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Power of Shame: The Moderating Effects of Parental and Peer Connection on the Relationship
Between Adolescent Shame and Depression, Self-Esteem, and Hope

Alexander L. Hsieh

A dissertation submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

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ABSTRACT

Power of Shame: The Moderating Effects of Parental and Peer Connection on the Relationship Between Adolescent Shame and Depression, Self-Esteem, and Hope

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Doctor of Philosophy

Past research and views on shame have indicated that shame has detrimental effects for adolescent development. Little research has focused on the pathways in which shame may affect adolescent traits. Even less studies examined what variables may moderate the effects of shame. Using adolescent self-report questionnaires, this study examined the relationship between adolescent shame and depression, self-esteem, and hope. In addition, this study examined the moderating effect maternal, paternal, and best friend relationships have between shame and adolescent outcome variables. A structural equation moderation model analysis was fit to data from 307 two-parent families. The average age of adolescents for the study was 15.31 years of age. Results indicated that there was a strong positive correlations between shame and depression and a strong inverse correlation between shame and hope and self-esteem. Gender differences were also observed with boys' results having significance with depression while girls' results corresponded with the hope variable. Adolescents' connection with same gender parent along with best friend connection moderated the detrimental effect shame has on adolescent outcomes. Suggestions for clinicians to be mindful of shame and adolescent relationships within the family and social system are given. Possible interventions in the adolescent family and social system are suggested.

Keywords: shame, adolescent connection, depression, hope, self-esteem

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Introduction

During adolescence, youth are faced with difficulties that are cognitive (e.g., identity development, self-awareness), relational (e.g., peer, parent-child, intimate relationships), and/or biological (e.g., gender identification, puberty) in nature. Across all the accompanying inter- and intrapersonal challenges associated with this developmental stage, there is potential for adolescents to experience high levels of shame because of the critical stage in identity formation and association with social networks (Harper & Hoopes, 1990; Kim, Thibodeau, & Jorgensen, 2011). Adolescent shame is defined as internal and external feelings of worthlessness, embarrassment, and/or disgrace brought on by a social experience (Lutwak, Panish, & Ferrari, 2003). It is especially relevant to the adolescent life stage because adolescents enter a critical stage of identity formation, and shame can become a developmental roadblock (Harper & Hoopes, 1990; Kim, Thibodeau, & Jorgensen, 2011). This is particularly distressing because shame has been found to be related to severe mental health concerns and more abnormal development outcomes regardless of sociodemographics, such as gender, socioeconomic status, ethnicity, age (Heaven, Ciarrochi, & Leeson, 2009). Specifically, high shame has also been found to be related to depression symptoms (Kim, Thibodeau, & Jorgensen, 2011; Robinaugh & McNally, 2010; Webb, et al., 2007), body image issues (Unikel, Von Holle, Bulik, & Ocampo, 2011), social relationships problems (Rohleder, et al., 2008; Williamsn, Sandage, & Lee, 2007), temperament (Assor & Tal, 2012; Heaven, Ciarrochi, & Leeson, 2009), addiction and drug use (Dearing, Stuewig, & Tangney, 2005) and low self-esteem (Libby, et al., 2011). Of particular note, shame is related to adverse biological effects, with increased levels of stress hormones (i.e., cortisol; Rohleder, et al., 2008) and later effects such as increased infertility rates (Galhardo, et al., 2011).

This research study examines shame and its relationship to three key adolescent outcomes (i.e., self-esteem, depressive symptoms, hope). While a number of studies have focused on the relationship between shame and depression, this study also examines self-esteem and hope in order to understand how shame may inhibit positive youth functioning. In addition, this study is designed to examine shame, as an intrapersonal factor, in the context of relational closeness (best friend and parental) as moderating variables. By investigating shame in the context of relational connections, interpersonal moderators, the author hopes to better understand the relationships between shame and a variety of key adolescent outcomes (functional and dysfunctional). Specifically, this study examines in detail the moderation effects that adolescent relationships have on shame and its adverse effects on adolescent depression, sense of hope, and self-esteem. Parental and best friend relationships are examined separately to determine which relationships are more influential as moderating variables.

