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**Intergenerational transmission of self-esteem: Parental
determinants and consequences for relationships with children**

Dechman, Kimberly S. Klein, Ph.D.

The University of North Carolina at Greensboro, 1994

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INTERGENERATIONAL TRANSMISSION OF SELF-ESTEEM:
PARENTAL DETERMINANTS AND CONSEQUENCES
FOR RELATIONSHIPS WITH CHILDREN

by

Kimberly S. Klein Dechman

A Dissertation Submitted to
the Faculty of the Graduate School at
The University of North Carolina at Greensboro
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In the present study, the effect of relationships with parents on adult self-esteem was examined as was the effect of self-esteem on individual well-being. In turn, well-being was examined for its effect on relationship with one's child. Two conditions, relationship with spouse and child temperament, were investigated as potential moderators of these relationships.

The sample was composed of 1,986 males and 1,859 females. Eighty percent were Caucasian, 10.2% African-American, 7.9% Hispanic, and 1.3% divided among Asian-American and American Indian. Mean age of the subjects was 42.3 years; mean education level was completion of high school. Income ranged from \$0 to \$400,000 with a mean of \$40,100.

Path analyses suggested that for males, a poor relationship with one's mother predicted low self-esteem. Low self-esteem predicted low well-being which, in turn, predicted a low quality relationship with one's child. For females, a poor relationship with one's father predicted low self-esteem which, in turn, predicted low well-being and a poor relationship with one's child.

Regarding the moderating effects of quality of relationship with spouse, happiness and consensus were not

moderators of the associations between relationships with parents and self-esteem for either males or females. However, for males, marital stability moderated the association. Regarding the moderating effects of quality of relationship with spouse on the association between well-being and quality of relationship with child, marital happiness emerged as a moderator for females while spousal consensus emerged as a moderator for males. Marital stability was not found to be a moderator for either sex.

Finally, child temperament moderated the relationship between well-being and quality of relationship with child for both males and females. The intergenerational transmission of self-esteem and the interrelatedness of marital and parent-child relationships are discussed. Directions for future research are proposed.

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of the Graduate School at the University of North Carolina at Greensboro.

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To my family and friends, but particularly Mom, Dad and Dave, for their love and support and for teaching me that we each affect the other and that our relationships are ever interdependent.

To Jim, my looking glass, the reflection in which makes all things possible.

KSKD

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CHAPTER I
STATEMENT OF PROBLEM AND RATIONALE

There continues to be interest in the role of parents in the development of children's self-conception and in the consequences of self-conception for the individual in subsequent environments. However, from an intergenerational perspective, the mechanisms by which parents play a role in the acquisition of self-concept and the consequences for later adult relationships with one's family of procreation have yet to be determined.

This study focuses on the pivotal role of adult self-esteem, an outcome of self-concept, as the mediating factor between relationships with parents in the family of origin and relationships with children in the family of procreation. In the following chapter, the development of self-concept and self-esteem is examined as occurring in the context of socialization, and its evolution is followed from infancy to adolescence. A conceptual model is presented to articulate the effects of self-esteem on individual well-being and subsequent relationships with one's children.

This research aimed at filling a number of voids in the present literature. First, to date, most studies have failed to assess self-esteem in adulthood and its link to

the quality of relationships that adults have with their parents. Second, most investigations of parental influence on self-esteem have only assessed the influence of mothers. This study will expand the literature by examining also the contributions of fathers to their adult child's self-esteem. Third, although spouses have been implicated in past research as providing emotional and instrumental support for their partners which has then been linked to enhanced parenting, their impact on their spouse's self-esteem and its link to relationships with children through parenting has been largely ignored.

Lastly, this study cut across generations to investigate the intergenerational transmission of self-esteem from family of origin to family of procreation. In this way, detecting the existence of a cycle in which parents would contribute to low child self-esteem that might impair the parenting of those children as adults, and that, in turn, might result in low self-esteem in children of the third generation, was attempted.

CHAPTER II

THEORETICAL ORIENTATION AND LITERATURE REVIEW

Development of Self: Infancy

Adults possess the capacity to (a) describe themselves in terms of their perceived characteristics and (b) evaluate themselves according to the desirability of those characteristics. Infants possess none of these capacities. The ability to describe and to evaluate oneself emerges in the early years of life through increasing cognitive ability and socialization experiences.

Self-Knowledge: Advancing Cognitive Capacities of the Infant

The development of self-concept begins as infants embark on a series of stages through which self-knowledge, the ability to know one's characteristics, is acquired. Several studies have indicated that self-knowledge begins to emerge in the first years of life (Bertenthal & Fischer, 1978; Lewis & Brooks-Gunn, 1979). These studies suggest that when placed before a mirror, one-year-old infants begin to recognize themselves by associating their movements with the movements they see reflected. In this way, infants begin to recognize that the self is an independent entity

apart from others. At this stage, however, infants are unable to recognize the self in terms of specific physical characteristics.

Studies indicate that recognition of specific self characteristics does not emerge until the second year of life (Amsterdam, 1972; Asendorpf & Baudonniere, 1993; Bertenthal & Fischer, 1978; Lewis & Brooks-Gunn, 1979). Research has indicated that when rouge is applied to an infant's nose and the infant placed in front of a mirror, it is not until after 15-months of age that the infant displays a reaction to the rouge. The acknowledgement of rouge is said to indicate the infant's recognition of a discrepancy between the representation of the face and the rouged nose that appears in the mirror. By 21-24 months of age, Lewis and Brooks-Gunn (1984) noted that children were able to distinguish their own pictures from those of other children, whereas a minority of 15-to 19-month-olds were able to do so.

The ability to recognize one's specific physical characteristics is an important step in the process of self-knowledge. Being able to recognize the characteristics of the self requires the infant to distinguish the self from others. Therefore, with awareness of the self necessarily comes other-awareness (Asendorpf & Baudonniere, 1993; Butterworth, 1976).

Theoretical perspective on infant self-knowledge.

Neisser (1988) suggests that, in part, it is through the ecological self that infants discover their characteristics. The ecological self is revealed through vision of and movement in the environment. In terms of the contributions of vision to the ecological self, Neisser gives the example of a young child who covers her eyes and says "You can't see me." Flavell (1982) and Neisser (1988) suggest that in young children this phrase is evidence of the sense of self. In other words, the child locates the self around the eyes. This location of self is supported by the research of others. For example, Fraiberg (1977) discovered that congenitally blind children were (a) delayed in developing an accurate sense of self and (b) acquired an understanding of "I" and "you" at a slower rate than sighted children. Gibson (1976) suggested that this delayed development would be expected if optical information was important to self-knowledge.

Neisser (1988) also suggests that movement provides information about the existence of self. In the rouge studies, infants learned that they could affect their environments by the movement of their bodies and that their movements coincided with the optical information they received. Neisser noted that even in early life, infants perceive themselves as embedded in an environment and act with respect to it. In other words, they have a rudimentary

concept of the self. Neisser suggested that the finding that infants did not recognize themselves in a mirror until the age of 2 did not indicate that they had no sense of self until that time; rather, it indicated that they had acquired an understanding of mirrors (Loveland, 1986).

Self-Knowledge: Knowledge Through Caretaker-Infant Interaction

Affective communication. Infants also learn the characteristics of the self through interactions with others in the environment. Prior to the onset of language, exchanges between infant and caretaker are primarily affective (Tronick, 1982). Caretaker and infant are often depicted as an "affective unit" in which the infant can signal an affective state, the caretaker can interpret the state and respond affectively, and the infant, in turn, can respond. Research has indicated that infants are adept at using affective means of communication in interactions (Tronick, 1982). Brazelton (1982) noted that the affective infant-caretaker relationship allows the infant to acquire a basic knowledge of the nature of the self and of the environment.

Empirical evidence for affective exchange. The attentiveness and sensitivity of infants to caregivers' affective responses has been noted in numerous investigations. For example, Cohn and Tronick (1982) randomly assigned 24 infants to one of three experimental

conditions in which they encountered normal and/or depressed interaction. Infants who encountered depressed interaction exhibited higher rates of wary and protest behaviors and remained in negative emotional states after mothers resumed normal interaction patterns. Interestingly, three minutes of depressed caretaker behavior had a continuing effect on infant behavior. Similar findings were reported by Field (1992) who noted that infant's negative mood state persisted as long as mother's depression persisted and affected the child's development.

These studies argue for an early form of affective intersubjectivity in which infants are attuned to and influenced by caregiver's affective messages. For the infant to acquire the knowledge that they possess positive characteristics, these exchanges must have a warm affective quality.

Patterning of behaviors. Affective exchanges that provide the infant with information about the self require a systematic patterning or sequencing of affective signals between interactants. Tronick and Adamson (1980) found that in observations of 150 caretaker-infant dyads there was consistency across dyads in the patterning of behaviors, even though behaviors within dyads varied from exchange to exchange.

Studies have indicated that infants learn affective interaction patterns with caretakers at an early age. Upon change in the caregiver's typical affective interactive style, the infant reacts by altering their typical behavior (Adamson & Tronick, 1980; Stern, 1977; Trevarthan, 1977, 1983). This research indicated that infants were not passive recipients of information, but rather, they perceived and took part in an ongoing relationship.

Caregivers Advancing Infant Learning

Caregivers and infants participate in affective exchanges that are created through each member's participation in a "patterning" of behaviors. Given this, how do these early interactions advance the infant's knowledge of self and environment?

Stern (1977) has shown that when adults interact with infants, they alter their behavior by frequently repeating verbalizations and actions, by clustering verbalizations into smaller portions of information, and by exaggerating their facial expressions. Thus, the caretaker, by increasing the difficulty level of the interaction as the infant develops, advances the infant's learning about the self and the environment.

Theoretical perspectives: Vygotsky. According to Vygotsky (1934), parents have the capacity to affect their child's development by creating the "zone of proximal development." Determining a child's cognitive development

requires the assessment of two levels of learning. The first is the actual developmental level that represents the child's actual level of mental functioning. For example, tests that determine a child's I.Q. by assessing the child's independent problem-solving ability result in a measure of the child's actual developmental level. The second level is the child's potential level of development which is the child's problem-solving ability when assisted by a more competent individual, such as a caregiver. The difference between these two levels is what Vygotsky (1934) termed the "zone of proximal development." The zone of proximal development "defines those functions that have not yet matured but are in the process of maturation" (Vygotsky, 1934, p. 86). Vygotsky stated that what the child can accomplish today with the assistance of someone else is what the child tomorrow can accomplish by him- or herself.

Competent others affect development by assisting children in their learning. Vygotsky notes that optimal learning experiences for children are those in which caretakers present children with information that is slightly in advance of their actual development.

Infants Respond with Particular Response Styles

Caregivers influence infant development and sense of self by assisting them in their learning. However, what is learned depends on the caretaker. In response to differential exchanges, infants develop interaction styles

that vary according to the interactant. These person-specific behaviors are signs that interaction patterns exist between caretaker and infant (Bronson, 1972; Fogel, 1979; Turnure, 1971; Wahler, 1967).

From empirical research, we know that infants acquire through vision and movement a rudimentary knowledge of the self as an individual (Lewis & Brooks-Gunn, 1979, 1984). Through interactions with caregivers, infants participate in and understand affective exchanges (Dunn, 1979; Murray & Trevarthan, 1977; Tronick & Adamson, 1980). In the course of these exchanges, parents assist their children in developing to advanced stages where increasingly complex knowledge of the self and the environment can be acquired. Given that the self in infancy depends increasingly on interactions with others, Neisser's (1988) concept of an interpersonal self becomes relevant.

According to Neisser, the interpersonal self "is developed and confirmed by the effects of our own expressive gestures on our partner" (Neisser, 1988, p. 10). Stern (1985) noted a similar phenomenon he termed "affect attunement," and he provided the following example: An infant emits a joyful "aaah" in response to a toy. The mother responds with an excited shimmy of her shoulders. The shimmy lasts as long as the infant's "aaah" and is equally excited. Stern suggests that what is significant about this exchange is not that both mother and child are

excited, but rather that the mother is matching the pattern and tone of the infant's activity. As a result, the interactants become aware of themselves as social individuals, or, in Neisser's terms, they become aware of their interpersonal selves.

Theoretical Perspectives on Infant-Caretaker Exchange

Given that infants and caretakers are participants in mutual affective exchanges, how do these exchanges contribute to later functioning of the self in the environment? Two theories provide possible answers to this question. The first, attachment theory, states that if the affective nature of the bi-directional relationship between infant and caretaker is positive and warm, the infant will perceive the caretaker as providing a secure base (Bowlby, 1979). In this case, the child will learn to explore and have confidence in the caretaker's affection and in him- or herself. This security and confidence in self is said to promote positive relationships in later life (Bowlby, 1979). The second theory, social referencing, notes how infants use caregivers as sources of information about the environment through their attention to and interpretation of affective communication (Klennert, Campos, Sorce, & Emde, 1982). Infants are confronted with many novel experiences, the appraisal of which likely leads to uncertainty as to the way the situation affects the infant. Infants seek affective information from others to aid them in their appraisal of

the situation. Infants whose caretakers fail to provide information regarding novel situations do not become confident in themselves or their surroundings (Klennert et al., 1982; Schaffer, Greenwood, & Parry, 1972; Sorce & Emde, 1981). Thus, attachment and social referencing theories suggest that infants use caregivers as sources of information and internalize this information in terms of feeling secure and determining the appropriate response to an ambiguous event or person. In the course of development, children increasingly use caregivers as important sources of information about the self.

Transition from Infancy to Childhood: Language Acquisition

Thus far, the infant's acquisition of information about the self has been limited to knowledge of the ecological self (the infant knows the self as an independent entity that affects the environment) and the interpersonal self (the infant knows the self as a participant in affective exchanges with caretakers). The onset of language provides an additional avenue for acquiring information about the self.

Language is thought by many to be central to the process of learning about the self. Defined as a system of symbols to which a group of interactants has assigned certain meaning, language permits the child to see the self reflexively. In other words, it permits use of the viewpoints of others to view the self as an object. Stryker

(1981) believes that communication is the process through which the self is built.

Perspective on Language Acquisition

According to Mead (1934), the key to development of the self is communication through symbols such as language and gestures. Individuals use other's perspectives, conveyed to them through symbols, to decide what they are like as an individual. For example, when a person has concluded that he or she is proud of him- or herself, this does not represent an idea that the individual alone has created. Rather, the individual has taken the stance of another person in evaluating something he or she has done. Children learn to perceive, evaluate, and react to themselves through the acts of others who have responded to them. With the acquisition of language, they are able to take another's perspective in evaluating the self.

Thus, toward the end of the second year of life and with the acquisition of language, numerous types of self-knowledge emerge. The child can now say his or her name and verbally distinguish pictures of the self from those of other children of the same age (Harter, 1989). These advances are followed by the ability to qualify oneself as a member of certain categories such as gender or race (Sweet & Thornburg, 1971).

Development of Self: Early Childhood

Self-Knowledge in Early Childhood

In early childhood, self-descriptions multiply dramatically. These descriptions reflect observable characteristics such as race and gender (Kohlberg, 1966; Sweet & Thornburg, 1971), place of residence, color of hair, and number of siblings. These descriptions are specific rather than general (Montemayor & Eisen, 1977; Rosenberg, 1979) and are often tied to actual demonstrations of particular abilities (Harter, 1988a). For example, a child not only says she knows the alphabet, but also recites it.

