapter Two, promoting ego development in adulthood is possible (Henek, 1980; Hunt, 1990; Helson & Roberts, 1994; McPhail, 1989; Kwasnick, 1992; Oja, 1978), and two studies reported the promotion of development beyond the Self-aware stage for some individuals (Alexander, et. al., 1990; White, 1985). However, development is not automatic, and an appropriate interaction with the environment is necessary (Paisley & Peace, 1995). If a life challenge is experienced as sufficiently disequilibrating in conjunction with sufficient support, it has the potential to promote development (Burisk, 1990; Sprinthall & Thies-Sprinthall, 1983). On the other hand, if the challenge is too great, or does not include interpersonal or emotional aspects that motivate the person, then ego development will not occur (Manners & Durkin, 2000). It has been argued that the frequency and range of

life experience that challenge one's existing ego developmental schemas can contribute to developmental growth (Manners & Durkin, 2000). The inherent nature of the stressors that the participants in this study faced may have provided sufficient challenge to move them developmentally, particularly if other sources support in place, such as from spouse, friends, family members or community. Development can occur if sufficient support, in the face of challenge, is also in place (Burisk, 1990). It is therefore possible that although this sample of parents may have faced tremendous levels of stress there were also support systems in place that addressed their stressors enough to possibly promote consequent developmental growth.

#### *Counseling Support*

The parents in this sample had all been or currently were in family counseling. Kegan (1982) describes counseling as a means of support for a system that has broken down. He contends that counseling can provide a holding environment where clients have the opportunity to make meaning of the crises they face, which can translate into developmental growth (Hayes, 1994). No research could be found that specifically examined the effectiveness of structural family therapy for promoting developmental growth. However, it could be argued that the participants from the site used in this study were subjected to a developmental counseling model which was employed by their counselors. The counselors at this particular site are trained from an overall cognitive developmental model as discussed in Chapter Two. This model takes into account the five conditions necessary for developmental growth: support & challenge, balance, role taking, guided reflection, and continuity. In hindsight, it is recognized that the inherent nature of the supervision these counselors received, which was geared towards the use of

cognitive developmental techniques intended to promote their development, may have also been translating to the use of these same techniques with their clients. It is possible therefore, that the combination of the challenging nature of the stressors the parents faced and the fact that they simultaneously received family counseling may have resulted in a cognitively and emotionally engaging experience that was interpersonal, personally salient, and caused disequilibrium—all factors necessary for ego development to occur (Manners & Durkin, 2000). This line of reasoning suggests that a cognitive developmental approach to training counselors who implement structural family therapy could have made a positive difference in the developmental growth of parents in this study.

In addition, since many of the participants were above the Self-aware stage, it is possible that parents who entered at a higher level of functioning may have been less resistant to change and advanced further developmentally during therapy. Loevinger (1980) contended that clients who enter therapy at higher stages of development are more likely to advance further during therapy, and that any reported development should be considered significant given the stability of ego development (Loevinger, 1980). Further, pre and post-test research in this setting is necessary to determine if, indeed, ego developmental growth is occurring for multi-stressed parents as a result of developmental family counseling interventions.

*Sampling Biases.* Another reason that no mean differences were found between the sample and the average adult population's ego developmental level may be that the parents who chose to respond were substantively different from those who did not. It is suspected that these higher functioning adults may have been more likely to respond to

the research, while lower functioning adults may have been less likely to respond. At the Self-aware stage (E5), as were 42% of the participants, there is a strong concern for being helpful and an enjoyment of open inquiry (Loevinger, 1993). It is plausible that the parents in the study at this level may have felt a greater desire to respond and were, thus, more likely to participate in the study. If so selection bias could have influenced the results.

Forty percent of the parents were found to be at the higher Conscientious (E6) and Individualistic (E7) stages of ego development. This large percentage of higher levels of ego development may be the result of characteristics typically found at these levels. Conscientious stage individuals typically have a more accurate sense of self, are self-critical, have self-evaluated standards of values and morals, and have awareness of and concern with ideals and self-respect (Hy & Loevinger, 1996). They also tend to have an ability to reflect, to be responsible, to be empathetic, to have long term goals and ideals, to display true cognitive complexity, to value achievement, and to have an interpersonal style that is intensely concerned with greater communication (Loevinger, 1996). Characteristics of those at the Individualistic (E7) level include a heightened sense of individuality, a tolerance of self and others, a concern about emotional dependence, a valuing of relationships over achievement, and an awareness of inner conflicts and personal paradoxes (Hy & Loevinger, 1996). Given their greater openness to inquiry, individuals at the higher levels of ego development may have felt a sense of responsibility, may have had more of a desire to engage in reflection, or may have felt empathetic towards the researcher, and may, therefore, have been more likely to respond to the survey than would individuals at lower stages. In the future it may be important for



researchers to obtain an intentional sample of multi-stressed parents to account for these possibilities. For example, providing the surveys and measures used in this study to all parents at the family counseling clinic as part of the entrance and exit paperwork would possibly yield a more diverse sample than the volunteer sample in the current study.