Literature Review

The conceptual literature distinguishes between the guilt and shame (Lutwak, Panish, & Ferrari, 2003). Although guilt and shame are closely related in many regards (e.g., they are similarly related to adolescent depression and self-esteem as outcomes), they also differ on several levels (Harper, 2011; Lutwak, Panish, & Ferrari, 2003). For instance, literature has differentiated shame from guilt in that shame exists as the result of an individual's global self-evaluation, while guilt is "more specific to offensive acts committed" (Lutwak, Panish, & Ferrari, 2003, p. 909). Guilt tends to provoke an individual to blame others while shame has been shown to cause self-blame.

Shame has been conceptualized as multifaceted, including a social component which is exhibited interpersonally (Harper & Hoopes, 1990; Kim, Thibodeau, & Jorgensen, 2011) and an

individual component which becomes an internalized trait. The social, interpersonal attribute of shame can be brought on by strained peer, parent, or intimate partner relationships that shame the individual (Harper, 2012). Through powerful social acts of shaming by significant others, individuals eventually develop a personal relationship with the shame that persists outside of the original social context, thus resulting in identity with shame sometimes referred to as internalized shame. The formation of shame and a shaming attitude can develop from various sources, such as independent shameful acts, shaming comments made by others, trauma, or persistent shaming relationships (Heller, 2003). As a result of the shaming incidents, the social shaming internalizes into self-blaming acts which individuals take upon themselves, causing shame to be a self-criticizing personal trait.

Although the origin of shame is relational in nature, it must be internalized in order for it to become a deficit for an individual. This aspect occurs when the individual perceives the strained experience as being shameful and responds with an attribution that the self (or a part of the self) is worthless, a failure, or inadequate (Webb, Heisler, Call, Chickering, & Colburn, 2007). Examining the relationship between shame and rejection, studies have found that an increase in shame leads to mistrust of oneself and withdrawal resulting in high levels of self-rejection (Caparrotta, 2003; Gilbert & Miles, 2000). This suggests that the relational component of shame translates into an internalized, individually self-deprecating component of shame. While the research suggests that shame does have a social cause and that its nature is generally internalized (Kim, Thibodeau, & Jorgensen, 2011), the literature lacks detail regarding how shame functions within the context of adolescent peer or parental relationships. This study focuses on the self-blaming and internalized conceptualization of shame as it interacts with the

social components (healthy relational connections) in relation to these three key adolescent outcomes.

The Moderating Potential of Relational Connection

Relational connection was selected as a topic of focus because social interactions have consistently been found to be crucial to the development and well-being of psychologically healthy adolescents (DiFulvio, 2011; Eisenberg & Resnick, 2006). When youth feel socially connected by having a sense of belonging, perceiving that they are cared for, and feeling empowered within a given context, they tend to exhibit more positive outcomes (Eisenberg & Resnick, 2006). In addition, social connectedness and support have been shown to be beneficial for adolescents coping with stress (Cohen, 2004). In terms of psychological well-being, the quantity and quality of social contacts (both peer and parental) along with the infrequency of social isolation have been found to act as a barrier against suicidal ideations and behaviors, substance abuse, and other risky behaviors (Bearman & Moody, 2004; Kaminski et al., 2009; Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Definitions of connection include characteristics such as warmth, consistency, a sense of belonging, connectedness, support, and attachment (Hart, Shaver, & Goldenberg, 2005). This study integrates the various definitions and defines relational connection as a consistent, positive, emotional and supportive bonding experience with significant others, such as parents and peers (Barber & Olson, 1997).