In early childhood, children begin to act in social situations based on what they know about themselves (Harter, 1989). However, there is little cognitive organization of the descriptions of the self due to the child's inability to logically organize the single descriptions into a more general self-concept (Piaget, 1960).

Knowledge of the self in early childhood is best understood via the cognitive-developmental perspectives of Piaget and Vygotsky. For Piaget, children acquire knowledge by acting physically and/or mentally on objects, symbols and images in the environment. Children develop as they seek to expand and refine their knowledge (Thomas, 1992). Cognitive growth, or the acquisition of knowledge, proceeds through four stages in which children grow from self-centered individuals with no realistic knowledge of the environment

to adolescents who use logic and language to interpret and manipulate their surroundings (Thomas, 1992).

Of particular relevance in early childhood is Piaget's second stage of cognitive development, preoperational thought, that lasts from approximately 18 months to 7 years of age. Prior to preoperational thought, infants develop (a) the ability to coordinate motor activities with sensory input and (b) an understanding of object permanence. In preoperational thought, children come to understand words and symbols. This ability allows the child to receive and transmit information about the environment (Flavell, 1977). Children can receive feedback as to the adequacy of their knowledge and skills, and they develop the ability to communicate internally with themselves. The child is becoming a reflexive individual, using information provided by others in the environment to guide future interactions.

From a Vygotskian perspective, it is action that provides the "movement or activity" in the cognitive system. By applying the dialectical formula of Karl Marx, Vygotsky (1934) hypothesized that children devise ways of doing things and create a thesis. When the thesis doesn't work, an antithesis is created, new methods are devised, and finally a synthesis occurs. Thus, child development consists of an interplay between conflicts and resolutions driven by actions on the part of the child. The outcome of this interplay results in a working knowledge or a set of

expectations and skills that the child utilizes when approaching new activities.

Self-Awareness

The perspectives described above focused on the child's developing cognitive capacity in early childhood and its relationship to what is known about the self and the environment. Aside from developing cognitive capacities, the child also becomes increasingly aware that others are valuable sources of information about the self (Harter, 1988a). Thus, the development of self-awareness begins.

At approximately the age of 5, the child is aware of others yet does not realize that he or she also is being observed (Gesell & Ilg, 1946). At this time, the child cannot evaluate the self effectively because the child's perceptions are primarily directed outward from the self. In other words, the child's attention is focused on the external world more so than on the self (Piaget, 1960; Rosenberg, 1986).

Development of Self: Middle Childhood

In middle childhood, the child is able to combine separate self characteristics into generalized traits and in giving self-descriptions, often describes the reasoning by which he or she came to the conclusion that he or she holds certain traits (Harter, 1988a). Traits become centered around the child's relationships with significant individuals (Rosenberg, 1979). In other words,

relationships with others, such as parents and peers, become increasingly salient in knowing and describing the self.

Advancing Descriptive Capacities

The shift in self-descriptive ability in middle childhood is due, in part, to emerging cognitive capacities. From 7 to 11 years of age, thought becomes more abstract with the appearance of capability in arithmetic, measurement, hierarchical structures and conservation (Piaget, 1960). Conceptual integration is now possible which allows for classifying and prioritizing components of self-definition into traits that are applied to the self (Harter, 1988a). In addition, the child is able to use the reflexive self to adopt the opinions of salient others and incorporate them into traits of the self.

Writers such as James (1890), Cooley (1902), and Mead (1934) have argued that people derive their conception of the self from the reactions and views they receive from others. Mead (1934) noted that the capacity to use others as sources of information develops first by children assuming the role of one person at a time and enacting the behavior associated with that role (such as parent or teacher). Later, the child takes the perspective of the "generalized other," or the attitude of the whole community toward the self. It is through the generalized other that society enters as a factor in the child's thinking.

Research in symbolic interaction reveals support for Rosenberg's (1979) notion of "reflected appraisals," or the fact that as a consequence of seeing ourselves from the perspective of others, self-descriptions come to correspond to how others describe the self (Miyamoto & Dornbusch, 1956; Reeder, Donohue, & Biblarz, 1960; Sherwood, 1965). In middle childhood, children have the cognitive capacity to describe themselves in terms of traits that are based primarily on the reactions and behaviors of others toward the self (Mead, 1934).

Development of Self: Early Adolescence

In early adolescence, there is a shift in self-description from observable, external characteristics and traits to more abstract self-descriptions representing internal characteristics (Damon & Hart, 1982, 1988; Douvan & Adelson, 1966; Harter, 1983; Rosenberg, 1979, 1986). This tendency towards introspection, or describing the self in terms of inner thoughts and feelings, has been noted by numerous theorists (Erikson, 1959, 1968; Freud, 1965; Rosenberg, 1979).

Not until formal operational thought can children reflect on the self in abstract terms (Piaget, 1960). From approximately the age of 11, adolescents can think more abstractly and do hypothetical reasoning. The adolescent can integrate the concrete descriptions of the self into higher-order generalizations.

The Self as Differentiated

With the appearance of formal operational thought, adolescents acquire the ability to detect contradictions in their self-descriptions (Harter, 1986b). Because adolescents are cognitively able to detect multiple characteristics of the self, they come to experience the self as highly differentiated and know many different "selves." For example, adolescents have the ability to distinguish between how they actually are as a person and how they wish they were or would like to be in the future (Markus & Nurius, 1986). This ability to detect numerous, often conflicting selves results in confusion over the question "Which is the real me?"

Researchers have noted that the appearance of the future or ideal self (what one would like to achieve and avoid) provides a "motivational function" for the adolescent (Harter, 1986b). The presence of opposing selves is implicated in promoting good psychological health by providing a balance between positive and negative characteristics. On the other hand, a large discrepancy between the actual and ideal or future self has been found to be related to poor psychological well-being (Higgins, 1987, 1989; Higgins, Tykocinski, & Vookles, 1990), and a variety of physical problems (Higgins, Vookles, & Tykocinski, 1992). It is in middle adolescence that

discrepancies between the actual, future, and ideal selves are the greatest (Strachen & Jones, 1982).

Adolescents also are able to detect true and false selves in their personalities (Harter & Lee, 1989). Harter and Lee (1989) noted that adolescents used their false selves in situations in which they wanted to impress others or to experiment with new behaviors or roles (Harter, 1986b).

Advancing cognitive capacity and the ability to detect actual, ideal, true and false selves results in the adolescent perceiving the self as highly mutable across situations. Consequently, adolescents often make reference to situational variations of the self, a skill that was not evident in earlier childhood (Harter, 1986a). The modulating self is what Rosenberg (1986) described as "barometric." Rosenberg (1986) noted that the adolescent is preoccupied with what others think of him or her and, given this preoccupation, often adopt and abandon roles readily within and between situations. This results in the adolescent experiencing the self as highly changeable.

The need to establish some consistency and order among these multiple selves contributes to the adolescent's preoccupation with the self (Harter, 1986a). Multiplicity of the self is experienced until a unified theory of the self is constructed in late adolescence (Selman, 1980). At

that time, individuals begin to integrate the various aspects of the self into a more coherent self-theory.

Aside from cognitive advances, the ability to reflect on oneself requires the ability to incorporate the perspectives of others into one's conception of self. Selman (1980) suggests that the acquisition of perspective taking is fully developed in adolescence.

The role of significant others. How different people's opinions of the self are interpreted and how much influence they have depends, to a great extent, on the value placed on that person's opinion. The self-concept can be thought of as a summary of the reactions of various others with some people's opinions weighted more heavily than others. In childhood, parent's perceptions are usually given the greatest weight, whereas in adolescence the opinions of peers gain importance (Harter, 1983).

Parents are important contributors of information about the self (Coleman, 1961; Rosen, 1955). However, studies have indicated that the impact of a mother's opinion has been found to depend on the degree of trust or confidence that is placed in the mother's judgment (Merton, 1957; Rosenberg, 1973). Such is also the case when the opinions of fathers, teachers, classmates, siblings and friends are considered (Rosenberg, 1973).

Successful Integration of the Self

A major task in adolescence is establishing a sense of sameness of the self across time. Although society pushes for differentiation of the self into multiple roles, formal operational thought pushes for integration of these multiple selves into a solitary self-concept (Damon & Hart, 1982; Harter, 1986a). Research has indicated that failing to integrate the multiple selves may result in a self that is pathologically fragmented (Allport, 1955, 1961; Brim, 1976; Epstein, 1973; Lecky, 1945; Rogers, 1950).

Given the introspective nature of self-descriptions, adolescents are at risk for developing inaccurate self-concepts which, in turn, may lead to a variety of maladaptive behaviors. However, the emphasis that the adolescent places on the perspectives and feedback of others guards against tendencies towards self-distortion (Damon & Hart, 1988). The adolescent who is able to successfully consolidate divergent self-descriptions emerges with a self-concept that is internally consistent, continuous, and stable.

At this point, Neisser's (1988) notion of the "conceptual self," although present from infancy in a rudimentary form, becomes particularly relevant. Here the individual has a concept of him- or herself as a particular person in a particular environment. According to Neisser, the self-concept is created with reference to a network of

people, a point made by others (Lakoff, 1987; McCauley, 1987; Medin & Wattenmaker, 1987). Neisser (1988) suggested that the self-concept is based on a mixture of information that comes from peers, parents, the individual's cultural context, and the individual's own observations. However, what self-information is noticed and how it is interpreted depends, to a great extent, on the pre-existing composition of the self-theory. Drastic changes in self-concepts or self-theories are thought to be unlikely once the basic theory is in place.

Moreover, Neisser (1988) suggested that trait attributions, such as smart or unattractive, are an important class of self-theories that are indicated to the individual by the information offered from others. These trait attributions are important because they channel incoming information about the self and allow for attention only to information that supports the self-theory. For example, Dweck (1986) has shown that children's beliefs about their intelligence affect their actual performance in school.

Distinctions Between Self, Ego-Identity and Social Identities

The concepts of self and ego-identity are often used interchangeably. The concept of the self has a much longer research tradition than that of ego-identity and can be traced back to the work of James (1890). The concept of

ego-identity became popular in the 1960's with the work of Erik Erikson (1950, 1959). However, the two concepts are compatible.

As a neo-Freudian, Erik H. Erikson (1950, 1959, 1965, 1968, 1982) believed that a healthy personality depended upon the successful resolution of predetermined psychosocial crises. In the first stage, the crisis to be resolved was the development of a sense of trust. Trust resulted from a infant-caregiver relationship that was dependable and warm. If this relationship did not exist, Erikson suggested that the infant developed a sense of mistrust. In the second stage, a sense of autonomy was achieved. Children found a balance between doing things for themselves and doing too much. Doing too much resulted in censure from others and feelings of shame and doubt. In stage three, initiative was achieved. The child's initiative, however, could be censured, and shame became internalized as guilt. In stage four, industry developed as children did tasks that were worthwhile and within their realm of ability. Unsuccessful completion of this stage resulted in a sense of inferiority. The fifth stage, identity, involved negotiating the view of self in childhood with the new expectations of adolescence. Confusion arising at this time was termed identity diffusion. Thus, successful completion of these stages resulted in coherent ego-identity or self-definition (Thomas, 1992).

The self, or ego-identity as Erikson termed it, is an abstraction that is created with reference to our characteristics and abilities (Coopersmith, 1967). The notion of self or identity provides us with a sense of being a distinct, bound personality (Rosenberg, 1979). On the other hand, social identities represent who we are in social terms.

Thoits (1983) noted that social identity is not who we are as a person, but who we are in our environment. Gecas (1982) stated that social identities are established and maintained through the process of negotiation in social interaction. Thus, while the self is an abstraction of the individual's qualities and characteristics, social identities are the units that help create the self by providing information.

Individuals are motivated to act in accordance with the values and norms that are associated with the particular social identities to which they become committed. Stryker (1980) argued that the higher the salience of a social identity within the self-concept, the greater the motivational significance. For example, a woman could be both a mother and an employee. However, within the woman's self-concept, these identities would likely be of varying importance. Which social identity a person takes at any given time is determined by the situation, or by the

salience or amount of commitment invested in the identity (Hoelter, 1983; Stryker, 1980; Stryker & Serpe, 1982).

Social identities include one's race, sex, religion, nationality, and an innumerable number of social positions, such as occupation and social standing in the community. These social identities shape the self-concept first by defining who the individual is, for example, the individual is female or African-American. Second, because these identities are subject to social evaluation from others, they become important sources of information about the self. For example, individuals often are evaluated by identity elements, such as social class, with members of lower social classes being less positively evaluated than members of other classes.

The principle of "reflected appraisals" (Rosenberg, 1979), or seeing oneself as others do, would suggest an association between perceptions of the individual's social identity and the individual's perception of the self. Research suggests that when people evaluate themselves based on how others outside their social identity view them, self-concept becomes less positive (Bachman, 1970; Coleman, Campbell, Hobson, McPartland, Mood, Weinfeld, & York, 1966; Pitts, 1978; Rosenberg, 1975). However, studies have indicated that people tend to use others within their own social identities and particularly those who are slightly less fortunate as a self-enhancement mechanism and that this

does not result in less positive self-concept (Bachman, 1970; Coleman et al., 1966; Powell, 1983, 1985; Rosenberg & Simmons, 1972).

Self-Esteem

While self-concept represents the general identification of the characteristics of the self, self-esteem is an evaluation of those characteristics, a global judgment of one's value as a person (Coopersmith, 1967). Persons with high self-esteem believe they have worth and valuable characteristics, whereas persons with low self-esteem feel incompetent and of little value.

James (1890) argued that although an individual's opinion of the self may vary somewhat by situation, there remains a central or average self-feeling that stays constant regardless of situational fluctuations. The concept of global self-esteem, or the general self-feeling to which James (1890) refers, also is reflected in the work of Cooley (1902). Cooley noted that persons do, in fact, make global judgments about the self's value. These judgments result in general self-feelings (Kaplan, 1986) that can be measured by approximately the age of 8 (Harter, 1983, 1985, 1986b; Rosenberg, 1979). Global self-esteem has not been found to be measurable in children before this time (Harter, 1990).

The Determinants of Self-Esteem

Evidence supports Mead's (1934) notion that the way in which we perceive ourselves closely coincides with how others perceive us. That is, we see ourselves as we think others see us, and often our perceptions of other's thoughts do not match their actual thoughts. Research has indicated that the actual opinions of others have a limited impact on self-esteem (Bledsoe & Wiggins, 1973; Breslin, 1968; Douce, 1969; Green, 1948; McIntyre, 1952; Mote, 1967; Todorosky, 1972). Instead, it is how one perceives that others see the self that is related to self-esteem (for a review see Shrauger & Schoeneman, 1979). More recent investigations support this conclusion (Rosenberg, 1979; Schafer & Keith, 1985).

As mentioned previously, others are not equally significant when it comes to valuing feedback about the self (Gecas, 1982; Hoelter, 1984). Therefore, a person held in high regard by significant others would have high self-esteem. Conversely, if a person believes that significant others hold him or her in low regard, this perception would be incorporated into the sense of self resulting in low self-esteem.

In empirical research, Harter (1986b, 1987, 1988a, 1988b) and Rosenberg (1979) have demonstrated that an adolescent's perceptions of the attitudes of significant others are highly correlated with global self-esteem.

Adolescents who feel supported by and held in high regard by significant others, such as parents and peers, report positive self-esteem. Although classmates' opinions become increasingly better predictors of self-esteem during adolescence (Harter, 1989; Rosenberg, 1979), parental contributions to adolescent self-esteem do not appear to diminish (Harter, 1988a).