### *Hypothesis Two*

It was hypothesized that there would be a significantly higher proportion of authoritative style parents at higher levels of ego development than authoritarian, permissive, and neglectful style parents. In fact, authoritative style parents were not found to have significantly higher levels of ego development than parents with authoritarian, permissive, and neglectful styles. This finding can be explained in several ways.

One obvious explanation is that there is no relationship between ego development and parenting style. However, this explanation seems questionable, since as described in Chapter Two, a substantial body of research shows that higher levels of ego development are positively related to abilities that seem necessary for authoritative parenting (Hauser, Powers & Noam, 1991; Hy & Loevinger, 1996; Manners & Durkin, 2000; White, 1985). These abilities include the capacity for nurturance, leadership, responsibility, adjustment, tolerance, and a lack of aggression (White, 1985). Although the hypothesis was not statistically supported, authoritative style parents in the study were more likely to be found at higher ego developmental stages than the other parenting styles. There was only one participant below the modal stage of adult ego development who considered her or himself to be an authoritative style parent. It seems promising then that a relationship may exist, and that there were other factors that may have contributed to this finding.

Instrumentation validity, analysis problems, and developmental level could also have led to the unexpected results.

*Instrumentation.* One possible reason why authoritative style parents were not found to have significantly higher levels of ego development than parents with authoritarian, permissive, and neglectful styles could be due to the empirical validation of the Index of Parenting Styles, as discussed in Chapter Three. Even though inter-rater agreement was achieved for the classification of each IPS item into one of the two underlying dimensions of responsiveness or demandingness, there may well have been inaccuracy in this classification, resulting in lack of good discriminate validity between the two dimensions. For example, the raters may have had difficulty in placing the items into the appropriate dimension based on the theoretical definitions. In the future, it may be important to use the Steinberg and associates (1989, 1991, & 1994) instrument, where the items have already been categorized into the appropriate dimensions.

In addition, a further potential problem with the IPS that may have interfered with the present findings is that the wording was changed when the instrument was adapted for this study (as explained in Chapter Three). The phrase “compared to an average parent” was included to give the parents a point of comparison (personal communication, Darling, 2003). In reflection, this wording may have been difficult for the participants to interpret, as the phrase “average parent” is open to a wide range of interpretations. Some parents could have felt that an average parent is more permissive, while others could have felt that an average parent is more authoritarian. Because the parents used their own construct of parenting to answer the items, there is no way for the researcher to know the basis on which they responded. It may be therefore be useful for future researchers to use

the PSI-II leaving out the comparison language as suggested by Darling for the use in this study (personal communications, 2003), and possibly making parent's intentions more explicit.

*Analysis.* Other potential explanations for why authoritative style parents were not found to be at higher levels of ego development than those with authoritarian, permissive, and neglectful styles, may lie in the way the data was analyzed. As discussed in Chapter Four, the k-means cluster analysis (Darling et al., 1997) resulted in two groups of parents, those parents who considered themselves to be average parents and those parents who considered themselves to be above average parents. Therefore, the entire sample considered themselves to be average or above-average parents. On the basis of the definitions of parenting style in the literature, and the above-average parents could be considered to be authoritative parents, while the average parents did not seem to fit into any one of the four parenting style quadrants. Parenting style theory (Baumrind, 1967, 1968, 1971; Maccoby & Martin, 1983) does not define an average parent and does not categorize average parents according to one of the four standardized parenting styles. According to this result, it seems that a fifth group of parenting styles emerged that consists of average parents. Future research may want to further examine the concept of an "average parent" and how it is related to parenting style theory.

Regardless of the possibility of a fifth parenting style, if the two clusters of parents had been used for the analysis rather than the four parenting style categories resulting from the median-splits, the results for this hypothesis may have been different. Participants in the study clustered as average or above-average parents in terms of demandingness and responsiveness; 62 % scored above average and 38 % scored average

on the IPS. Because above average scores on the IPS can be considered as related to the authoritative style parent 62% of the participants were considered as being of the authoritative style. This data suggests that the sample was loaded towards authoritative style parents with above average ego development levels. If the k-means cluster analysis was used, it is possible that parenting style might have been shown to be related to ego development. Given the uncertainty of the appropriateness of the analysis used in this study it seems premature to dismiss the notion that a relationship between parenting styles and ego development does not exist. More research is clearly needed to determine the exact nature of the relationship between parenting style and ego development.