Relational connection and depression. Relational connection (between adolescents and their peers and parents) has been examined in relation to depression. In general, studies demonstrate that having a positive emotional and supportive relationship with both parents and peers is associated with lower levels of depressive tendencies, better prognosis of depression, and lower levels of depressive symptoms (Auerbach & Ho, 2012; Millings, Buck, Montgomery,

Spears, & Stallard, 2012; Stice, Rohde, Gau, & Ochner, 2011; Trumpeter, Watson, O’Leary, & Weathington, 2008). Auerbach and Ho (2012) concluded that adolescents who felt more social stress, social isolation, and who had greater family conflicts also reported increased depression symptom. In addition, Millings et al. (2012) found that the lack of social connectedness and attachment contributed to depressive symptoms. Adolescents who lack a consistent and positive relational connection with friends and parents tend to struggle with psychological problems such as depression (DiFulvio, 2011). Similarly, Trumpeter, Watson, O’Leary, and Weathington (2008) examined parental empathy, love and support and concluded that adolescents who are highly connected with parents are less likely to exhibit depressive symptoms. It appears, therefore, that strong relational connections may help adolescents buffer against depressive symptoms. This study aims to examine if strong relational connections can moderate the effects shame has on other adolescent traits such as depression, hope, and self-esteem.

Relational connection and self-esteem. More extensive studies have focused on relational connection and adolescents’ perception of self-esteem (e.g., Detrie & Lease, 2007; Elfhag, Tynelius, & Rasmussen, 2010; Millings, Buck, Montgomery, Spears, & Stallard, 2012). The literature consistently supports the idea that when adolescents have strong relational connections, they tend to have higher levels of self-esteem (Begen & Turner-Cobb, 2012; Detrie & Lease, 2007). Specifically, Anthony, Holmes, and Wood (2007) concluded that adolescents with higher levels of social acceptance and belonging are characterized by higher levels of self-esteem. Socially, the sense of belonging for adolescents contributes tremendously to higher levels of self-esteem (Begen & Turner-Cobb, 2012).

Having strong parental connections provides adolescents with stronger attachment and increases individual self-esteem (Hart, Shaver, & Goldenberg, 2005). Huntsinger and Leucken

(2004) concluded that youth who had stronger parent-adolescent attachment exhibited higher levels of self-esteem and healthier preventive health behaviors as opposed to those who were more insecurely attached. When looking at adolescents who have been separated from their parents (Eiflag, Tynelius, & Rasmussen, 2010) and those who have been marginalized by their parents (Mohanty & Newhill, 2011), those who still maintain a relational connection had higher levels of self-esteem. Based on these findings, it appears that relational connection contributes to high levels of self-esteem for adolescents, and can have positive effects for adolescents. This study aims to examine if relational connections can moderate the detrimental effects of shame on the adolescent's self-esteem.

Relational connection and hope. Fewer studies have focused on the relationship between social connections and adolescent's perception of hope (see as exceptions, Marsiglia, Kulis, & Perez, & Bermudez-Parsai, 2011; Williamson, Sandage, & Lee, 2007; Ullrich-French, McDonough, & Smith, 2012). Marsiglia, Kulis, Perez, and Bermudez-Parsai's (2011) suggested that the lack of a supportive social connection and sense of belonging resulted in higher levels of hopelessness and maladaptive thinking towards the future. Ullrich-French, McDonough, and Smith (2012), examined general social connection in adolescents and concluded that youth with consistent social support reported higher levels of hope. From this limited literature, it appears that when adolescents feel a sense of relational connection and belonging, they tend to exhibit a stronger sense of hope.

Little is known about the effects that parental connection might have on adolescents' sense of hope. From looking at the relationship of peer social connections with hope, one can hypothesize that parental connection might have similar effects on adolescent hope, or having stronger parental relationships will allow adolescents to have a stronger sense of hope. In

addition, this study aims to examine if relational connections can moderate the detrimental effects of shame on the adolescent's sense of hope.