As "significant others," parents influence their children's self-esteem primarily through their positive affect and supportive behavior toward the child (Coopersmith, 1967; Epstein, 1973; Givelber, 1983; Wylie, 1974, 1979, 1989). Petersen and Kellam (1977) reported that the quantity and quality of affectional resources in the family were related to self-esteem. In other words, children who felt loved and accepted as evidenced by a warm, supportive environment had high self-esteem, whereas reports of parental punitiveness were associated with poor self-esteem (Bachman, 1982). More recent investigations support this contention (Barber & Thomas, 1986; Gecas & Schwalbe, 1983).

Differential effects of parents. Past studies have indicated that fathers and mothers interact with their children differently and are perceived differently by sons and daughters (Simons, Beaman, Conger, & Chao, 1993; Youniss & Smollar, 1985). Young, Miller, Norton and Hill (1993) found that relationship with mother best predicted

daughter's self-esteem whereas relationship with father was the best predictor of self-esteem in boys. There were no significant overall differences between boys' and girls' levels of self-esteem.

Stability of Self-Esteem into Adulthood

According to a group of longitudinal studies, self-concept remained relatively stable over periods as long as 35 years (Block, 1981; Costa & McCrae, 1980; Mortimer, Finch, & Kumka, 1981). Other scholars have found that the self-concept is highly resistant to change under normal conditions (Shrauger & Schoeneman, 1979), and clinicians indicate difficulty in changing their patient's self-concepts even after months and years of intensive therapy (Wylie, 1974).

Self-esteem seems to remain stable because individuals are more likely to attend to and remember feedback that confirms their original self-concept (Swann & Eli, 1984; Swann & Read, 1981) and to dismiss or devalue information that is discrepant (Kulik, Sledge, & Mahler, 1986; Swann, 1983; Tesser & Campbell, 1983). People actively cultivate in others behaviors that substantiate their self-concepts, particularly in ambiguous situations (Fazio, Effrein, & Falender, 1981; Swann & Read, 1981). Thus, self-concept and self-esteem may persist through consistent feedback from significant others (for a review see Demo, 1992).

The few studies specifically on the stability of self-esteem indicate that self-esteem does remain stable over time (Coopersmith, 1967; Drummond, McIntire, & Ryan, 1977; Mortimer & Lorence, 1981; O'Malley & Bachman, 1983). Alsaker and Olweus (1992) found that self-esteem became more stable with advancing age, and they suggested that adolescent negative self-evaluations were likely to become more concrete with increasing age as later experiences had less impact on self-esteem than earlier experiences.

Effects of Self-Esteem on Adult Psychological Well-Being

It is commonly assumed that a positive sense of self is central to promoting and maintaining psychological health and successful adaptation (Blasi, 1988; Epstein, 1973). The literature reveals that positive self-esteem serves as a buffer against stress and is associated with a wide range of coping strategies (Rutter, 1987). In addition, high self-esteem is clearly linked to enhanced motivation and positive emotional states (Harter, 1989). On the other hand, low self-esteem is associated with a number of maladaptive outcomes. For example, low self-esteem has been found to be highly correlated with depression (Beck, 1967; Harter, 1986a, 1989; Petersen, Compas, Brooks-Gunn, Stemmler, Ey, & Grant, 1993; Rosenberg, 1986; Seligman, 1976), anxiety, and low levels of motivation and energy (Harter, 1987).

Overall, the literature reveals a consistent association between low self-esteem and depression, anxiety,

somatic complaints, aggressive tendencies, and vulnerability (Bachman, 1970; Kaplan 1976, 1980; Wylie, 1961).

Low Psychological Well-Being and Parenting

A number of studies have indicated that people who are deficient in psychological functioning are at increased risk for poor parenting (Conger, McCarthy, Yang, Lahey, & Kropp, 1984; Simons et al., 1993; Weissman & Paykel, 1974). Among the psychological characteristics usually related to parenting ability, depression is probably the most widely studied. Whether the subjects are clinically depressed (Field, 1984; Weissman, Paykel, & Klerman, 1972) or fall within the range of normal affective expression (Colletta, 1983; Conger et al., 1984; Cox, Owen, Lewis, Riedle, Scalf-Michler, & Suster, 1985; Crnic & Greenberg, 1985; Forehand, Lautenschlager, Faust, & Graziano, 1985; Longfellow, Zelkowitz, & Saunders, 1982; Zelkowitz, 1982), the tendency to experience negative affective states consistently and negatively affects parenting abilities.

Specifically, depressed mood has been associated with lower levels of attention and responsiveness of fathers to their infants (Zaslow, Pederson, Cain, & Swalsky, 1985), mothers to their infants (Field, Sandberg, Garcia, Vega-Lahr, Goldstein, & Guy, 1985; Fleming, Flett, Ruble, & Shaul, 1988), and mothers to their preschool and school-age children (Weissman & Paykel, 1974). Depressed mood also has been associated with less warm, more directive, and more

inconsistent discipline practices: in other words, a more authoritarian parenting style (Colletta, 1983; Conger et al., 1984; Forehand et al., 1985; Longfellow et al., 1982; Weissman et al., 1972; Zelkowitz, 1982), particularly in mothers of older, school-aged children (Conger et al., 1984; Kochanska, Kuczynski, Radke-Yarrow, & Welsh, 1987).

Conceptual Model

There is, thus, evidence for the existence of the paths depicted in Figure 1. First, in terms of the link between relationships with parents and adult self-esteem, children acquire their self-esteem largely from interacting with their parents and self-esteem remains relatively stable across the life-span. Second, regarding the path linking adult self-esteem to adult well-being, self-esteem is related to a wide variety of mood states with low self-esteem being linked to low well-being. Third, in terms of the path linking adult well-being and quality of relationships with children, poor well-being is related to non-optimal parenting. Taken together, the paths constitute an intergenerational model in which self-esteem formed in the family of origin subsequently affects the family of procreation.

The potential for links between relationships with parents in the first generation, low child self-esteem and well-being in the second generation, and poor parenting of the third generation appears highly likely (Billings & Moos,

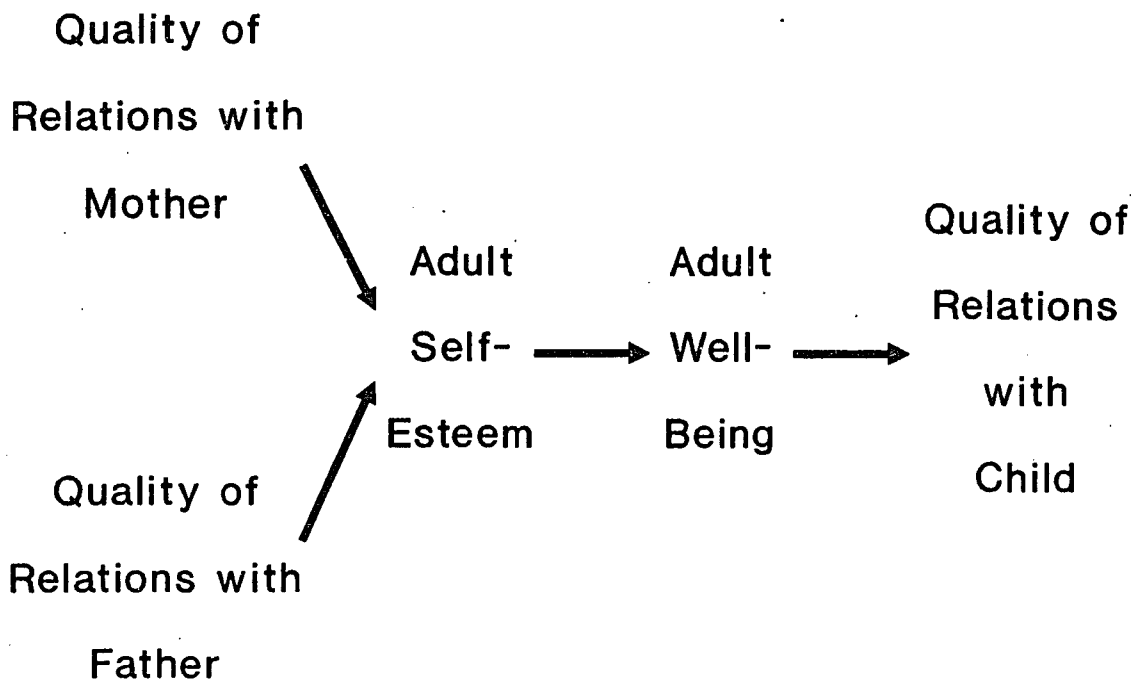


Figure 1. Conceptual model.

1983; Hammen, 1980). In fact, links between relationships with parents, self-esteem and well-being have been substantiated by Harter (1987, 1988a) in her studies of adolescents. However, adults have not been previously assessed.

Intergenerational Transmission

Intergenerational transmission is the theory underlying Figure 1. The theory proposes that preceding generations and interactions within the family of procreation affect the individual (Boszormenyi-Nagy & Ulrich, 1981; Bowen, 1978; Williamson & Bray, 1988). The quality of relationships in both family of origin and procreation have far-reaching implications for psychological well-being (Bowen, 1978; Williamson & Bray, 1988).

How Family Influence Transcends Generations

Familial bonds are created through the course of family interaction. Turner (1970) noted that members of families interact and share similar experiences and that this interaction sets them apart from others who have not shared the same past. Through interaction, the family comes to create its own particular conception of reality.

In retrospective reports and longitudinal designs, children who were poorly treated in their families of origin were at increased risk for becoming adults who related to their own children poorly (Caspi & Elder, 1990; Cicchetti & Rizley, 1981). Caspi and Elder (1990) noted that

intergenerational transmission occurs through a process by which individuals develop patterns of relationships in the family of origin that lead them to select subsequent environments in which the patterns can be easily enacted. Once the relational patterns are projected onto the new situation, they elicit responses from others that support and confirm them.

Intergenerational Transmission of Self-Esteem through Parenting

Many studies have examined the intergenerational transmission of parenting behaviors (Belsky & Pensky, 1990; Caspi & Elder, 1990; Grossman, Fremmer-Bombik, Rudolph, & Grossman, 1990). An indirect link between adult and child parenting may well exist through the effects of the adult's parenting on the child's psychological functioning. In other words, a parent may affect the child's psychological health that may, in turn, influence that child's parenting as an adult. For example, using data obtained on more than 200 men and women followed from adolescence through mid-life, Brooks (1981) discovered that when parents were happy and provided affectionate care and consistent discipline, they tended to raise adolescents who were socially and psychologically integrated, productive, and self-assertive. These personality traits predicted social maturity at mid-life, happy marriages, and a positive emotional climate in their families of procreation.

Drawing on the same database, Elder (1984) provided a detailed analysis of intergenerational transmission across four generations. He found that growing up in a home where marital conflict was frequent and parental care was controlling and hostile led to the development of unstable personalities in the children as adults. Exposure to similar care resulted in the development of behavior problems in the third generation and eventual aggressive behavior in adulthood. The fourth generation also developed aggressive behavior styles, thereby replicating the behavior patterns of their parents. The effects of adult parenting on later parenting by adult children via self-esteem and subsequent well-being have not yet been directly assessed, although intergenerational theory suggests that such effects would occur. The present investigation aims at filling this void in the literature.

The Role of Women in Intergenerational Transmission

Scholars have argued that people have the tendency to replicate the themes of previous generations in the context of later relationships (Caspi & Elder, 1990). It has been suggested that this dynamic may be especially evident in the lives of women.

Mothers, as traditional primary caretakers, spend more time than fathers interacting with children (Barnett, Baruch, & Rivers, 1985; LaRossa, 1988). Because of this greater investment, what children learn about relationships

and behavior is typically in association with their mothers. Barnett, Baruch and Rivers (1985) note that while fathers spend an average of 5.5 hours per week alone with children, mothers spend an average of 19.5 hours (350% more).

Rutter (1989) reported that the problems found in families with children in institutional care were most often associated with serious childhood adversities in the mother's family of origin rather than in the father's family of origin. Harvey, Curry and Bray (1991) found that for women, intimacy and individuation in relation to one's parents affected the quality of relationships with spouses and children. This finding supported Bowen's (1978) and Williamson and Bray's (1985, 1988) contention that significant relational patterns are passed from generation to generation and that this transmission tends to be through women rather than men. Fathers who become more active in parenting would be expected to contribute more to this process, and hence, intergenerational transmission of behaviors may occur increasingly through men.

Discontinuity in Intergenerational Transmission

Continuity in parent-child relationships across generations has been found in several studies (Belsky, 1978; Friedrich & Wheeler, 1982; Parke & Collmer, 1975). It is not, however, inevitable that dysfunction is transmitted across generations. Change may be accounted for by a person, such as a supportive spouse, who emerges and

intervenes in the transmissional process. Change may occur through corrective experiences in new relationships that disconfirm earlier established relational styles. Marriage may be one such event that creates opportunities for reconstructing definitions of others and of the self.

The Effect of a Positive Spousal Relationship

Effects on self-esteem. In the present study it is suggested that poor relationships with parents result in low self-esteem. However, the presence of a supportive spouse may moderate this relationship (see Figure 2). A number of studies have shown that support from a spouse influences a partner's level of self-esteem. For example, in a study of 294 married couples, Schafer and Keith (1984) found that individuals who perceived their mates as having a positive assessment of them had a positive assessment of themselves and of the marital relationship.

Belsky and Pensky (1990) suggested that, when discontinuity in intergenerational transmission occurs, it is a result of experiences that alter "working models." Their study indicated that every case of discontinuity was related to a relationship experience either with a spouse, schoolmate, or some non-parental adult that enhanced the individual's feeling of worth. They concluded that without corrective emotional experiences it would be difficult for a history of rejection and disregard to result in positive self-feelings.

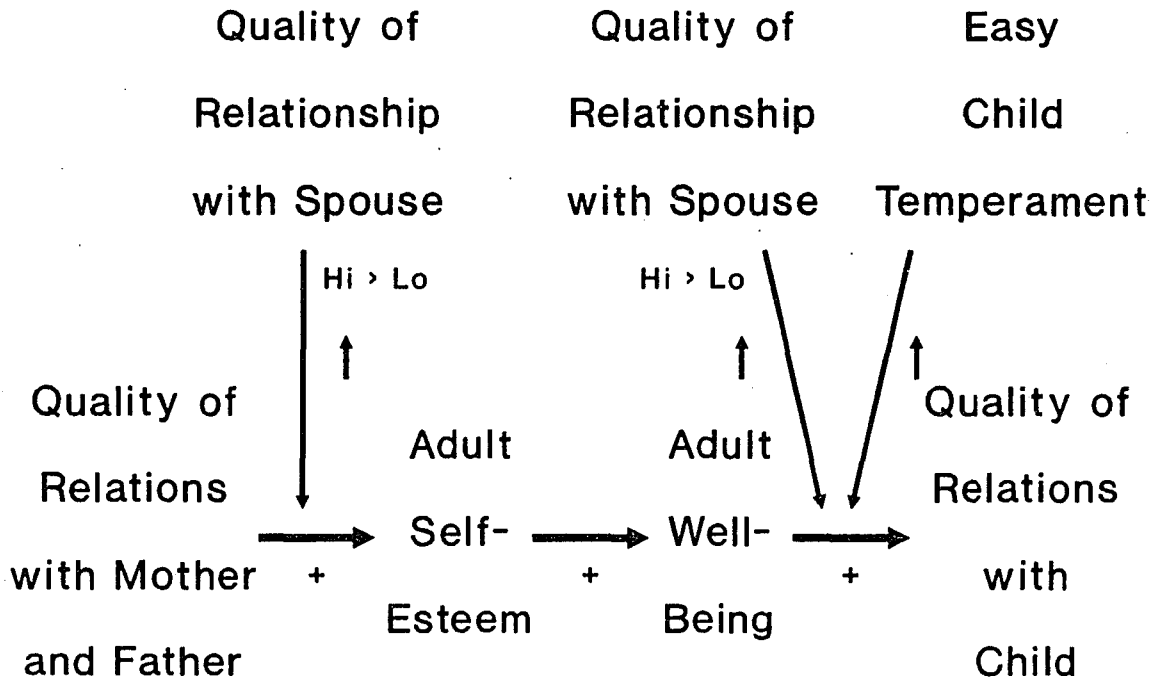


Figure 2. Moderator model.