Another explanation for not finding more authoritative style parents at higher levels of ego development than those of authoritarian, permissive, and neglectful style parents may have been the inherent biases of self-report instruments. Despite their usefulness, parental self-reports have been criticized historically as unreliable (Schwartz, Barton-Henry, & Prunzinsky. 1985). The criticism relates to this study in the fact that it is difficult for parents to rate themselves on their own parenting style without being biased, and they may have been presenting a favorable image of their own child-rearing behaviors (Schwartz, Barton-Henry, and Prunzinsky. 1985). A discrepancy in the literature with regard to parents' values in reflecting parenting style may further explain this criticism. Steinberg and Darling (1993) hypothesized that parental values would be related to an adolescent's perception of parenting style. However, Darling et al. (1997) found from a sample of mothers that a parent's values are actually related to her own perception of her own parenting and that they were unrelated to how her adolescent perceives her parenting style. The authors of the study contended that there is likely a

difference between a parents' self-perception of values and parenting style and of actual parenting practices and emotional interactions, through which the adolescent perceives the parenting style. They also argued that this inconsistency is especially likely for authoritarian mothers, and attributed it to their emphasis on short-term versus long-term goals and values and a parent-centered versus a child-centered nature of the goals (Maccoby & Martin 1993). Parent-centered goals are often short-term and emphasize behavior compliance, whereas longer-term goals that are child-centered emphasize an internalization of values. Interestingly, goal-setting and perspective-taking are both abilities that increase with ego developmental growth, and are both associated with the Conscientious (E6) or higher levels of ego development (Hy & Loevinger, 1996). It seems that, despite this study's findings to the contrary, there continues to be evidence that a relationship exists between parenting styles and ego development. Schwartz et al. (1985) argue that aggregating scores on a child-rearing measurement for different raters increases reliability, and in turn, these composite scores are more valid predictors of external criteria, such as parenting style. The combination of "child in question" and sibling seems to be the best two-rater aggregate (Schwartz et al., 1985). Future researchers should consider using more than one independent rater for assessing parenting style to increase the reliability and validity of the measures.

*Initial Developmental Level of Participants.* The higher than expected developmental level of participants found in this study could be another possible reason as to why authoritative style parents were not found to be at higher levels of ego development than authoritarian, permissive, and neglectful style parents. White (1985) contends that parents at higher developmental levels, as found for 40% of participants in

this study, are likely to feel more positive about their parenting which could translate into them perceiving themselves to be authoritative parents. Correspondingly, parents who are lower developmentally may lack the insight necessary (as discussed in Chapter Two) to accurately perceive their parenting style as defined in the literature, thus considering themselves to also be authoritative style parents. This developmental difference in self-perspective coupled with the previous described weaknesses in the measurement could have led to inaccurate perception of style as defined by the literature. Again, independent-raters of parenting style seem necessary in future studies determining whether or not the relationship exist between parenting style and ego development.

### *Hypothesis Three*

It was hypothesized that a relationship would exist between parenting styles and level of stressors, because it seems likely that in the face of multiple-stressors parents would resort to less than optimal methods of parenting. In fact, there were no differences found in level of stressors among authoritarian, permissive, and neglectful style parents and authoritative style parents. No supporting literature was found on the relationship between levels of stressors and specific parenting styles; this hypothesis was exploratory in nature. In addition, the researcher had to include this hypothesis to rule out the possibility, but in hindsight the mediating factor is not stress level, rather it seems to be ego development that is in play. Therefore, it may well be that there is not be a relationship between level of stressor and parenting style. Parents who are authoritarian, permissive, or neglectful may not face more stressors or more serious stressors than parents who are authoritative in parenting style.

*Hypothesis Four*

It was hypothesized that a negative relationship exists between ego developmental levels and the number of stressors. This was not found to be true, and suggests that there may not be a relationship between the number of stressors and ego development for multi-stressed parents. It may be that multiple stressors exist at all ego developmental levels, and that ego developmental level influences parents' perception and reporting of the number of stressors. Forty-two percent of participants were at the Self-aware (E5) level of ego development, the stage at which individuals typically begin to internalize morality rather than ascribing to stereotypical standards and begin to recognize that compliance with societal rules is not always possible (Loevinger, 1996). At this level they are also less inclined towards introspection and acknowledgment of conflict, less likely to have a keen awareness of inner states (Loevinger & Wessler, 1983; Hy & Loevinger, 1996), and therefore may be less likely to be aware of all the stressors present in their lives. Additionally, this level of ego development is still considered to be one of the conformist stages, where individuals are still preoccupied with status and reputations (Loevinger, 1996). The participants at the Self-aware stage (E5) may have been less likely to report unfavorable stressors in their lives. Conversely, participants at the Conscientious level (E6) or higher seem to be more likely to accurately report stressors due to their abilities to be self-critical and responsible, have self-evaluated standards, and an ability to reflect, and display true cognitive complexity in that they can understand a broader perspective (Loevinger, 1996). For example, all of the parents who reported relationship conflict as a reason for referral to family counseling, were at the Conscientious level (E6). However, because, a majority of the sample was assessed at

the Self-aware level, who are typically concerned with social acceptance and lacking in inner awareness, under-reporting of stressors could have occurred.