Relational connection as a moderator. Relational connection, or one of its variants, has been utilized as a moderating variable on a limited basis in the professional literature. For example, parent-youth attachment has been found to be a moderating link between parent and adolescent psychological symptoms (Capps, 2012; Hart, Shaver, & Goldenberg, 2005; Knyazev, 2004; Woodhouse, et al., 2010). Woodhouse and colleagues found that adolescents who had a stronger relational connection with their parents exhibited psychological symptoms similar to their parents. Knyazev (2004) utilized parental and peer relationships as a moderator between personality traits and substance abuse, and determined that adolescents who had more positive parental and peer relationships tend to abuse substances less often. In addition, Xin, Chi, and Yu (2009) examined the moderating effect that peer socialization and connection has on adolescents through marital conflict, and concluded that peer relationships benefit adolescents whose parents were high in marital conflict. The above literature suggests relational connection can have a moderating effect with regards to various adolescent attitudes, behaviors, and psyche. Based on the literature, it is hypothesized that high levels of adolescent relational connection with parents (mother and father separately) and best friend will moderate the effects of shame on the adolescent depression, sense of hope, and self-esteem.

Relational connection and shame. Orth, Robins, and Soto (2010), examined individual susceptibility to shame through the life course. Results indicated that adolescents were at the highest risk for increased levels of shame (Orth, Robins, & Soto, 2010). The development of shame contains social, parent-adolescent, and individual/internal components. With regards to the social sphere, studies have shown that shame is correlated with social and peer rejection

(Caparrotta, 2003). Victims of bullying have shown higher levels of shame (Ahmed & Braithwaite, 2005). Heller (2003) has explained shame in a social context as infringing on the social network rules. Rejection comes not only from peer relationships, but also from parental rejection as well (Han & Kim, 2012).

The literature alludes to how adolescent relationships could affect adolescent characteristic traits in both positive and negative ways (Unikel, Von Holle, Bulik, & Ocampo, 2011). The influence of relationships is examined in this study by testing the moderating impact parental and peer relationships have on the relationship between adolescent shame and the outcome variables of depression, self-esteem, and sense of hope. Given the importance of healthy adolescent relationships, it leads to the question of how healthy relationships may moderate the effects of a detrimental trait such as shame.

Although shame has a component that incorporates the adolescent's relationships, this study argues that shame can coexist with parental and/or peer connection. First off, having a healthy connection with parents and peers can exist when the other causes the shaming trait. Because parent and peer relationships are separate entities for the adolescent, one relationship can contribute to the internalized adolescent shame while other relationships acts as a buffer. This can be seen when adolescents utilize social coping strategies to deal with shame and stressors (De Rubeis & Hollenstein, 2009). In addition, shame and otherwise healthy, connective relationships can coexist together from the same source. For example, whereas an adolescent may be shamed in an area such as academic achievement or body image resulting in self-perceptions of shame, parents can still be loving in other areas which fulfill the requirements for a connected relationship. Assor and Tal (2012) concluded that adolescents who had high levels of shame attributed to achievements still had positive regards and connections with their

mothers. De Rubeis and Hollenstein (2009) found that adolescents with avoidant coping strategies (i.e. distraction, finding temporary relief) developed high levels of shame and depression while those who had generally good relationships (with peers and family members) exhibited less shame and depression.

Shame and Depression

The empirical shame literature has shown that shame is related to depressive symptoms (Harper & Hoopes, 1990; Kaufman, 1985; Kaufman, 1974 Nathanson, 1987). In fact, from this body of literature, one can conclude that shame is significantly related to high levels of depression (Ashby, Rice, & Martin, 2006; De Rubeis & Hollenstein, 2009; Webb, et al., 2007). Pursuing a deeper understanding of this correlational association, numerous studies have begun to investigate the mechanisms through which shame negatively impacts youth functioning. For example, Ashby, Rice, and Martin (2006) suggested that perfectionistic adolescents who experience failures are highly susceptible to depression symptoms. Webb, et al. (2007) found that with intensifying levels of shame, individuals are more likely to become harshly critical and self-deprecating. The intensity of shame has been connected with signs of major depression and even PTSD symptoms (Robinaugh & McNally, 2010). These authors concluded that if shame goes untreated through long periods of time, it greatly increases the chances of major depression and development of PTSD. While these studies indicate that high levels of shame can contribute to depressive tendencies for adolescents, this body of literature has largely ignored other aspects of youth functioning, particularly those measures of positive well-being such as self-esteem and hope.