Effects on well-being. Prominent in the studies of Sroufe and Fleeson (1990) and Grossman and colleagues (1990) are patterns of discontinuity associated with a third relationship that has intervened between the early parenting relationship and the parenting of the next generation. From this research, it appears that a warm, supportive spouse influences the quality of parenting of mothers by promoting their emotional well-being (see Figure 2) and by providing advice and assistance regarding the tasks and responsibilities of parenting (Simons et al., 1993). Spousal support has been implicated in enhancing parenting by promoting parent well-being in studies of parents and infants (Belsky & Isabella, 1988), toddlers (Goldberg & Easterbrooks, 1984), and preschoolers (Bristol, Gallagher, & Schopler, 1988).

The Effect of Child Temperament

Aside from a supportive spousal relationship, child temperament also may influence the association between well-being and relationship with child (see Figure 2). Child temperament, described as an individual-specific tendency toward responding to others in particular ways and toward having certain moods (Chess & Thomas, 1966; Thomas & Chess, 1977, 1980), affects the caregiver's behavior toward the child.

Infants have three core traits (emotionality, activity level, and sociability) that in combination, result in child

temperament. A child with difficult temperament typically has negative emotionality, low sociability and a high activity level. Difficult infants cry frequently, are fearful of new objects and experiences, and are highly active (Buss & Plomin, 1984). On the other hand, easy infants are calm and predictable. They are not fearful of new experiences, are easy-going and adaptable, and do not have high activity levels (Chess & Thomas, 1966; Thomas & Chess, 1977, 1980; Thomas, Chess, & Birch, 1968).

Research has indicated that whether a child has difficult or easy temperament has an effect on the parent's behavior toward the child. For example, Campbell (1979) and Milliones (1978) found that mothers who had children with difficult temperaments were less responsive to the child's needs and spent less time interacting with the child. Also, mothers who reported their children as having difficult temperaments in infancy spent less time engaging their children in teaching activities six months later (Maccoby, Snow, & Jacklin, 1984). Thus, the relationship between parent well-being and relationship with child may be affected by child temperament. In other words, if high well-being is associated with better parenting, this relationship may be stronger for parents who have children with easy temperaments. On the other hand, parents who have positive well-being may well have less positive

relationships with their children when the children have difficult temperaments.

Overview

In the literature reviewed, self-esteem was related to the quality of relationships that one has with parents and was implicated in affecting individual well-being. Well-being was, in turn, implicated in affecting one's relationships with one's own children through its effect on parenting. Research suggested that cross-generational continuities in parent-child relationships may well be mediated by the psychological characteristics that individuals develop, in part, as a result of experiences in their families of origin. Clearly, early relationships influence later relationships. Understanding precisely how the process of intergenerational transmission operates and whether it differs by sex has yet to be delineated (Rutter, 1989; 1990).

Finally, research was presented that implicated relationship with spouse as a variable that could affect the links between relationships with parents and self-esteem and well-being and relationships with one's children. Child temperament was proposed as an additional variable that could moderate the relationship between well-being and relationship with one's child. Given the literature reviewed, the following hypotheses were proposed.

Hypotheses

Hypothesis 1:

- a. Quality of relationships with father and mother, one's self-esteem and one's well-being will each have a positive, direct effect on quality of relationship with one's child.
- b. Quality of relationships with father and mother and one's self-esteem will have a positive, direct effect on one's well-being.
- c. Quality of relationships with father and mother will each have a positive, direct effect on one's self-esteem.

Hypothesis 2:

- a. Self-esteem will be indirectly related to quality of relationship with one's child through well-being.
- b. Quality of relationship with father and mother will be indirectly related to well-being through self-esteem.
- c. Quality of relationship with father and mother will be indirectly related to quality of relationship with one's child through well-being.

Hypothesis 3:

The positive associations between relationship with mother and father and self-esteem will be moderated by three dimensions of quality of relationship with

spouse: (a) happiness (b) consensus and (c) stability. Specifically, the positive associations between quality of relationships with mother and father and self-esteem will be stronger for those individuals having high levels of marital happiness, spousal consensus and marital stability.

Hypothesis 4:

The positive association between well-being and quality of relationship with one's child will be moderated by three dimensions of quality of relationship with spouse: (a) happiness (b) consensus and (c) stability. Specifically, the positive association between well-being and quality of relationship with one's child will be stronger for those individuals having high levels of marital happiness, spousal consensus and marital stability.

Hypothesis 5:

The positive association between well-being and quality of relationship with one's child will be moderated by child temperament. Specifically, the positive association between well-being and quality of relationship with one's child will be stronger for those individuals whose child has a positive or easy temperament.

CHAPTER III

METHOD

The Data Source

The data for the present study were taken from the National Survey of Families and Households (NSFH; Sweet, Bumpass, & Call, 1988). The NSFH was devised to investigate the factors contributing to changing family structures and the outcomes of these changes. The project was designed and carried out by a multi-disciplinary research team at the University of Wisconsin-Madison.

Data were collected using a cross-sectional design, although many retrospective techniques were used to assess past life events and experiences. Survey questions were devised by the research team who reviewed past literature and survey experience within all substantive areas. In all, 18 months were spent devising the basic structure of the NSFH.

The sample. The sample was a national, multi-stage probability sample containing 17,000 housing units drawn from 100 areas in the United States. To obtain the sample, the Institute for Survey Research's Primary Sampling Unit (PSU) National Sampling Frame based on 1985 population projections was used. The PSU's were defined by dividing

all counties into two groups: self-representing areas, or those areas with 2 million people or more (standard metropolitan statistical areas), and the rest of the country. The 18 self-representing areas comprised 36% of the nation's total population. The larger of these areas were divided into 2 or more smaller PSU's. Total number of self-representing PSU's was 37.

PSU's for the rest of the country were selected from counties with at least 150,000 people and combinations of adjacent counties with 150,000 combined population. These areas were divided into 32 strata on the basis of region and metropolitan status and one or more of the following variables: degree of urbanization, rate of economic growth, racial composition, and proportion of Hispanic population. From each stratum, two areas were selected with probabilities proportional to population size.

Block groups were selected from the PSU's. The number selected within each PSU depended on its population size with an average of 17 per PSU. Within each of these 1,700 secondary selection units, listing areas were created. Listing areas were composed of 45 or more households. One listing area was selected from each secondary selection unit. Approximately 20 housing units were selected from each listing area. These procedures resulted in an equal probability sampling frame of 1,700 listing areas. A "Lister" was sent to each of the 1,700 areas to list all

addresses within the area boundaries. From these lists of addresses, approximately 20 addresses were selected for inclusion in the sample. Half of the addresses were assigned to the main sample and the other to the oversample.

The entire sample includes data collected on 13,017 persons and reflects a balance between statistical considerations (the larger the sample, the more precise the statistical estimates derived) and cost. A base sample consisted of 9,643 households. The other 3,374 resulted from an oversampling of certain demographic groups: African-Americans, Puerto Ricans, Mexican-Americans, single-parent families, families with stepchildren, recently married persons and cohabiting couples.

Data collection procedures. A letter was sent to each sample address informing the household of the survey and that an interviewer would be visiting the home. The interviewer visited the home and completed a screening form. In the main sample, the screening involved randomly selecting an adult member of the household (19 years of age or older) to be the primary respondent. In the oversample, the interviewer randomly selected an adult as the primary respondent and determined whether the household was eligible for the oversample. Respondent selection was determined at the end of the screening interview.

In each household, data were collected on primary and secondary respondents. The primary respondent was randomly

selected from each household. The secondary respondent was the primary respondent's spouse or cohabitor. The target population included persons ages 19 and older living in households and able to be interviewed in English or Spanish. Only 259 interviews (2%) were conducted in Spanish.

The primary respondent was interviewed in the home by a trained interviewer. Sensitive material was assessed via self-administered questionnaires. Sample topics in the survey included well-being, social support and participation, experience of marital separation, quality of relationships with children and/or stepchildren, and relationships with parents and siblings.

Financial considerations did not allow for collecting complete survey information on both marital or cohabiting partners. Therefore, a self-administered questionnaire was completed by the secondary respondent. The spouse/partner questionnaire was 45 pages long and took approximately 30 minutes to complete. This questionnaire was completed either at the time of the primary respondent's interview or was filled out at the spouse/partner's convenience and picked up at a later date by the interviewer. All questions asked of the secondary respondent were replicates of questions in the primary respondent's survey. Most of these questions pertained to attitudes and the respondent's perception of the marital relationship.

Much of the survey involved questions about the respondent's children. Instead of randomly selecting a child from each household, the children who fit the criteria were listed. For example, some questions required information about biological children while others required information about stepchildren. The child whose first name came first alphabetically was used as the focal child.

The proportion of the entire sample married or cohabiting and eligible for a secondary respondent questionnaire was 57.3%. (52.1% married, 5.2% cohabiting). The response rate for married secondary respondents was 83.2% and 76.5% for cohabiting secondary respondents.

Missing data and coding. Interviewers who did not obtain complete information were sent missing information forms and asked to re-contact the respondent to supply the missing information. This process resulted in more accurate interviewing, given that interviewers were aware that they would have to return to the household in the event of missing data. Also, interviewers were sent error reports on their work whether or not missing data were present.

Surveys were sent to coders who interpreted the coding strip on the self-administered questionnaire and the open-ended questions. Responses to open-ended questions that did not appear in the coding manual were sent to the principal investigators for coding. These were then examined and placed in a coded category.

The Data for the Present Study

For the present study, the interest was in the respondent's perceptions of their relationships with their parents, the respondent's self-esteem and well-being, and the respondent's relationships with their children. Also of interest was whether a positive relationship with the spouse and child temperament moderated the noted relationships. Because of this focus, only first-married respondents and their spouses were selected from the pool as subjects. This was done to alleviate any complications that might have arisen from including persons in subsequent marriages who may or may not have stepchildren. For the sake of simplicity and controlling for extraneous variables, only first-married respondents, their first-married spouses, and their (the married couple's) biological children were included in the analyses. Given these requirements, the final sample for the study was 3,845 (1,986 males, 1,859 females).

Subject characteristics. A number of demographic variables were measured. These included the age, race, and level of education of the respondent, and family income. Age and race were assessed via questions on the survey. Education was assessed using a variable that measured highest number of years completed. Income was assessed by a variable that determined the family's total income,

including income from interest, dividends, wages or salary, government assistance and any other sources.

The distribution of these variables indicated that the sample was 80.6% Caucasian, 10.2% African-American, 7.9% Hispanic, and 1.3% divided among Asian-American and American Indian. Mean age was 42.3 years (range = 19 to 97; median = 38 yrs; SD = 16.20). Average education was 12.69 years or completion of high school (range = 0 to 17 yrs; median = 12.00; SD = 3.02). Income ranged from \$0 to \$400,000 with a mean of \$40,100 (median = \$33,100; SD = \$34,885).

Measures

Relationship with mother and father. The relationship of the respondent to his/her parents (both mother and father) was assessed by two questions: "How would you describe your relationship with your mother?" and "How would you describe your relationship with your father?" Responses ranged from very poor (1) to excellent (7) with high scores indicating more positive relationships. Mean scores were 6.01 (SD = 1.27) and 5.59 (SD = 1.58), respectively.

Self-esteem. Self-esteem of the respondent was assessed by a composite variable created from four questions extracted from Rosenberg's Self-Esteem Scale (Rosenberg, 1979): "I have always felt pretty sure my life would work out the way I wanted it to," "I feel that I am a person of worth, at least on an equal plane with others," "On the whole, I am satisfied with myself," and "I am able to do

things as well as other people." Responses to each item were scored strongly disagree (1) to strongly agree (5). Scores on the composite ranged from 4 to 20 (mean = 15.92; SD = 2.37) with high scores indicating higher self-esteem. Cronbach's alpha for the four items was .87.

Well-being of the respondent. To determine the psychological well-being of the respondent, the following question was used: "Taking all things together, how would you say things are these days?" Responses ranged from very unhappy (1) to very happy (7) with high scores indicating higher psychological well-being. The mean score was 5.68 (SD = 1.27).

Quality of relationship with child. Quality of relationship with child was assessed in relation to a focal child age 5-11 (age at which self-esteem is formed in relation to interactions with parents). The following questions were used: How often do you (a) praise the child, (b) allow the child to help set rules, and (c) hug the child. Responses on each item were scored never (1) to very often (4). A composite was formed by summing the responses to these questions, with a high score indicating a more positive relationship with child. Composite scores ranged from 3 to 12 (mean = 9.82, SD = 1.56). Cronbach's alpha for the three items was .94.

Relationship with spouse. In order to determine the quality of the relationship of the respondent to his/her

spouse, three dimensions of relationship quality were assessed: happiness, consensus, and stability. The happiness dimension was assessed by the following question: "Taking all things together, how would you describe your marriage?" Responses ranged from very unhappy (1) to very happy (7) with high scores indicating a more positive relationship with spouse (mean = 6.22; SD = 1.11).

The consensus dimension was assessed by a composite variable created from the following four items extracted from the Dyadic Adjustment Scale (Spanier & Filsinger, 1983): "How often have you and your spouse disagreed over the following items in the past month? (a) money, (b) sex, (c) household tasks, and (d) spending time together. Items were scored everyday (1) to never (7). Responses on the composite ranged from 4 to 28 with high scores indicating higher consensus (mean = 20.27, SD = 3.6). Cronbach's alpha for the composite was .82.

The stability dimension was assessed by a composite variable created from two questions: "Do you feel that your marriage is in trouble?" and "Have you and your spouse discussed the idea of separating in the past year? Responses on each item were coded either yes (1) or no (2). Responses on the composite ranged from 2 to 4 with high scores indicating higher stability (mean = 3.18, SD = .75). The internal consistency of the composite was .95.

Child temperament. To determine child temperament, three questions were used that asked the spouse to report on the focal child: "The child (a) is willing to try new things, (b) loses temper easily, and (c) keeps self busy. Responses on each item ranged from often true (1) to not true (3). So that a high score on any individual item indicated easy or good temperament, item (a) was reverse scored. A composite was then created and high scores indicated easier or more positive temperament. Responses on the composite ranged from 3 to 8 (mean = 6.07; SD = .92). Cronbach's alpha for the composite was .97.

Control variables. In all regression equations, certain variables were entered first as a block to serve as controls. These variables were education (chosen as an indicator of socioeconomic status), age of respondent, and average number of hours spent at work per week. These variables are often correlated with the dependent variable, quality of relationship with child (Brazelton, 1989; LeMasters & DeFrain, 1989; Morris, 1988; Sedlack, 1989).