Another reason that a negative relationship between ego developmental levels and the number of stressors was not found may be because, although the sample basically reflects a bell curve distribution of ego development, there was an unexpected under-representation of ego developmental levels present in the sample. Given that some ego level groups were so small, there may not have been enough participants to determine any true differences between the various levels of ego development or to determine any individual differences within the sample. For example, only four participants were found to be at the Self-protective level. This may be due to the small sample size or to the greater willingness of parents at the Self-aware stage to respond to the survey because they viewed it as a helpful and socially approved action, all characteristics of this ego developmental level. A larger and more intentional sample of participants from the different developmental levels may be needed in future research.

#### *Post Hoc Analyses*

In an attempt to further understand, describe, and explain the unanticipated findings, a series of additional correlational analyses were conducted comparing subjects' poverty level, ethnicity, education, family structure, gender, and reasons for referral to their ego developmental levels. Findings revealed that education, parental substance abuse, relationship conflict, and parental psychiatric diagnosis were the only factors that were associated with differences on ego development scores on the Sentence Completion Test. Parents with education levels above high school had a significantly higher ego development level (E6) than parents with educational levels at or below high school (E5),



which is consistent with the literature (Lee & Snarey, 1988). As discussed in Chapter Two, there is a moderate to strong relationship between years of education and ego developmental stage. Ego development and education attained are highly correlated, but level of education is not a predictor of ego development (Manners, & Durkin, 2000). In addition ego development becomes more gradual during late adolescence (Redmore and Loevinger 1979) and it appears to be unrelated to chronological age during adulthood (Burisk, 1991).

There has been very little research into the relationship between substance abuse and developmental levels. Ego development levels for parents who were referred to family counseling for substance abuse were lower (E4) than those who were referred for other reasons (E5) (see Table 4.8). Wilber, Rounsaville, and Sugarman (1982) however, found that there was not a difference in the proportion of opiate addicts and non-addicted control group subjects at the preconformist stages of ego development. Interestingly though, substance abusing parents at low levels of ego development have been found in some research to score higher on parenting measures concerning involvement, autonomy, and interactions, suggesting that they apparently still perceive themselves to be relatively good parents (Luthar, Doyle, Suchman & Mayes, 2001). The relationship between substance abuse and adult ego development is clearly an area worthy of further research.

All of the parents who reported relationship conflict and/or a parental psychiatric diagnosis as a reason for referral to family counseling were at the Conscientious level (E6). As discussed in Chapter Two, individuals at this stage tend to be more self-critical, have self-evaluated standards, and have an ability to reflect (Loevinger, 1996). It is, therefore, not surprising that parents who reported a psychiatric diagnosis and

relationship conflict were found to have significantly higher ego development than parents who did not report them. This finding is consistent with other research in which women at higher ego developmental levels were found to report the greater amounts of negative symptoms on measures of emotional and physical health and well being (Burisk, 1991). While Loevinger (1976) contends that psychopathology exists at any ego level, research on adult psychiatric diagnosis shows that ego developmental level is related to psychiatric patients perception of and coping with symptoms (Noam & Dill, 1991). Among psychiatric patients, higher levels of ego development are associated with either significantly lower severity of symptoms or with seeking treatment for symptoms before they become severe (Noam & Dill, 1991; Noam, 1998). Loevinger (1976) concludes that people at higher stages of development do not necessarily have more conflict, but they are more likely to acknowledge and deal with, rather than to ignore conflict. With regards to this study, further research is needed to assess the meaning that parents attach to their psychiatric diagnosis and to examine the complex relationship between psychopathology and ego development (Noam and Dill, 1991).

In view of the previous findings it becomes less surprising that nearly half of the parents at higher stages of ego development in this study were found to have a relatively more neglectful parenting style than parents at the lower ego developmental levels. Research shows that mothers who do not have personal maladjustments and have high levels of ego development reflect a positive affective experience of their parenting roles (Luthar, Doyle, Suchman & Mayes, 2001). However in the presence of personal psychopathology, high levels of ego developmental are associated with the perception of greater variability in parental functioning (Luthar et al., 2001); this may be attributed to

higher stages being associated with more introspection and awareness of an inner life. The parents who had higher ego development appear to have been more likely to be self critical in their perception of their parenting experience. As noted previously, the forced parenting style grouping (see Analysis, p. 123) may also be an explanation for this occurrence.