Shame and Self-Esteem

The association between shame and self-esteem has been relatively understudied in the mental health literature. Thomaes, Stegge, and Olthof (2007) examined shame and self-esteem and found that shame brought on by external sources such as peer association had a direct relationship with low self-esteem. Because of the dearth of studies on shame and hope, details regarding the nature of this relationship have to be inferred from studies of allied constructs. For example, Gilbert and Miles (2000) examined how shame is related to self-blame, finding that self-blame led to increased anger and hostile attitudes. These results can be generalized in suggesting that shame is associated with lower levels of self-esteem (Gilbert & Miles, 2000). This study aims to not only examine how shame directly affects adolescent self-esteem, but also contributes to the literature by evaluating how relationships can moderate the effects shame has on adolescent self-esteem.

Shame and Hope

Research focusing on shame and hope is very limited. Given the limited information, literature is presented here with special attention to studies that provide support (albeit indirect and/or inferential) for the relationship between shame and hope. Williamson, Sandage, and Lee (2007) found that there is a strong negative correlation between shame and perceptions of hope. Individuals who exhibit higher levels of shame consequently demonstrated lower levels of hope and self-differentiation (Williamson, Sandage, & Lee, 2007). In addition, these authors found that having greater feelings of hope correlated with strong social relationships and differentiation. Therefore, the literature shows that healthy relationships are related to adolescents' sense of hope in their lives and perception of the future (Esteves, et al., 2013; Padilla-Walker, Hardy, & Christensen, 2011; Williamson, Sandage, & Lee, 2007). While the

constructs of depression and self-esteem evaluate adolescents' present characteristic traits, hope differs in that it conceptualizes how adolescents perceive their future and the possibility that good things will happen in the future (Esteves, et al., 2013; Padilla-Walker, Hardy, & Christensen, 2011). Hope not only represents an alternative of the depression variable, but it also gives insight into adolescent's perspective about future endeavors and aspirations about his or her future. Padilla-Walker, Hardy, and Christensen (2011) studied the relationship between parental relationships and adolescent hope, and determined that maternal connectedness predicted adolescent hope better than paternal connectedness. Hope was also associated with school engagement, prosocial behavior, internalizing, and delinquency (Padilla-Walker, Hardy & Christensen, 2011). In addition, high levels of hope have been shown to be associated with life satisfaction, health practices, well-being, purpose, academic achievement, internalizing and externalizing behaviors, and positive and negative affect (Esteves, et al., 2013). While most studies have examined the constructs of shame and hope separately, few studies were found that incorporated and examined both variables together. From the limited literature on shame and hope, the study predicts there is an inverse relationship between shame and hope. This study seeks to add to the literature by examining shame and hope directly, and also evaluating how relationships moderates the effects shame has on adolescent's sense of hope.

Gender

This study also examined how gender is related to the association of shame with depressive symptoms, hope, and self-esteem. The literature discusses various issues that relates shame to gender. First off, girls are more susceptible to internalized shame based on the rumination literature (Orth, Robins, & Soto, 2010). Girls more than boys are more likely to ruminate on shameful issues and therefore more susceptible to the adverse effects of shame. We

expect to find that the girl groups have higher levels of shame than boys. In addition, the literature determined that boys tend to be more shamed around embarrassing acts (Tangney, Miller, Flicker, & Barlow, 1996), whereas girls tend to have more internalized shame from issues such as body image, achievement, and social situations (Thompson, Altmann, & Davidson, 2004). While the literature has extensive research on gender in regards to depression, hope, and self-esteem, little is known about how shame effects those internalized traits in regards to gender. This study aims to use group comparisons examine gender differences in the relationships among the variables in the model.