Education was measured on a 17-point ordinal scale and ranged from no education to post-baccalaureate experience. Age of the respondent was measured on a ratio scale and ranged from 19 to 97 years of age. Average number of hours spent at work per week was measured on a ratio scale and ranged from 1 to 65 hours per week.

A summary of the means and standard deviations of all variables in the model (independent, dependent and moderators), as well as the three control variables, appears in Table 1.

Table 1

Means and Standard Deviations for Independent, Dependent, Moderator and Control Variables (N = 3,845)

Variable	Mean	<u>SD</u>
Relationship Mother	6.01	1.27
Relationship Father	5.59	1.58
Self-esteem	15.91	2.37
Well-being	5.68	1.27
Relationship Child	9.82	1.56
Marital Happiness	6.22	1.11
Marital Consensus	20.27	3.57
Marital Stability	3.18	.75
Child Temperament	6.07	.92
Education	12.69	3.02
Age	42.31	16.20
Work	37.85	13.68

Preliminary Analyses and Assumption Testing

The Statistical Package for the Social Sciences (SPSS) provided software for all analyses. The demographic variables were examined via frequency counts and by obtaining descriptive statistics such as means, medians and standard deviations. The frequencies procedure allowed for examination of how different values of variables occurred in the data. Due to this procedure's exploratory function, there were no statistical assumptions that required examination for possible violations.

Pearson's product-moment correlations were generated to examine the strength and direction of the linear relationships between all variables: quality of relationship with mother, quality of relationship with father, self-esteem, well-being, quality of relationship with child, child temperament, dimensions of relationship with spouse, age, education, and average number of hours worked per week. Scatterplots of pairs of variables were generated to detect possible outliers (aberrant scores) that would affect the correlation coefficient, as well as to examine whether or not a computed r would accurately summarize the relationship between two variables (a linear as opposed to a curvilinear relationship). These scatterplots indicated no extreme outliers or curvilinear relationships.

To examine whether there were differences between men and women on any of the variables in the model, t-tests were computed. This procedure allowed for detection of statistically significant differences in the means of the two groups on each of the model variables. A small significance level indicates that the hypothesis of no difference can be rejected and that the means for the two groups are statistically different. Assumptions included equal variance and normal distribution of each variable in each sample, random selection, and independence of samples.

Testing Figures 1 and 2 required preliminary testing of the statistical assumptions for multiple regression. These assumptions were normality, linearity and homoscedasticity. Plots of the residuals against the predicted values revealed no discernable patterns. It was concluded that the assumptions of linearity and equality of variance or homoscedasticity were met. Finally, histograms of the residuals were generated. This test indicated no serious violations of the normality assumption.

Path Analysis

Hypotheses 1 and 2 propose direct and indirect associations between the variables in Figure 1. These associations were examined using a path analytic procedure (Pedhazur, 1982).

The path analysis was conducted in the following way: In step 1, the dependent variable, quality of relationship

with child, was regressed on all preceding variables in the model (well-being, self-esteem, quality of relationship with mother and quality of relationship with father). In step 2, well-being served as the dependent variable and was regressed on all preceding variables (self-esteem, quality of relationship with mother and quality of relationship with father). Finally, in step 3, self-esteem served as the dependent variable and was regressed on quality of relationship with mother and quality of relationship with father. At each step, education, age, and average number of hours spent at work per week were entered as control variables.

The path analysis, which used a series of multiple regression equations, allowed for the examination of all direct and indirect associations between variables in the model (Pedhazur, 1982). Because it was indicated from past research that the relationships between variables would differ for men and women, the path analysis was computed twice: once for males and once for females.

Testing the Moderators

Hypotheses 3, 4 and 5 propose that two variables, quality of relationship with spouse and child temperament, would moderate the relationships depicted in Figure 2. To examine the effects of these moderator variables, hierarchical multiple regression with interaction terms was used (Baron & Kenny, 1986; Jaccard, Turrisi, & Wan, 1990).

It was hypothesized that quality of relationship with spouse would moderate the relationship between quality of relationship with mother and self-esteem, as well as relationship with father and self-esteem (Hypothesis 3). Recall that the moderator variable in this instance has three dimensions (happiness, consensus and stability). Given that these three dimensions together had a very low internal consistency (Cronbach's alpha = .14), each dimension was used as a separate moderator variable. In other words, the association between relationship with mother and self-esteem was tested for moderation by each of the three dimensions, as was the association between relationship with father and self-esteem. This strategy yielded six equations: relationship with mother and self-esteem moderated by (1) happiness, (2) consensus, and (3) stability; relationship with father and self-esteem moderated by (4) happiness, (5) consensus, and (6) stability. However, given that these relationships were expected to be different for male and female respondents, a total of 12 equations were calculated: the six described, calculated once for males and once for females.

It was hypothesized that quality of relationship with spouse would moderate the relationship between adult well-being and quality of relationship with child (Hypothesis 4). Again, the moderator variable has three dimensions (happiness, consensus and stability), each used as a

separate moderator variable. This strategy yielded 3 equations (well-being and quality of relationship with child moderated by (1) happiness, (2) consensus, and (3) stability). Because these relationships were expected to be different for males and females, the equations were computed separately by sex yielding a total of 6 equations.

Finally, it was hypothesized that child temperament would moderate the relationship between adult well-being and quality of relationship with child (Hypothesis 5). Again, equations were run separately for males and females yielding a total of 2 equations (well-being and quality of relationship with child moderated by child temperament computed for (1) males and (2) females).

Example of moderator model construction. To illustrate how regression models were constructed to investigate moderator effects, the association between quality of relationship with mother and self-esteem as moderated by one dimension of relationship with spouse (happiness) will be used. To conduct this analysis, the control variables, (education, age, and average number of hours spent at work per week) were entered first as Block 1. Next, quality of relationship with mother (continuous variable) and happiness with spouse (dichotomous variable; 0 = low happiness, 1 = high happiness) were entered as Block 2. Finally, the interaction term representing relationship with mother by happiness with spouse was entered as Block 3. Before

creating the interaction term used in Block 3, the variables of interest (relationship with mother and happiness with spouse) were each centered by subtracting their respective means (Jaccard et al., 1990). This procedure was used to help inhibit multicollinearity without changing parameter estimates.

A moderating effect (interaction) was designated by a statistically significant change in the F-value from Block 2 to Block 3. This process of model building and interpretation was used for each of the 20 equations described.

CHAPTER IV

RESULTS

Preliminary Analyses

As stated in the previous chapter, a number of preliminary analyses were conducted before testing the hypotheses. These analyses included correlations to test associations between variables, and t-tests to detect differences between males and females.

Correlations. Pearson product-moment correlations were computed to examine the strength and direction of the associations between all variables (independent, dependent, moderators and controls). Results of this analysis are presented in Table 2 and indicate several important findings. First, relationship with mother (V1) was positively related to all other variables with the exception of education. Specifically, relationship with mother was strongly related to relationship with father and age ($r = .51$; $r = .65$), moderately related to relationship with child and consensus and stability in the marital relationship ($r = .25$; $r = .29$; $r = .20$) and weakly correlated with self-esteem, well-being, happiness in marriage, child temperament and hours worked ($r = .10$; $r = .14$; $r = .07$; $r = .17$; $r = .10$; respectively).

Table 2

Zero-order Correlations Between All Variables (N = 3,845)

Variables	V1	V2	V3	V4	V5	V6	V7	V8	V9	V10	V11	V12	
V1 Rela. Mother	1	.51 ^d	.10 ^d	.14 ^d	.25 ^d	.07 ^d	.29 ^d	.20 ^d	.17 ^d	.02	.65 ^d	.10 ^d	
V2 Rela. Father			.06 ^d	.09 ^d	.18 ^d	.04 ^a	.25 ^d	.17 ^d	.15 ^d	.02	.62 ^d	.08 ^d	
V3 Self-esteem				.30 ^d	.12 ^d	.13 ^d	.23 ^d	.19 ^d	.03	.28 ^d	.10 ^d	.04 ^a	
V4 Well-being					.16 ^d	.49 ^d	.31 ^d	.35 ^d	.05 ^c	.18 ^d	.14 ^d	.03	
V5 Rela. Child						.13 ^d	.21 ^d	.16 ^d	.34 ^d	.07 ^d	.27 ^d	.05 ^b	
V6 Marit. Happy							.28 ^d	.40 ^d	.07 ^d	-.002	.06 ^d	-.01	
V7 Marit. Consen.								.35 ^d	.13 ^d	.16 ^d	.38 ^d	.09 ^d	
V8 Marit. Stabil.									.09 ^d	.08 ^d	.24 ^d	.03	
V9 Child Temper.										-.01	.21 ^d	.04 ^b	
V10 Education											.04 ^a	.03	
V11 Age												.14 ^d	
V12 Work													1

a = $p < .05$. b = $p < .01$. c = $p < .001$. d = $p < .0001$.

Relationship with father (V2) was positively associated with self-esteem, well-being, relationship with child, consensus and stability in marriage, child temperament, age and work. Specifically, relationship with father was strongly related to age ($r = .62$), moderately related to marital consensus ($r = .25$) and weakly correlated with self-esteem, well-being, relationship with child, marital stability, child temperament and hours worked ($r = .06$; $r = .09$; $r = .18$; $r = .17$; $r = .15$; $r = .08$; respectively). Relationship with father was less significantly related to marital happiness ($r = .04$, $p < .05$), and not related to education.

Self-esteem (V3) was positively related to well-being, relationship with child, marital happiness, consensus and stability, education and age. Specifically, self-esteem was moderately related to well-being, marital consensus, and education ($r = .30$; $r = .23$; $r = .28$) and weakly correlated with relationship with child, marital happiness and stability, and age ($r = .12$; $r = .13$; $r = .19$; $r = .10$; respectively). Self-esteem was less significantly related to work ($r = .04$, $p < .05$) and was not related to child temperament.

Individual well-being (V4) was positively related to relationship with child, marital happiness, consensus and stability, education and age. Specifically, well-being was strongly related to marital happiness ($r = .49$), moderately related to marital consensus and stability ($r = .31$; $r =$

.35) and weakly correlated with relationship with child, education, and age ($r = .16$; $r = .18$; $r = .14$). Well-being was less significantly related to child temperament ($r = .05$, $p < .001$) and not related to hours worked.

Relationship with child (V5) was positively related to marital happiness, consensus and stability, child temperament, education and age. Specifically, relationship with child was moderately related to marital consensus, child temperament and age ($r = .21$; $r = .34$; $r = .27$) and weakly correlated with marital happiness and stability, and education ($r = .13$; $r = .16$; $r = .07$). Relationship with child was less significantly associated with hours worked ($r = .05$, $p < .01$).

Marital happiness (V6) was positively related to marital consensus and stability, child temperament and age. Specifically, marital happiness was moderately related to marital stability ($r = .40$) and consensus ($r = .28$) and weakly related to child temperament and age ($r = .07$; $r = .06$). Marital happiness was not related to education or to average number of hours worked.

Marital consensus (V7) was positively related to marital stability, child temperament, education, age and work. Specifically, consensus was moderately associated with marital stability and age ($r = .35$; $r = .38$) and weakly related to child temperament, education and hours worked ($r = .13$; $r = .16$; $r = .09$).

Marital stability (V8) was positively related to child temperament, education and age. Specifically, stability was moderately related to age ($r = .24$) and weakly associated with child temperament and education ($r = .09$; $r = .08$). Stability was not significantly related to number of hours worked.

Other findings were that child temperament (V9) was moderately related to age ($r = .21$; $p < .0001$), weakly related to hours worked ($r = .04$, $p < .01$), and not associated with education. Education (V10) was positively yet weakly associated with age ($r = .04$, $p < .05$) and was not related to average number of hours worked per week. Finally, age (V11) was significantly yet weakly associated with hours worked ($r = .14$, $p < .0001$).

T-tests. The results of the t-tests (see Table 3) indicated that there were significant differences between males and females on four variables: relationship with mother, relationship with father, self-esteem and marital stability. Specifically, the analyses indicated that males reported more positive relationships with both fathers and mothers than did females. Also, males reported higher levels of self-esteem and more marital stability than did females. However, males and females did not differ in their reports of well-being, relationship with child, marital happiness and consensus, and child temperament.

Table 3

Results of T-tests Examining Differences Between Men and Women on Independent, Dependent and Moderator Variables

Variables	Mean		t
	Men ($n = 1,986$)	Women ($n = 1,859$)	
Relationship Mother	37.31	33.67	2.67**
Relationship Father	51.27	48.19	2.11*
Self-esteem	16.92	16.56	2.55*
Well-being	5.76	5.77	-.41
Relationship Child	14.49	14.58	-.62
Marital Happiness	6.24	6.20	1.08
Marital Consensus	21.04	21.14	-.69
Marital Stability	10.36	9.94	3.44***
Child Temperament	16.01	16.01	.04

* $p < .05$. ** $p < .01$. *** $p < .001$.

Path Analysis for Men

It was expected that the relationships depicted in Figure 1 would be different for men and women. Thus, separate path analytic models were computed for males and females.

Direct effects. In terms of direct effects, the path analysis computed for males (see Figure 3) revealed partial support for Hypothesis 1. First, relationship with father did not predict quality of relationship with child. However, relationship with mother, well-being and self-esteem were each directly related to quality of relationship with child (Beta = .15, $p < .0001$; Beta = .08, $p < .001$; Beta = .08, $p < .001$), with relationship with mother showing the strongest effect. Second, self-esteem and relationship with mother predicted well-being (Beta = .26, $p < .0001$; Beta = .06, $p < .05$), whereas relationship with father was not directly related. Finally, relationship with mother predicted self-esteem (Beta = .09, $p < .01$) whereas relationship with father did not.

Thus, Hypotheses 1a and 1b were partially supported for men with the expected direct effects emerging between all variables with the exception of relationship with father which did not predict relationship with child or well-being. Hypothesis 1c was supported for relationship with mother but not for relationship with father.

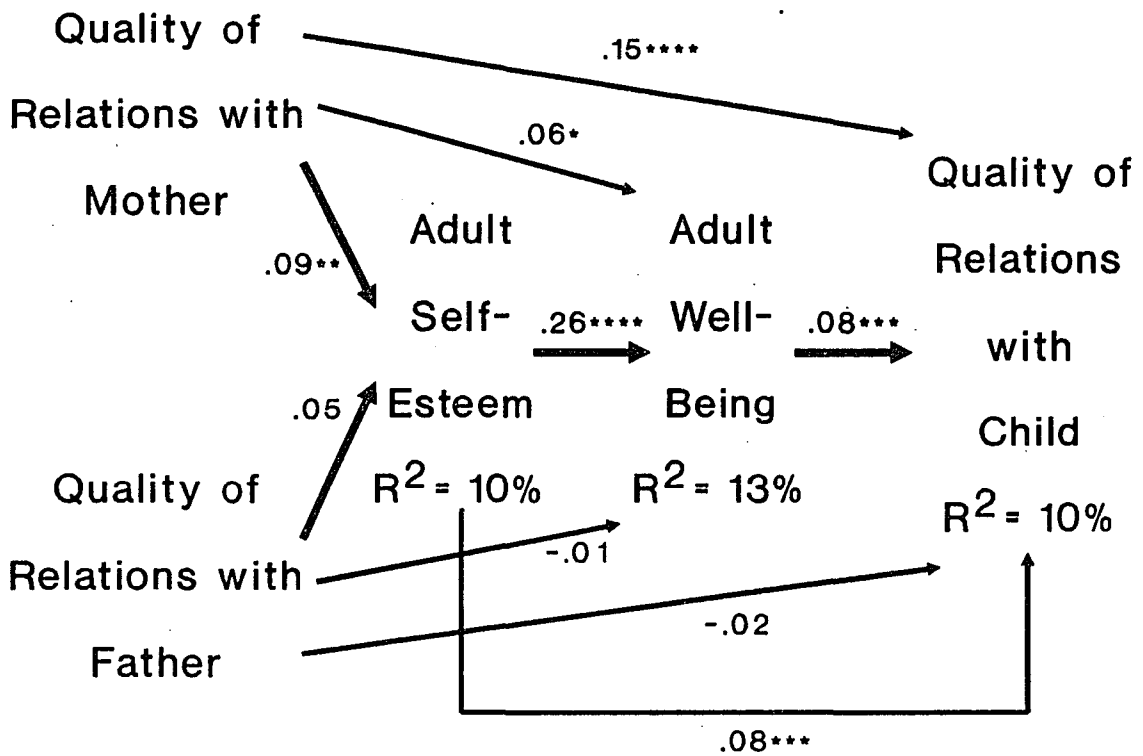


Figure 3. Path analysis for males. * $p < .05$. ** $p < .01$.
 *** $p < .001$. **** $p < .0001$.