#### Limitations

The first limitation of this study is one that is intrinsic to a correlational research design; the inability to establish a causal relationship between two variables (Gal, et al., 1996). A significant positive or negative correlation between variables indicates that they are linearly related and does not suggest causation (Keiss, 1996). Causality can only be inferred for a particular relationship when using an experimental design (Gall et al., 1996). In the present study, causality was not a direct emphasis, however it needs to be a consideration in any future research attempting to establish an antecedent link between ego development and parenting effectiveness.

Despite achieving the target number of participants, the low participant response both to the mailed surveys and to counselors who recruited clients may also have been a limitation. One hundred and sixty-six packets were mailed with only thirty-five returned to the researcher yielding a return rate of 21%. The remaining fifteen participants came directly from counselors at New Horizons Family Counseling Center who personally recruited parents (it is not known how many families were approached by NHFCC counselors, so there is no response rate for this method). Achieving a low response rate can jeopardize the generalizability of research results (Heppner, Kivlighan, & Wampold, 1999), and may well have done so in this study.

As discussed previously, several limitations exist with regard to instrumentation. The first is that, despite significant efforts by the researcher to prevent it, the measure of “level of stressors” appears to have been inaccurate. Attempts were made to account for both the quantity and quality of stressors (see Chapter Three p. 94). However, different types of stressors faced by parents ultimately impact their children in unequal ways. It is important that a scale intended to measure the level of stressors reflect such discrepancies. For example, facing poor academic achievement is not usually considered to be as serious a risk factor as child abuse or neglect (Child Trends, 2002; U.S. Census Bureau, 2000). Students with poor academic achievement are less likely to have the minimum skills necessary to function in today's increasingly complex society and are more likely to live in poverty and receive government assistance (Child Trends, 2002). While poor academic achievement represents a serious risk factor for youth, more disturbing is the negative impact that child abuse or violence in the family can have on children (US Department of Justice, 1998; Garbarino, 1992; Selner-O’Hagan et al., 1996). As discussed in Chapter One, violence towards a child can lead to substance abuse, delinquency, adult- criminality, and emotional and developmental problems (Garbarino, 1992; Selner-O’Hagan et. al., 1996). In future research there will need to a more accurate method for assessing parental levels of stressors. To do this, it will be necessary to have a standardized measurement that more accurately depicts the risk involved for each stressor based on research and theory concerning the different impacts for the different types of stressors.

In hindsight, it is now clear that wording of the stress section in the demographic form was also problematic. It read, “...referred for counseling because of...”, and the

parent could check “yes” or “no” for a number of reasons presented (APPENDIX B). It is possible that a family with a stressor present did not report it because it was not the reason for which they were referred for family counseling or because it was not an option listed on the form. This may well have resulted in an inaccurate reporting of stressors.

After having applied the Index of Parenting Styles in the current study, it became evident that perhaps the major limitation of this study is its questionable validity and reliability. As previously discussed, the items on the IPS were subjected to an exploratory factor analysis wherein the two theoretical underlying dimensions of demandingness and responsiveness did not emerge (as discussed in Chapter Four). Independent raters were asked to place the instrument’s items into one of the two dimensions according to definitions of the theoretical constructs. Even though inter-rater agreement was achieved for each item, there still appears to have been some inaccuracy in the classification of the dimensions. In the future, the PSI-II which has pre-determined demandingness and responsiveness sub-scales, as discussed in Chapter Three, could be implemented with sibling-raters (as previously discussed) rather than the IPS with parents.

Also limiting this study was the inherent bias of self-reports, particularly for the IPS. Schwartz, et al. (1985) argue that research has shown that aggregating scores on a child-rearing measurement over different raters and different subscales increases reliability and in turn these composite scores are more valid predictors of external criteria, such as parenting style. Future research may need to use at least two sibling-raters to more accurately assess parenting style.

There are a number of limitations related to the study sample. There may be inadequate distinctions among sample demographics in that a relatively high-functioning non-heterogeneous sample was obtained. Overall, this sample included parents at high developmental levels, who self-reported effective parenting styles, who were not in poverty, who had a two-parent family structure, and who were ethnically white. As noted in Chapter Two, white two-parent, middle class parents tend to be classified more often as authoritative parents than minorities (Darling, 1999; Lamborn et al., 1991; Steinberg et al., 1992). Research has also demonstrated that Black, Hispanic, and Asian adolescents score their parents higher on authoritarian scales than do white adolescents (Dornbush, Ritter, Leiderman, Roberst & Fraleigh, 1987). Future research needs to take this finding into account and recruit a larger and more diverse sample which could lead to more representative and possibly more valid results. Another demographic limitation is that only a small number of fathers responded to the survey, and therefore the findings cannot be generalized to that population. In the future if the findings are to be generalized to fathers, there needs to be a more intentional sample of male participants.