Theoretical Perception of Shame

There are various perceptions and interpretations of shame. As previously indicated, shame has a social and individual component (Harper & Hoopes, 1990). Because shame is discussed as a component of the adolescent rather than representing the entire individual, shame is conceptualized from a parts perspective grounded by Internal Family Systems Theory. The Internal Family Systems Theory developed by Richard Schwartz proposes that individuals possess various internal parts that interact with one another similar to members of a family (Schwartz, 1995; Schwartz, 2001). These interactions may become conflictual in nature when polarizing parts counteract one another in vicious cycles (Schwartz, 1995; Schwartz, 2001). Thus, shame become internalized as one part of the adolescent, and conflict arise when that shameful part of the adolescent surface to become a dominating character in the adolescent. This shameful part within the adolescent also interacts with the adolescent's external social systems in relationships, similar to how parts get expressed in external systems according to Internal Family Systems Theory (Schwartz, 1995; Schwartz, 2001). Thus, the adolescent may possess a shameful part, but by no means is the shame part the only part the adolescent possesses.

For example, theory says that as individuals internalize shame, they then set up subsequent shaming experiences for themselves. They come to develop a world representational view in which they expect to be shamed. As shame becomes more internalized, they expect the world to be a shaming place, and they began to develop little hope that they can ever be rid of the internal flaws that they sense in themselves. They learn that it doesn't matter how they behave, they will still be flawed, leading to lack of hope (Harper & Hoopes, 1990). According to IFS, shame would develop as an internal part because of social experiences, and these shaming parts would expose adolescents to internal parts which loses hope, are more susceptible to depression, and lowers self-esteem (Schwartz, 1995; Schwartz, 2001).

Shame has many different and complex origins which may spring from a social, situational, or individual nature (Harper & Hoopes, 1990). As a result, the shame may be attached with specific relationships depicted by specific situations or context. Because of the complexity of shame, it can be multifaceted and exist in multiple parts in regards to relationships. According to the Internal Family Systems Theory, parts may demonstrate one characteristic, but have other parts which exhibit completely different natures (Schwartz, 1995; Schwartz, 2001). In similar fashions, while an adolescent may have shame that originates with one specific relationship realm (i.e. mother-son relationship), that adolescent may also experience another aspect of that same relationship but without a shame perspective but rather a loving and connective frame. Thus, one relationship with the adolescent may generate both an internal shaming part and an internal connected part. With Internal Family Systems Theory grounding the understanding of shame, it is easy to see how relationship become a key component in understanding adolescent's internal shame.

As parts interact within the adolescent's internal system, parts continuously either connect or conflict with adolescent shame parts. In addition, Internal Family System Theory's idea of a differentiated, harmonious, and connected Core-Self tends to manage polarizing parts into a healthy internal system (Schwartz, 1995; Schwartz, 2001). This Core-Self also develops healthy relationships with the individual's surrounding social network. Thus, having a dominant Core-Self allows adolescents to develop connected relationships with parents and peers in order to manage the shameful parts which may exist in the internal system. Because of this key component of Internal Family Systems Theory, this study believes adolescents having connect relationships with parents and peers (demonstrating a strong Core-Self to connect with external systems) will translate into moderation of shameful parts and its effects on adolescent depression, self-esteem, and hope.

Hypothesized Model

It is predicted that having strong peer and parental connections will moderate the effects that shame has on depression, low self-esteem, and low sense of hope. The adolescent's sense of shame will have a positive relationship with depression, and inverse relationships with self-esteem and hope. In turn, we predict that when the adolescent has strong peer connection and/or parental warmth, it will dampen the effects shame has on depression, self-esteem, and hope.