Indirect effects. Hypotheses 2a, 2b and 2c proposed indirect effects. Hypothesis 2a, that self-esteem would be related indirectly to quality of relationship with one's child through well-being, was supported. Low self-esteem predicted low well-being. Low well-being, in turn, predicted a less positive relationship with one's child in terms of impaired (less warm and more directive) parenting. Thus, adult self-esteem was related to quality of relationship with child directly and indirectly via adult well-being.

Hypothesis 2b, that relationships with mother and father would be indirectly related to well-being through self-esteem, was partially supported. A low quality relationship with one's mother, but not with one's father, predicted low self-esteem which, in turn, predicted low well-being. Thus, relationship with mother was related to well-being both directly and indirectly through its effect on adult self-esteem.

The hypothesized indirect effect of relationships with mother and father on relationship with one's child through well-being (Hypothesis 2c) was supported only for relationship with mother. A poor relationship with one's mother predicted low well-being. Low well-being, in turn, predicted a low quality relationship with one's child in terms of less warm and more directive parenting. Thus,

relationship with mother was related to relationship with child both directly and indirectly via adult well-being.

In summary, two pathways can be followed from quality of relationship with one's mother to quality of relationship with one's child. One path shows that a lower quality relationship with one's mother predicts lower self-esteem. Lower self-esteem predicts poorer well-being that, in turn, predicts a less positive relationship with one's child. A second path shows that a lower quality relationship with one's mother predicts lower well-being. Lower well-being, in turn, predicts a less positive relationship with one's child. Overall, the model predicted 10% of the variance (R -square) in quality of relationship with child.

Path Analysis for Women

Direct effects. In terms of direct effects, the path analysis computed for females (see Figure 4) revealed partial support for Hypothesis 1. First, neither relationship with father nor self-esteem were associated with relationship with child. However, relationship with mother and well-being predicted quality of relationship with child ($Beta = .07, p < .05$; $Beta = .11, p < .0001$), with well-being showing the strongest direct effect. Second, whereas relationship with mother and self-esteem predicted well-being ($Beta = .06, p < .05$; $Beta = .25, p < .0001$), relationship with father was not related to well-being.

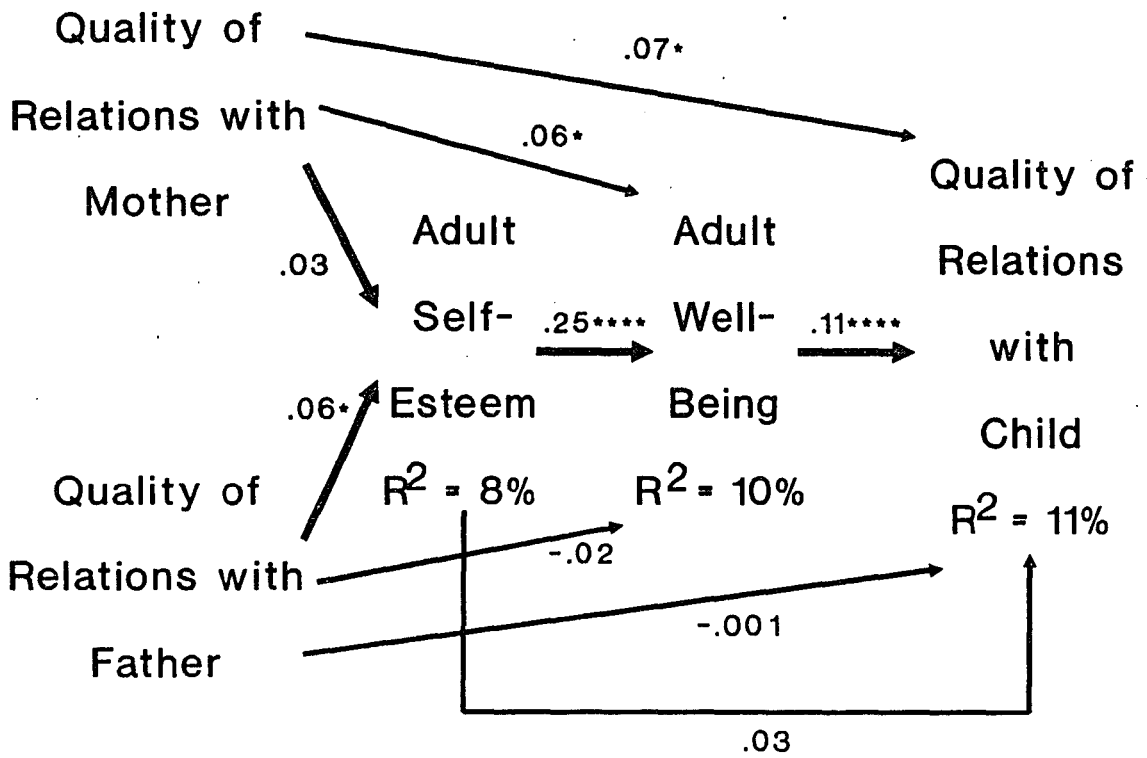


Figure 4. Path analysis for females. $*p < .05$. $**p < .01$. $***p < .001$. $****p < .0001$.

Finally, relationship with father, but not with mother, predicted self-esteem ($\text{Beta} = .06, p < .05$).

Thus, Hypotheses 1a, 1b and 1c were supported for women in the expected way with the exception of self-esteem and relationship with father predicting relationship with child, relationship with father predicting well-being and relationship with mother predicting self-esteem.

Indirect effects. Hypotheses 2a, 2b and 2c proposed indirect effects. Hypothesis 2a, that self-esteem would be indirectly related to quality of relationship with one's child through well-being, was supported. Lower self-esteem predicted lower well-being. Lower well-being, in turn, predicted a less positive relationship with one's child in terms of impaired (less warm and more directive) parenting. Thus, self-esteem was related indirectly, through well-being, to quality of relationship with one's child.

Hypothesis 2b, that relationships with mother and father would be related indirectly to well-being through self-esteem, was partially supported. A poor relationship with one's father, but not with one's mother, predicted low self-esteem. Low self-esteem, in turn, predicted low well-being. Thus, relationship with father was related to well-being indirectly through its effect on self-esteem.

Hypothesis 2c proposed that relationships with mother and father would be related indirectly to relationship with child through well-being. The hypothesis was supported only

for relationship with mother. A less positive relationship with one's mother predicted low well-being. Low well-being, in turn, predicted a less positive relationship with one's child in terms of impaired parenting. Thus, relationship with mother was related to relationship with child both directly and indirectly through its effect on adult well-being.

In summary, two paths can be followed from quality of relationship with one's parents to quality of relationship with one's child. One path shows that a lower quality relationship with one's father predicts lower self-esteem. Lower self-esteem predicts poorer well-being that, in turn, predicts a less positive relationship with one's child. A second path shows that a lower quality relationship with one's mother predicts lower well-being. Lower well-being, in turn, predicts a less positive relationship with one's child. Overall, the model predicted 11% of the variance (R-square) in quality of relationship with one's child.

Relationships with Parents and Self-Esteem Moderated by the Spousal Relationship

It was hypothesized (Hypothesis 3) that the associations between relationships with father and mother and adult self-esteem would be moderated by the spousal relationship. Three dimensions of relationship with spouse were assessed (happiness, consensus, and stability), each constituting a separate moderator. Results from the

moderator analyses are discussed separately for happiness, consensus and stability, and for fathers and mothers. All models were computed twice, once for males and once for females, to detect differences in these relationships by sex.

Relationship with father and self-esteem as moderated by marital happiness. The first model suggested that the association between relationship with father and adult self-esteem would be moderated by marital happiness. Results indicated that for males (see Appendix A, Table 1 (Table A-1)), the F-change between Block 2 and Block 3 was not significant ($F\text{-change} = .36, p < .55$), indicating the absence of a moderating effect. That is, for males, marital happiness did not affect the association between relationship with father and self-esteem. The result for females was the same as that obtained for males. Once again, the $F\text{-change}$ from Block 2 to Block 3 was non-significant ($F\text{-change} = .04, p < .84$) indicating the absence of a moderating effect of marital happiness on the relationship of interest. The model explained the same amount of variance in self-esteem for both males and females (about 7%).

Relationship with mother and self-esteem moderated by marital happiness. The second model suggested that the association between relationship with mother and adult self-esteem would be moderated by marital happiness. For males

(see Table A-2), results indicated that there was not a significant F -change from Block 2 to Block 3 indicating the absence of a moderating effect of marital happiness (F -change = 1.95, $p < .16$). The same result held for females with the F -change being non-significant (F -change = .08, $p < .78$). Marital happiness did not affect the association between relationship with mother and self-esteem for either males or females. Again, the model explained the same amount of variance in self-esteem for both men and women (about 7%).

Relationship with father and self-esteem moderated by spousal consensus. For males (see Table A-3), the F -change was not significant (F -change = .52, $p < .47$) indicating the absence of a moderating effect of spousal consensus. That is, spousal consensus did not affect the association between relationship with father and self-esteem. Similarly, for females the F -change was not significant (F -change = 2.15, $p < .14$). Interestingly, the model explained more of the variance in self-esteem for males (14%) than it did for females (9%).

Relationship with mother and self-esteem moderated by spousal consensus. In examining the association between relationship with mother and self-esteem as moderated by spousal consensus for males (see Table A-4), results indicated that the F -change value was not significant (F -change = .83, $p < .36$) suggesting the absence of a

moderating effect of spousal consensus. The result was identical for females. The F -change from Block 2 to Block 3 was not significant (F -change = 2.96, $p < .09$). Thus, for males and females, spousal consensus did not moderate the association between relationship with mother and adult self-esteem. The model explained more of the variance in self-esteem for males (15%) than it did for females (9%).

Relationship with father and self-esteem moderated by marital stability. Results were non-significant for males (see Table A-5); the non-significant F -change (F -change = 1.99, $p < .16$) indicated that marital stability did not moderate the association between relationship with father and self-esteem. Similar results were found for females. The F -change was again not significant (F -change = 1.9, $p < .17$). Overall, marital stability did not affect the association between relationship with father and self-esteem for either males or females. The model explained slightly more of the variance in self-esteem for males (12%) than it did for females (10%).

Relationship with mother and self-esteem moderated by marital stability. For males (see Table 4), the F -change was significant (F -change = 6.84, $p < .009$) suggesting the presence of a moderating effect of marital stability on the association between relationship with mother and self-esteem.

Table 4

Regression Models of Self-Esteem on Relationship with Mother
Moderated by Marital Stability

Variables	Males n = 1,986		Females n = 1,859	
	b	Beta	b	Beta
Education	.101	.278***	.094	.250***
Age	-.010	-.034	.015	.060*
Work	.006	.025	.002	.015
Relationship Mother	.009	.086**	.002	.018
Marital Stability	.285	.224***	.109	.106**
Mother x Stability	.227	.084**	-.090	-.042
Constant	9.48		14.32	
F(df)	47.54 (6, 1979)		33.54 (6, 1852)	
Adj. R-square	.123		.095	

Note. b = Unstandardized beta.

* $p < .05$, ** $p < .01$, *** $p < .0001$

After controlling for education, age and average number of hours spent at work per week, the positive association between relationship with mother and self-esteem was stronger for those men who reported more marital stability. This did not reflect a pure moderating effect. The main effects of relationship with mother and stability with spouse did not fall to non-significance once the interaction term was entered into the equation.

For females, this result did not emerge (see Table 4), as the F -change was not significant (F -change = 1.52, $p < .22$). For females, marital stability did not moderate the relationship of interest. Overall, the model explained slightly more of the variance in self-esteem for males (12%) than it did for females (10%).

Overall, marital happiness and marital consensus did not affect the associations between quality of relationships with parents and self-esteem for either males or females. The association between relationship with mother, not father, and self-esteem was moderated by marital stability only for males. The positive association between relationship with mother and self-esteem was stronger for men with higher marital stability.

Moderators of Well-being and Relationship with Child

It was hypothesized that the association between adult well-being and relationship with child would be moderated by one's spousal relationship (Hypothesis 4). Results from the

analyses are discussed for marital happiness, spousal consensus and marital stability. Again, the regression models were each computed twice, once for males and once for females, to detect possible differences by sex.

Well-being and relationship with child moderated by marital happiness. For males (see Table 5), the F -change was not significant (F -change = 2.26, $p < .13$) indicating that marital happiness did not moderate the relationship between well-being and relationship with child.

However, for females (see Table 5), the F -change was significant (F -change = 5.36, $p < .05$). In other words, after controlling for education, age, and number of hours spent at work per week, the relationship between well-being and quality of relationship with child was stronger for females who had high levels of marital happiness. This did not, however, reflect a pure moderating effect. The main effects of happiness and well-being did not fall to non-significance once the interaction term (happiness x well-being) was entered into the equation. Overall, the model explained more of the variance in relationship with child for females (11%) than it did for males (8%).

Table 5

Regression Models of Relationship with Child on Well-Being
Moderated by Marital Happiness

Variables	Males n = 1,949		Females n = 1,818	
	b	Beta	b	Beta
Education	.014	.035	.015	.033
Age	.068	.235****	.074	.280****
Work	.001	.003	.001	.005
Well-Being	.272	.078**	.341	.108***
Marital Happiness	.488	.110****	.344	.096***
Happy x Wbeing	.124	.041	.159	.068*
Constant	3.58		3.16	
F(df)	30.90 (6, 1942)		37.12 (6, 1811)	
Adj. R-square	.084		.107	

Note. b = Unstandardized beta.

* $p < .05$, ** $p < .01$, *** $p < .001$, **** $p < .0001$

Well-being and relationship with child moderated by spousal consensus. For males (see Table 6), a moderating effect of spousal consensus was indicated by the significant change in the F value from Block 2 to Block 3 (F -change = 5.12, $p < .05$). This indicated that after controlling for education, age, and average number of hours spent at work per week, the positive relationship between well-being and quality of relationship with child was stronger for men who had high spousal consensus. Again, this was not a pure moderating effect given that after the interaction term was entered into the equation, the main effects of well-being and consensus were still significant.