An additional limitation for this study may be due to the difference between multi-stressed parents who responded to this study and those who chose not to respond. Parents who did not respond may have had such numerous and/or overwhelming stressors that the stressors interfered with their participation. The time factor involved in completing and mailing in the survey may likewise have interfered with their participation. Those parents who face the more severe stressors, responsibilities, and challenges may not have had the time or motivation required for responding despite the monetary incentive. Therefore the non-responding parents may have faced stressors that

precluded their participation. A study with more specific sampling parameters as discussed above may have produced different results.

The population of parents sampled in this study, could be another limitation. Because of the specific interest in multi-stressed parents in family counseling, which is a difficult population to gain access to, the sample was limited to those parents receiving services at one counseling center, and there may have been unique characteristics of this population. Specifically, this population consisted of parents who sought free family counseling and were school-referred. Caution should be taken when generalizing these results to other clinical populations. Future research should take this finding into account and seek to obtain a larger and more intentional sample from several clinics.

Due to the median-split procedure, there was a heuristic categorization of parenting styles, which resulted in sample-specific findings (as discussed in Chapter Four). The generally-well functioning members of this sample were compared only to each other when placed into the four parenting styles. In other words, while we know that parents in the “neglectful” category were indeed relatively more neglectful than the other parents in the sample, it is not possible to determine whether the parents labeled “neglectful” would be considered neglectful within another more diverse sample at another point in time. In short, parents in this study who were placed into the four parenting styles are not necessarily similar to parents in the parenting style groups described in the literature. Future research needs to take this finding into account and recruit a larger and more diverse sample with a wider range of genders, ethnicities, family structures, and socioeconomic status which could lead to more representative and possibly more valid results.

### Recommendations for Future Research

Needs for future research that attempt to overcome the limitations in this study have been discussed throughout and will only be summarized here. Of great importance is finding a valid and reliable way of categorizing parenting style according to Baumrind's (1967, 1968, & 1971) and Maccoby & Martin's (1983) models. Also, a more specific and intentional sample should be sought for future research. This would entail sampling a more diverse group of parents at more than one site while attempting to attain a broader range of ego developmental levels as well.

Another important emphasis of research will be to specifically examine the effectiveness of structural family therapy on promoting developmental growth of parents. As noted previously, the participants from the site used in this study may have benefited from the developmental model used for education and supervision in that program. In combination with their significant family stresses, a cognitive developmental approach integrated to structural family therapy may have led to the higher than expected development of subjects in this study. In the future, conducting pre and post-test research in this setting, which would provide valuable preliminary evidence for determining whether ego developmental growth can occur under such conditions, might lead to promising evidence that can be used for constructing interventions for multi-stressed parents.

As stated previously, a relationship between parenting styles and ego development was not found in this study. However, it may be that the two underlying constructs of parenting styles, demandingness and responsiveness, are differentially related to ego development. Demandingness may not be a characteristic that is exclusive



to those found in either high or low levels of ego development. Demandingness, is associated with the willingness of parents to act as a socializing agent for their children by demanding behavioral compliance to one's familial and societal standards; including the number and types of behavioral demands (Baumrind, 1991). Responsiveness, on the other hand, refers to parents' behaviors that intentionally foster individuality, self-regulation, and self-assertion for their children by being accepting and attuned to their children's needs (Baumrind, 1991), all of which are behaviors that have been associated primarily with higher developmental functioning. Higher stages of ego development are associated with the ability to take in more facets of a given situation, to have greater tolerance for complexity, to take a more global perspective, and decide on a possible course of action (Sprinthall, 1978), which seems to be related to the dimension of responsiveness. Future research may need to examine the relationship between ego development and the underlying dimensions of parenting style independently.

Given the inherent difficulties in the objective categorization of parents into parenting styles and the objective assessment of stressors in this study, a qualitative study may need to be considered. Intensive interviews and/or observations with parents on their perspectives of parenting, and stressors present in their lives, [including questions such as-what it means to them to be a parent, how they perceive themselves to be parents, why they choose to parent the way they do, what they believe represents stressors in their lives, and how these stressors affect them differently], could provide rich information when analyzed in conjunction with their levels of ego development.