For females (see Table 6), the F -change from Block 2 to Block 3 was not significant (F -change = 1.16, $p < .28$) suggesting that spousal consensus did not moderate the relationship between well-being and quality of relationship with child. Overall, the model explained more of the variance in relationship with child for females (11%) than it did for males (9%).

Table 6
Regression Models of Relationship with Child on Well-Being
Moderated by Spousal Consensus

Variables	Males n = 1,986		Females n = 1,859	
	b	Beta	b	Beta
Education	.008	.021	.012	.031
Age	.058	.201***	.069	.258***
Work	.001	.005	.001	.006
Well-Being	.410	.118***	.390	.125***
Marital Consensus	.106	.108***	.063	.069**
Wbeing x Consensus	.062	.060*	.027	.031
Constant	1.52		5.42	
F(df)	32.95 (6, 1979)		39.14 (6, 1852)	
Adj. R-square	.088		.110	

Note. b = Unstandardized beta.

* $p < .05$, ** $p < .01$, *** $p < .0001$

Well-being and relationship with child moderated by marital stability. For both males and females (see Table A-6), the F -change was not significant (males: F -change = 1.53, $p < .22$; females: F -change = .15, $p < .70$). This finding indicated that marital stability did not moderate the relationship between well-being and quality of relationship with child for males or females. Overall, the model explained more of the variance in relationship with child for females (11%) than it did for males (8%).

Overall, Hypothesis 4 was partially supported. The relationship between well-being and quality of relationship with child was moderated by marital happiness, but only for women. The positive relationship between well-being and quality of relationship with child was stronger for those women who were happier in their marriages. Spousal consensus moderated the relationship of interest for men. The positive relationship between well-being and relationship with child was stronger for men who reported more spousal consensus. The relationship between well-being and quality of relationship with child was not moderated by marital stability for either men or women.

Well-being and relationship with child moderated by child temperament. It was hypothesized that the association between adult well-being and quality of relationship with child also would be moderated by child temperament (Hypothesis 5). For both males and females (see Table 7), a

moderating effect of child temperament was indicated by the significant change in the F value from Block 2 to Block 3 (males: F -change = 4.07, $p < .05$; females: F -change = 5.98, $p < .05$). In other words, the relationship of interest was stronger for those men and women who had children with easy temperaments. This was not a pure moderating effect given that after the interaction term was entered into the equation, the main effects of well-being and child temperament were still significant. Thus, Hypothesis 5 was supported for both males and females. The model explained more variance in relationship with child for females (20%) than for males (15%). Including child temperament improved explanatory power over models not including this variable.

Table 7

Regression Models of Relationship with Child on Well-Being
Moderated by Child Temperament

Variables	Males n = 1,986		Females n = 1,859	
	b	Beta	b	Beta
Education	.015	.043*	.016	.039
Age	.051	.175**	.058	.217**
Work	.002	.007	-.001	-.001
Well-Being	.441	.127**	.448	.143**
Child Temperament	.311	.299**	.318	.336**
Wbeing x Ctemp	.156	.052*	.174	.063*
Constant	.64		.13	
F(df)	61.38 (6, 1979)		80.20 (6, 1852)	
Adj. R-square	.154		.204	

Note. b = Unstandardized beta.

* $p < .05$, ** $p < .0001$

Follow-up Analyses

Regarding the path analytic models, results indicated that a number of paths were not significant. These paths were eliminated and the path analyses recalculated separately for men and women. Results of these analyses did not vary greatly from the original analyses. In the "best fit" model calculated for men, the association between relationship with mother and well-being reduced to non-significance whereas the path from relationship with mother to self-esteem became stronger. This indicated that for men, relationship with mother was more important to self-esteem than to well-being. The amount of variance in relationship with child, well-being, and self-esteem did not vary from the original model (R-square = 10%, 13%, 10%, respectively). The "best fit" model computed for women indicated that the associations between self-esteem and well-being and well-being and relationship with one's child were slightly stronger than those found in the original model. Again, the amount of variance explained in relationship with child, well-being and self-esteem did not vary (11%, 10%, 8%, respectively). Overall, for both men and women, eliminating the non-significant paths did not greatly change associations between variables nor did it appreciably increase the amount of variance explained.

Regarding the moderator models, Baron and Kenny (1986) have suggested that moderator variables also may serve as

mediators. In the previous section, five analyses showed significant moderating effects. These were: (1) marital stability moderated the association between relationship with mother and self-esteem for males, (2) marital happiness moderated the relationship between well-being and relationship with child for females (3) spousal consensus moderated the relationship between well-being and relationship with child for males, and (4) child temperament moderated the relationship between well-being and relationship with child for males and (5) females. To test whether or not these moderators (stability, happiness, consensus and child temperament) were also mediators of the relationships, five separate regression models were computed. Results indicated that only one of the five moderators also served as a mediator. Marital stability mediated the association between quality of relationship with mother and self-esteem for males; the standardized path coefficient between relationship with mother and self-esteem ($B = .07, p < .01$) was significantly reduced from the simple correlation ($r = .10, p < .0001$) when marital stability was entered into the equation.

In summary, only one of the moderator variables also served as a mediator. Thus, four of the relationships of interest varied (became stronger) depending on the condition of the moderating variable. For example, for females, the association between well-being and relationship with child

was stronger under the condition of positive child temperament. One moderator, stability, also served to mediate the association between relationship with mother and self-esteem. For males, a positive relationship with mother predicted high marital stability that, in turn, predicted high self-esteem.

CHAPTER V

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

Summary

In the present study, the effect of relationships with parents on adult self-esteem was examined as was the effect of self-esteem on individual well-being. In turn, well-being was examined for its effect on the relationship with one's child. Two conditions, relationship with spouse and child temperament, were investigated as potential moderators of these relationships.

The path analyses computed separately for males and females suggested some interesting findings. For males, a poor relationship with one's mother predicted low self-esteem. Low self-esteem predicted low well-being which, in turn, predicted a low quality relationship with one's child. For females, a poor relationship with one's father predicted low self-esteem which, in turn, predicted low well-being and a poor relationship with one's child. Thus, for both males and females, relationships with parents were related to relationship with child indirectly via adult self-esteem and well-being. However, parental influence varied by sex of

respondent with relationship with mother predicting male self-esteem and relationship with father predicting female self-esteem.

Regarding the moderating effects of quality of relationship with spouse, happiness and consensus were not moderators of the associations between relationships with parents and self-esteem for either males or females. However, for males, marital stability moderated the association such that the link between relationship with mother and self-esteem became stronger when males reported high stability with their spouses. The association between relationship with father and self-esteem was not moderated by any of the three dimensions of spousal relationship for either sex.

When considering the moderating effects of quality of relationship with spouse on the association between well-being and quality of relationship with child, findings differed by sex. Marital happiness emerged as a moderator for females such that the association between well-being and relationship with child was stronger for those women who reported high levels of happiness with their spouses. Spousal consensus emerged as a moderator for males such that the relationship of interest was stronger for those men who reported high levels of consensus with their spouses. Marital stability was not found to be a moderator for either sex.

Finally, child temperament moderated the relationship between well-being and quality of relationship with child for both males and females. Thus, the association between well-being and relationship with child was stronger for those men and women who had children with easy temperaments.

Discussion

Intergenerational Transmission of Self-Esteem

Studies examining the intergenerational transmission of parenting behaviors (Belsky & Pensky, 1990; Caspi & Elder, 1990) have suggested the existence of an indirect link between adult and child parenting through the effects of the adult's parenting on the child's psychological functioning (Brooks, 1981; Elder, 1984). The effects of parenting in the first generation on parenting of the second generation via self-esteem and subsequent well-being had not been directly assessed, although intergenerational theory indicated that such effects would occur.

Given past research, it was expected that an intergenerational effect would be stronger for women than for men. Socialization into gender-specific roles has been found to begin in early childhood when boys are provided with incentives for engaging in family-independent activities while girls are rewarded for engaging in family-dependent activities such as attending family functions (Caspi & Elder, 1990). Research has indicated that while socialization into masculinity involves a separation from

the home, socialization into femininity involves maintaining family ties. As a result, women are found to (a) be more involved in activities that maintain family relationships and (b) be more constrained by their experiences in their families of origin when adapting to their families of procreation.

Supporting research has indicated that mothers spend greater amounts of time interacting with their children than do fathers (Barnett, Baruch, & Rivers, 1985; LaRossa, 1988). Because of this greater involvement, what children learn about relationships and behavior is done primarily in association with their mothers. Others (Bowen, 1978; Williamson & Bray, 1985, 1988) agree and contend that significant relational patterns are passed from generation to generation primarily through women. Results from the present study serve to clarify this contention. Specifically, results indicated that self-esteem is transmitted across generations, and the intergenerational effect was present for both men and women.

The intergenerational process occurred through a sequence of steps. The first step in the sequence linked relationships with parents to self-esteem. A poor relationship with one's mother resulted in low self-esteem for men, whereas a poor relationship with one's father resulted in low self-esteem for women. Parents have often been cited as "significant others" who influence the self-

esteem of their children (Coopersmith, 1967; Epstein, 1973; Wylie, 1979). This study demonstrates that parents continue to contribute to their child's self-esteem even when the child is an adult. However, this finding contradicts literature suggesting that self-esteem of daughters and sons is predicted by the relationship with the same-sex parent (Young, Miller, Norton, & Hill, 1993). Although self-esteem in childhood and adolescence is formed primarily in relation to the same-sex parent, there is evidence that a shift occurs between adolescence and adulthood. Here the relationship with the opposite-sex parent becomes more predictive of self-esteem. Related research on identity development supports this notion. In adolescence, relationships with fathers become more important to the identity development of girls (Massad, 1981).

The second step in the sequence of intergenerational transmission linked self-esteem to well-being. Men and women who had low self-esteem reported low levels of well-being. It has been commonly assumed that a positive sense of self promotes and maintains psychological health (Blasi, 1988; Epstein, 1973), buffers the individual from stress, and is associated with positive coping strategies (Rutter, 1987) and emotional states (Harter, 1988b, 1989). The results of the present study add support to these findings.

As men and women felt less positive about themselves (i.e., they felt they were not valuable or worthwhile), they tended to report themselves as less happy.

The third step in the sequence of intergenerational transmission linked low well-being to poor relationships with children. Results indicated that low well-being of men and women affected the quality of their parenting. A large body of literature has suggested that individuals who have lower levels of psychological functioning are at increased risk for less-than-optimal parenting (Conger, McCarthy, Yang, Lahey, & Kropp, 1984; Simons et al., 1993) indicated primarily by a more authoritarian parenting style (Baumrind, 1971; Colletta, 1983; Conger et al., 1984; Forehand, Lautenschlager, Faust, & Graziano, 1985). Thus, the findings of the present study serve to support this body of literature. Men and women who had lower well-being had less positive relationships with their children in terms of exhibiting fewer authoritative parenting behaviors. In other words, men and women with low well-being (a) praised and hugged their children less and (b) did not often allow their children to help set rules.

Taken together, this sequence of steps supports intergenerational theory that proposes that one is not only affected by the family of origin (in this case, by parents), but that the influence of the family of origin is carried forward by the individual (via self-esteem and well-being)

to affect the family of procreation (through parenting of the next generation). However, these findings do not support the idea that intergenerational transmission occurs only through women. Relationships with parents affected both men and women through their self-esteem, sense of well-being and ultimately their relationships with their children. It is expected that children of the third generation will, in turn, have low self-esteem as a result of exposure to the more authoritarian practices of their parents (Bachman, 1982; Coopersmith, 1967; Givelber, 1983; Wylie, 1979).

The Effects of a Positive Spousal Relationship

Research has suggested that a person, such as a supportive spouse, can emerge and intervene in the intergenerational transmission process. Belsky and Pensky (1990) noted that in cases where continuity in transmission did not occur, other relationship experiences that enhanced the individual's feelings of self-worth existed. They concluded that positive self-feelings would not likely develop without such corrective experiences. Results of the present study indicate that a positive marital relationship does make a difference, at least for men. For men, an absence of thoughts that the relationship was in trouble and discussions of separation with the spouse strengthened the association between relationship with mother and self-esteem. In other words, those men who had poor

relationships with their mothers and low marital stability had lower self-esteem than those with poor relationships with their mothers and high marital stability. Having marital stability served to offset the negative effect of a poor relationship with one's mother. This finding supports that of Belsky and Pensky (1990) who found that a spouse can buffer the individual from negative outcomes by enhancing the individual's feeling of self-worth.

That stability was the dimension of the marital relationship important to men was not surprising. Other investigations have suggested that while spousal consensus is important to women, marital stability is most important to men. Gottman (1993) noted that men were adversely affected by less severe negativity from their spouses than were women, and that this negativity was more likely to lead to unstable relationships and eventual marital dissolution. For women, stonewalling by the husband (husband's withdrawal from or refusal to confront the situation) contributed to marital dissolution. Thus, while women search for consensus with their spouses by instigating discussions, husbands often interpret these efforts as threatening to the relationship and stonewall in an effort to maintain stability.

Following Baron and Kenny's (1986) suggestion, marital stability was examined as a mediating variable of the relationship of interest. Results indicated that stability

also served as a mediator such that men's negative relationships with their mothers predicted low stability in their marital relationships which, in turn, predicted their low self-esteem. Behavioral patterns of interacting that are learned in the context of the family have often been found to generalize to subsequent relationships (Bandura, 1982; Caspi & Elder, 1990). This process of transmission is most often explained by a role model hypothesis (Heiss, 1972) where children learn gender and marital roles in interactions with their parents. These roles then are projected onto the marital relationships of the children. In this way it is possible to detect a cycle in which men learn unsuccessful ways of interacting with women via their mothers. These behaviors are carried forward and result in unsuccessful relationships with their wives. Having poor relationships with persons who are "significant," such as parents and spouses, have been found to result in low self-esteem (Harter, 1986b; Rosenberg, 1979; Schafer & Keith, 1984). Thus, having a series of unhappy and unstable significant relationships leads to a less positive self-feeling.

Aside from having an effect on relationships with parents and self-esteem, relationship with spouse also was investigated for its effects on the association between well-being and relationship with one's child. Results indicated that women who had low well-being and low levels

of marital happiness had less positive relationships with their children than women who had low well-being and high levels of happiness in their marriages. For women, a happy marital relationship promotes well-being by providing emotional support (Belsky & Isabella, 1988). In this study, it was the case that marital happiness served to buffer the relationship between mother's low level of well-being and one's child. Thus, for women with low well-being, their parenting was more positive when they had a happy marital relationship. Most studies find that marital happiness contributes to improved parenting (in terms of increased responsiveness and affection) by altering the parents attitudes and behaviors toward the child (Belsky & Isabella, 1988; Bristol, Gallagher & Schopler, 1988; Engfer, 1990; Goldberg & Easterbrooks, 1984; Simons et al., 1993; Quniton & Rutter, 1985).

While marital happiness was found to be important to female well-being and relationship with child, marital consensus was important to men. Specifically, the positive relationship between well-being and relationship with one's child was stronger for those men having high levels of spousal consensus. In other words, men who had low well-being and low levels of marital consensus had less positive relationships with their children than did men who had low well-being and high levels of consensus in their marriages.

Past investigations have found that when mothers and fathers have consensus (are in greater agreement about important issues), they tend to show more positive affect toward their children. In this study, spousal consensus was found to be important only to men. Results suggest that spousal consensus served to buffer the relationship between father low well-being and the child.

Fathers, on average, spend much less time interacting with their children (Barnett, Baruch, & Rivers, 1985; LaRossa, 1988). Thus, having consensus with their wives may enable husbands to have more positive relationships with their children given that (a) there is agreement (consensus) between parents on rules, and (b) this agreement (theoretically) results in children acting in ways that are predictable and acceptable to fathers. Spousal consensus may result in fathers spending less time in conflict with children over their behavior and more time exhibiting positive parenting behaviors such as praising and hugging.

These findings suggest that different aspects of the marital relationship are important to men and women when considering the relationship between well-being and relationship with child. For women, happiness in the marital relationship was particularly important. This finding is common across most studies (Engfer, 1990; Meyer, 1990; Pederson, 1975; Pederson, Anderson, & Cain, 1977). The finding that consensus is particularly important to men

requires further investigation. Most studies investigating the interrelatedness of well-being and marital relationships and their effects on parent-child relations have focused solely on the functioning of mothers (Engfer, 1990; Meyer, 1990). Only recently are fathers perceptions and experiences of marital and parent-child relationships being investigated (Lamb, 1981).

The Effects of Child Temperament

Child temperament also was investigated as a moderator of the association between well-being and relationship with one's child. Results were identical for males and females: the positive relationship between well-being and relationship with one's child was stronger for those parents who had children with more positive temperaments. In other words, those men and women who had low well-being and had children with more difficult temperaments had less positive relationships with their children than did men and women who had low well-being and children with easy temperaments.

This finding suggests that those parents low in well-being found their parenting particularly difficult when the child had a difficult temperament (negative emotionality, low sociability, high activity level). On the other hand, those with low well-being were buffered from negative parenting when having a child with more positive temperament. This supports related research that suggests that parents enjoy, spend more time with, and have more

positive relationships with easy rather than difficult children (Maccoby, Snow, & Jacklin, 1984; Thomas & Chess, 1977, 1980). Having a child with easy temperament affects well-being and parenting by increasing the parent's feelings of efficacy. When mothers interacted with children with easy temperaments, they felt more in control and used positive parenting strategies. On the other hand, mothers interacting with difficult children felt powerless and had less positive interactions with them (Bugental & Shennum, 1984). Thus, parents feel more competent when their children are easy to get along with. This competence affects (a) feelings about the self and (b) parenting practices.

Conclusion

The main focus of this study was to examine intergenerational transmission of self-esteem from family of origin to family of procreation. In other words, the study sought to determine whether parents contribute to a child's self-esteem in such a way that their well-being and subsequent parenting of the next generation is impaired. The theory underlying the conceptual model was that of intergenerational transmission that views psychological well-being in the context of a multi-generational model (Boszormenyi-Nagy & Ulrich, 1981; Bowen, 1978; Williamson & Bray, 1988). Results obtained from both male and female subjects support the theory. Adults' relationships with

their parents in their family of origin affected their psychological health in terms of self-esteem and well-being. These psychological characteristics were carried forward to affect the next generation through the parenting of their own children.

Research has indicated that those parents who have positive interactions with their children as evidenced by a more authoritative parenting style can be expected to have children who develop high self-esteem. Although the self-esteem of the children in the third generation was not assessed, theoretically, this cycle is expected to continue. Evidence was presented here that showed support for such transmission in three generations--from relationship with parent (first generation) to self-esteem and well-being of the adult (second generation) to the parenting of the children (third generation).

Belsky and Pensky (1990) suggested that from prior relationships, individuals carry forward ways of thinking and behaving that influence the way they function in relationships in their families of procreation. This is called the "emergent family system" (Belsky & Pensky, 1990, p. 193) and emphasizes that individuals establish developmental trajectories that affect how subsequent families function. The finding of intergenerational transmission in this study is important in that it implicates self-esteem as another factor that may be passed

from generation to generation along with child maltreatment (Belsky, 1978; Friedrich & Wheeler, 1982), spouse abuse (Pagelow, 1981; Roscoe & Benaske, 1985) and marital instability (Glenn & Shelton, 1983; Korbin & Waite, 1984; Mueller & Cooper, 1986).

This study further suggests that intergenerational transmission likely occurs through both fathers and mothers, although the process varies by sex. For men, poor relationships with mothers resulted in low self-esteem. However, men's self-esteem was not as negatively affected when they had stable marital relationships. Lower self-esteem resulted in lower well-being. Lower well-being, in turn, resulted in less positive relationships with their children. However, their relationships with their children were not as negatively affected when (a) men reported having spousal consensus and (b) their children had more positive temperaments.

For women, the intergenerational process varied slightly. First, it was the women who had poor relationships with their fathers who had low self-esteem. Having a positive marital relationship (in terms of happiness, consensus, and stability) did not serve to offset this negative impact. Low self-esteem resulted in low well-being which, in turn, led women to have poor relationships with their children. However, women's relationships with

their children were not as negatively affected when (a) they reported marital happiness and (b) their children had more positive temperaments.

In conclusion, intergenerational transmission of self-esteem does occur and does so through both male and female parents rather than only through mothers as believed. Results of this study point to the importance of prior relationships as the basis for understanding present behavior and the behavior of future generations. Also important is the finding that the negative cycle of intergenerational transmission can be diminished when other supportive relationships exist, such as a stable and happy marriage. The complexity of the transmission process points to the interrelatedness of the parent-child and marital relationships and emphasizes that subtle gender differences exist.

Recommendations

Limitations of the Present Findings

Because this study focused on the parental determinants of self-esteem, only the influence of mothers and fathers was investigated. However, the scope of future investigations should be broadened. Specifically, significant others are believed to contribute to self-esteem (for examples see Rosenberg, 1979; Harter, 1987). In the present study, the influence of parents explained only 10% of the variance in self-esteem for men and 8% of the

variance for women. Therefore, additional factors likely contribute to explaining self-esteem. Other persons considered by adults to be "significant," such as children, friends, and employers, should be examined in future studies for their contributions to adult self-esteem.

Although many of the variables in the study were assessed with composite measures, other variables were assessed only by a single item. Using multiple items to assess the dimensionality of each variable is needed in future studies. For example, respondent relationship with parent was assessed with a single global question. This relationship is more likely multi-dimensional. Assessing different dimensions of the relationship may reveal that while some aspects, such as respect from parent, are important to adult self-esteem, other aspects, such as spending time with parent, may be less important. Determining which dimensions of one's relationship with parent are predictive of adult self-esteem requires further investigation. Dimensionality has been found to be important to the self-esteem of children with boys deriving their self-esteem from spending time with and receiving respect from parents whereas girls derived their self-esteem from being loved by and feeling similar to parents (Wood, Rhodes & Whelan, 1989; Barber & Thomas, 1986).

In the present study, the primary respondent was used to assess most variables. As has been suggested in past research (Jones-Leonard, 1985), associations between variables can be due to consistency in the respondent's perceptions. In other words, the respondent may have a response bias toward viewing all things as positive or negative. Future research should incorporate additional respondents to help alleviate this bias. For example, in terms of relationship with mother, instead of assessing only the individual's perception of this relationship, a better approach would be to obtain the individual's assessment and the mother's perception. Using multiple respondents aids in eliminating perceptual bias (Jones-Leonard, 1985) and allows for the investigation of the associations between people's perceptions of relationships, how those perceptions are tied to various outcomes and how their perceptions compare to those of "objective" others. In other words, assessing multiple persons would be instrumental in determining whether it is actual relationship quality or one's perception of relationship quality that affects the individual.

There may be important differences between the sexes with regard to the measurement of pertinent variables. It may be the case that the associations between variables were different for men and women because of differential interpretation and response to the questions asked. As an

example, in terms of relationship with mother or father, it could be the case that men and women differently interpret what "relationship with parent" means. The same could be the case for other variables such as well-being which was assessed by asking the question "Taking all things into consideration, how are things these days?" If men and women react to and interpret the questions uniquely, the relationships between variables for each sex would not be comparable given that each sex would not be attributing the same meaning to each question. More in-depth investigation is required to determine whether men and women interpret the questions of interest similarly. Only then would comparisons of the two groups be accurate.

Finally, another issue with regard to differential response is that of cohort variation. Specifically, it may be the case that the associations between the variables of interest are due to the particular age of the respondents. The average age of a respondent in the sample was 42. Assessing multiple cohorts may reveal that those who are older or younger respond differently and different patterns of associations between the variables result. In fact, the moderator analyses revealed that age was a significant predictor of several variables. Thus, the effects of age, with particular attention given to differences between cohorts, should be investigated further.

Future Research

Future research should, aside from considering the above limitations, seek to assess the intergenerational transmission of self-esteem longitudinally. In the present study, although symbolic interaction would suggest that children of the third generation would develop low self-esteem due to their parents' lack of affection and supportive behaviors toward them, it was not possible to attain a measure of children's self-esteem. Thus, future studies should assess a series of generations to detect the endurance and fluctuations of the cycle across time.

Longitudinal investigations also would allow for the examination of the developmental nature of self-esteem. While self-esteem of boys and girls is related to relationships with the same-sex parent, the results of the present study indicate a transition. That is, adult self-esteem is predicted by relationship with the opposite-sex parent. Given this finding, it becomes of interest to determine when, how and why this transition occurs. Moreover, a few studies have shown self-esteem, once formed, to be relatively stable. Longitudinal investigations should focus on the development and maintenance of self-esteem across the life span to determine the importance of multiple contributors at different stages of life and the stability of self-esteem across time.

It has been found by this and other investigations (Belsky & Pensky, 1990; Crockenberg, 1986) that a spouse can play a role in either sustaining or redirecting trajectories that were set into motion in the family of origin. Given that past research suggests that persons actively cultivate behaviors in ambiguous situations and seek out situations in which pre-established patterns can be enacted (Fazio, Effrein & Falender, 1981; Swann & Read, 1981), determining how persons come to break this cycle is important. In other words, how do those at risk for intergenerational transmission of negative behaviors develop positive relationships that enable redirection?

Egeland, Jacobvitz and Papatola (1984) found that women who were abused in their families of origin were much less likely to abuse their children if they had been exposed to an emotionally supportive adult and/or had taken part in therapy during childhood. Thus, it becomes important to examine other supportive relationships that individuals encounter in childhood (such as with teachers, extra-curricular activity leaders and parents of friends) that may assist in alleviating the negative effects of parents on self-esteem and allow individuals to cultivate healthy relationships in adulthood.

Although a positive marital relationship enhances the association between individual well-being and relationships with children, other relationships may serve this purpose

and deserve further investigation. In past research, the relationship between well-being and relationship with child was strengthened when other intimate and supportive interpersonal relationships existed, e. g., with family members, relatives, and friends (Caplan, 1974; Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983; Colleta, 1983; Powell, 1980).

Finally, recent research has that shown marital and parent-child relationships are interdependent as opposed to uni-directional in their influence. Engfer (1990) examined four ways in which these relationships could be related: (1) a positive marital relationship leads to a positive parent-child relationship and vice versa (2) a negative marital relationship leads to a positive parent-child relationship and vice versa (3) the mother-child relationship affects the course of the marriage and (4) characteristics of the mother are common in each relationship which lead to their success or failure. Engfer (1990) found support for all four ways, but especially for the common characteristics hypothesis. Future research needs to examine the interrelatedness of the marital and parent-child relationships, examining personality factors of the individuals involved as common factors in both.

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APPENDIX A. TABLES.

Table A-1

Regression Models of Self-Esteem on Relationship with Father
Moderated by Marital Happiness

Variables	Males n = 1,949		Females n = 1,818	
	b	Beta	b	Beta
Education	.087	.233**	.075	.184**
Age	.004	.016	.030	.123**
Work	.006	.027	.002	.010
Relationship Father	.005	.048	-.005	-.056
Marital Happiness	.368	.086*	.529	.158**
Father x Happy	-.048	-.014	-.014	-.005
Constant	13.53		11.38	
F(df)	23.98 (6, 1942)		23.37 (6, 1811)	
Adj. R-square	.066		.069	

Note. b = Unstandardized beta.

* $p < .001$, ** $p < .0001$

Table A-2

Regression Models of Self-Esteem on Relationship with Mother
Moderated by Marital Happiness

Variables	Males n = 1,949		Females n = 1,818	
	b	Beta	b	Beta
Education	.087	.234**	.075	.186**
Age	-.002	-.006	.019	.078*
Work	.006	.028	.002	.009
Relationship Mother	.009	.082*	.002	.018
Marital Happiness	.430	.850**	.589	.164**
Mother x Happy	.128	.033	.022	.007
Constant	8.77		10.52	
F(df)	24.96 (6, 1942)		22.77 (6, 1811)	
Adj. R-square	.069		.067	

Note. b = Unstandardized beta.

* $p < .01$, ** $p < .0001$

Table A-3

Regression Models of Self-Esteem on Relationship with Father
Moderated by Spousal Consensus

Variables	Males n = 1,986		Females n = 1,859	
	b	Beta	b	Beta
Education	.094	.259***	.090	.239***
Age	-.018	-.064*	.002	.011
Work	.004	.018	.024	.095**
Relationship Father	.005	.050	-.005	-.060*
Marital Consensus	.235	.239***	.093	.107***
Father x Consensus	-.016	-.016	-.030	-.034
Constant	12.27		15.13	
F(df)	55.98	(6, 1979)	31.62	(6, 1852)
Adj. R-square	.143		.090	

Note. b = Unstandardized beta.

* p < .05, ** p < .01, *** p < .0001

Table A-4

Regression Models of Self-Esteem on Relationship with Mother
Moderated by Spousal Consensus

Variables	Males n = 1,986		Females n = 1,859	
	b	Beta	b	Beta
Education	.094	.259**	.091	.241**
Age	-.025	-.085*	.013	.052
Work	.004	.019	.001	.008
Relationship Mother	.009	.086*	.001	.013
Marital Consensus	.239	.244**	.092	.105**
Mother x Consensus	.025	.020	-.042	-.039
Constant	8.43		16.69	
F(df)	57.00 (6, 1979)		31.17 (6, 1852)	
Adj. R-square	.145		.089	

Note. b = Unstandardized beta.

* $p < .01$, ** $p < .0001$

Table A-5

Regression Models of Self-Esteem on Relationship with Father
Moderated by Marital Stability

Variables	Males n = 1,986		Females n = 1,859	
	b	Beta	b	Beta
Education	.101	.279****	.094	.249****
Age	-.004	-.012	.027	.105***
Work	.006	.025	.003	.016
Relationship Father	.006	.057*	-.005	-.056*
Marital Stability	.249	.195****	.106	.101**
Father x Stability	.127	.045	-.106	-.047
Constant	10.90		14.26	
F(df)	45.68 (6, 1979)		34.18 (6, 1852)	
Adj. R-square	.119		.097	

Note. b = Unstandardized beta.

* $p < .05$, ** $p < .01$, *** $p < .001$, **** $p < .0001$

Table A-6

Regression Models of Relationship with Child on Well-Being
Moderated by Marital Stability

Variables	Males n = 1,986		Females n = 1,859	
	b	Beta	b	Beta
Education	.012	.032	.016	.041
Age	.065	.224***	.071	.269***
Work	.002	.007	.002	.009
Well-Being	.357	.103***	.289	.093**
Marital Stability	.112	.088*	.066	.061
Wbeing x Stability	.110	.042	-.030	-.014
Constant	6.96		9.28	
F(df)	30.43 (6, 1979)		39.21 (6, 1852)	
Adj. R-square	.082		.110	

Note. b = Unstandardized beta.

* $p < .01$, ** $p < .001$, *** $p < .0001$