### Summary

Overall the evidence presented in this exploratory study did not support the claim that a relationship exists between parenting style and ego development. However, inherent limitations in the study's design suggest that a relationship between parenting style and ego development should not be ruled out. More adequate parenting skills have been positively correlated with higher levels of ego development by Hauser et al. (1991) who state:

Those parents who have reached higher stages of ego development actively participate in family discussions, expressing acceptance and empathy, thereby providing vivid illustrations of parents who hold many perspectives, who are open to varied aspects of problems and new ideas (p.15).

The relationship between parenting style and ego development remains inconclusive until further investigation occurs using a larger, more specifically intentional sample, with improved instrument validity and a better means of rating parenting style. It is the opinion of this researcher that a cognitive developmental perspective, specifically built on ego development, still holds promise for theoretically explaining differences in parenting style and, more practically, for determining what is needed to promote a more authoritative style of parenting among today's growing numbers of multi-stressed parents.

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**APPENDIX A  
COVER LETTER**

Dear \_\_\_\_\_,

May 5, 2003

My name is Cheri Harrell and I am a family therapist at New Horizons Family Counseling Center and doctoral candidate in Counselor Education at the College of William and Mary. I am conducting research that investigates different parenting styles and adult development as part of my degree fulfillments. I am interested in helping parents in family therapy be better able to parent children with identified problems. Please take the time to complete the following attached survey and demographic form with the complementary pen provided.

If you decide to participate in this study, I ask you to fill out the enclosed two surveys (the Sentence Completions Test) and (the Index of Parenting Styles) and the demographic form and mail them back to me in the enclosed self-addressed returned envelope. Your identity will remain anonymous; your name will never be used to identify your responses. Your participation will remain confidential, and identification numbers will be on each of the surveys so that I can match responses and send you a small thank you for your participation. The completion of the surveys will take about thirty minutes and it is important that you fill out all the forms as honest as possible and leave no questions unanswered. Once a completed packet has been returned, I will mail you a prepaid phone card worth \$10.00, as a small token of my appreciation for your help. **By filling out the surveys and mailing them back to me in the self-addressed stamped envelope, you have consented to participate in this research study.** Your participation is completely voluntary. You are aware that you may report dissatisfactions with any aspect of this experiment to the Chair of the Protection of Human subjects Committee, Dr. Thomas J. Ward, Associate Dean, School of Education. This project was approved by the College of William & Mary Protection of Human Subjects Committee (Phone: 757-221-3901) on \_\_\_\_\_ and expires on \_\_\_\_\_.

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Your timely response is greatly appreciated. The results will be available to participants upon request by contacting Cheri Harrell, the College of William & Mary, Jones Hall, Room 205, Williamsburg, VA 23187. If you have further questions please contact me at New Horizons at (757) 221-2363 or e-mail me at [crharr@wm.edu](mailto:crharr@wm.edu) or Dr. Charles McAdams at (757)-221-2338. I am looking forward to hearing from you soon.

Thank you for your help,

Cheri R. Harrell, M.Ed.

Doctoral Candidate

**APPENDIX B**  
**DEMOGRAPHIC SURVEY**

1. **Your Gender:**  female  male ID # \_\_\_\_\_
2. **Your Age:** \_\_\_\_\_ (whole years) 3. **Number of Children living in the home:** \_\_\_\_\_
4. **Identified Child's age:** \_\_\_\_\_ 5. **Ages of Other Children:** \_\_\_\_\_
6. **Your Family's Ethnicity: (check only one)**
- Asian, Asian-American
  - Black, African-American, Caribbean-American,
  - Indian, South East Asian
  - Latino, Hispanic, Mexican-American
  - Native-American, First Nations People
  - White, Caucasian, European-American
  - Bi/Multi-Racial (please specify) \_\_\_\_\_
  - Other (please specify) \_\_\_\_\_
7. **Your highest level of education or degree (please check one):**
- High School     GED     Post High School Job Training
  - Associates     Bachelors     Masters, Specialist, Ph.D.
8. **Relationship status:**  single     single-divorced     married     remarried
- live with long term significant other
9. **Family Structure:**  single-parent     two parent     two parent blended (step-family)     live with adult relatives: \_\_\_\_\_     other (please specify) \_\_\_\_\_
10. **Your closest household income level (please check one):**
- \$9,000 or less     \$10- 13,000     14-17,000     17-20,000     \$21-25,000
  - \$26-35,000     \$36-45,000     \$46,000 70,000     \$70,000 & above
- Please Answer the following questions (either you/spouse are considered 'parent'):**
- 11. Referred for counseling because of child's academic problems  Yes  No
  - 12. Referred for counseling because of child's aggression  Yes  No
  - 13. Referred for counseling because of child's peer/social skills  Yes  No
  - 14. Referred for counseling because of child's school discipline  Yes  No
  - 15. Referred for counseling because of child's depression  Yes  No
  - 16. Referred for counseling because of parent's depression  Yes  No

17. Referred for counseling because of family communication  Yes  No
18. Referred for counseling because of child's self-esteem  Yes  No
19. Referred for counseling because of suicidal family member  Yes  No
20. Referred for counseling because of death member of a family  Yes  No
21. Referred for counseling because of parent's abuse or neglect of child  Yes  No
22. Referred for counseling because of physical abuse of a parent  Yes  No
23. Referred for counseling because of a parent's substance abuse  Yes  No
24. Referred for counseling because of a child's substance abuse  Yes  No
25. Referred for counseling because of child's ADHD  Yes  No
26. Referred for counseling because of child's developmental delays  Yes  No
27. Do you have readily available transportation?  Yes  No
28. Are you in a significant relationship where there is a lot of conflict?  Yes  No
29. Do you live in a safe neighborhood?  Yes  No
30. Do you work more than one job?  Yes  No
31. Do you have available child care?  Yes  No
32. Do you have affordable child care?  Yes  No
33. Do you have a psychiatric diagnosis?  
(if yes, please specify) \_\_\_\_\_  Yes  No
34. Does your child (referred for counseling) have a psychiatric diagnosis?  Yes  No  
(if yes, please specify) \_\_\_\_\_
35. Does anyone else in the home have a psychiatric diagnosis?  
(please specify) \_\_\_\_\_  Yes  No
36. Does anyone in your house have a chronic medical condition?  
(if yes, please specify) \_\_\_\_\_  Yes  No
37. Do you have health insurance?  Yes  No  
Do(es) your child/children have health insurance?  Yes  No
38. Are you eligible for child support?  Yes  No  
(if yes) Do you receive child support?  Yes  No

APPENDIX C

SENTENCE COMPLETION TEST FOR WOMEN (Form 81)

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

Instructions: Complete the following sentences.

1. When a child will not join in a group
2. Raising a family
3. When I am criticized
4. A man's job
5. Being with other people
6. The thing I like about myself is
7. My mother and I
8. What gets me into trouble is
9. Education
10. When people are helpless
11. Women are lucky because
12. A good father
13. A girl has a right to
14. When They talked about sex, I
15. A wife should
16. I feel sorry when
17. A man feels good when
18. Rules are

SENTENCE COMPLETION TEST FOR MEN (Form 81)

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

Instructions: Complete the following sentences.

1. When a child will not join in a group
2. Raising a family
3. When I am criticized
4. A man's job
5. Being with other people
6. The thing I like about myself is
7. My mother and I
8. What gets me into trouble is
9. Education
10. When people are helpless
11. Women are lucky because
12. A good father
13. A girl has a right to
14. When They talked about sex, I
15. A wife should
16. I feel sorry when
17. A man feels good when
18. Rules are



APPENDIX D

INDEX OF PARENTING STYLE

How much is this sentence like you compared to the average parent (answer for your child/children)?

Response options: (1) much less than most parents (2) a little less than most parents (3) about as much as most parents (4) a little more than most parents (5) much more than most parents

	1	2	3	4	5
1. I really expect my child to follow family rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I don't really like for my child to tell me his/her troubles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I expect my child to dress and act differently in places like church or a restaurant, than they do when with their friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I tell my child that my ideas are correct and that they shouldn't question them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Hard work is very important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I respect my child's privacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I hardly ever praise my child for doing well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I give my child a lot of freedom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I really let my child get away with things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. If my child doesn't behave, I will punish them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I expect my child to do what I say without having to tell them why.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I make most of the decisions about what my child can do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. It is important to me that my child does his/her best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I encourage my child to talk to me honestly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I don't ask my child to change their behavior to meet the needs of other people in the family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I believe my child has a right to his/her own point of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. If I don't act according to my mother's standards, she will do things to make sure I do in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My child can count on me to help them out if they have a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I would describe myself as a strict parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I point out ways my child could do better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I push my child to do his/her best in whatever they do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. It is clear to my child when I think they have done well.
23. I push my child to think for themselves.
24. I am too strict about how my child behaves when I'm in stores, the library, or some place where there are mostly adults.
25. I make it clear when my child has done something I don't like.
26. My child can tell when I think they could have done better.
27. I spend time just talking to my child.
28. When my child does something wrong, I do not punish him/her.
29. My child and I do things that are fun together.
30. I set high standards for my children to meet.
31. I give my child chores to do around the house.
32. When my family does things together, I expect my child to come along.
33. I try hard to know what my child does with his/her free time.
34. I try hard to know where my child is in the afternoon after school.
35. When my child gets a good grade in school I praise him/her.
36. When I want my child to do something I explain why.
37. My child has a right to choose his/her own friends.