Figure 1 illustrates the hypothesized SEM model.

Methods

Participants

The participants for this study were taken from wave 5 of the *Flourishing Families Project (FFP)*, a longitudinal study of inner-family life. This study looks at the cross-sectional data from the *FFP* at Time 5 because not all of the variable were included in earlier waves. The

sample for Time 5 consists of 307 two-parent families. Approximately 55% of adolescents were female (M age = 15.28, SD = 1.01; Table 1 show gender breakdowns). The ethnicity of the sample was relatively homogenous; 87.5% of fathers, 81.5% of mothers, and 78.9% of adolescents were European American, 5.4% of fathers, 5.0% of mothers, and 4.8% of adolescents were African American, and 7.1% of fathers, 13.4% of mothers, and 16% of adolescents were from other ethnic groups or were multiethnic. Regarding family income, 9.8% made less than \$59,000 per year, 34% made between \$60,000 and \$99,000 a year, 32% made between \$100,00 and \$139,000, with the remaining 24% making more than \$140,000. Just under ninety-seven percent of two-parent families were currently married, and the remainder were cohabitating.

Procedures

Participant families for the *FFP* were selected from a large northwestern city and were interviewed during the first eight months of 2011 for Time 5 (between May and August of 2011). At wave 1, families were primarily recruited using a purchased national telephone survey database (Polk Directories/InfoUSA). This database claimed to contain 82 million households across the United States and had detailed information about each household, including presence and age of adolescents. Families identified using the Polk Directory were randomly selected from targeted census tracts that mirrored the socio-economic and racial stratification of reports of local school districts. All families with an adolescent between the ages of 10 and 14 living within target census tracts were deemed eligible to participate in the *FFP*. Of the 692 eligible families contacted, 423 agreed to participate, resulting in a 61% response rate. However, the Polk Directory national database was generated using telephone, magazine, and internet subscription reports; so families of lower socio-economic status were under-represented. Therefore, in an

attempt to more closely mirror the demographics of the local area, a limited number of families were recruited into the study through other means (e.g., referrals, fliers; $n = 77$, 15%). By broadening our approach, we were able to significantly increase the social-economic and ethnic diversity of the sample.

All families were contacted directly using a multi-stage recruitment protocol. First, a letter of introduction was sent to potentially eligible families. Second, interviewers made home visits and phone calls to confirm eligibility and willingness to participate in the study. Once eligibility and consent were established, interviewers made an appointment to come to the family's home to conduct an assessment interview that included video-taped interactions (not used in the current study), as well as questionnaires that were completed in the home. The most frequent reasons cited by families for not wanting to participate in the study were lack of time and concerns about privacy. It is important to note that there were very little missing data. As interviewers collected each segment of the in-home interview, questionnaires were screened for missing answers and double marking.

Through the course of the past time points, the same families were re-contacted annually. They were requested to again participate in the same surveying process. Wave 5 data was used as opposed to another wave or a longitudinal study because the construct were valid only for that cross-sectional time period. For this study using wave 5 data, only two-parent families (307 participant families) were used, and originally the study had 335 two-parent participants (from wave 1) which leaves a retention rate of 86.5%.

Measures

Shame. Shame was assessed by having adolescents respond to an eight-item self-report measure, the inadequacy subscale of the Internalized Shame Scale (Cook, 1994), a measure of

interpersonal/intrapersonal feelings of shame. Participants responded to items using a 5-point Likert scale asking how often they experienced thoughts or feelings ranging from 1 (*never*) to 5 (*almost always*), with higher scores representing higher levels of shame. Sample items include “I feel like I am never quite good enough” and “I think that people look down on me”. Cronbach’s Alpha reliability coefficient was found to be .77 for this sample. The 8-items were first submitted to confirmatory factor analysis, and then the mean of the eight items was used as the observed variable shown in Figure 1.

Depression. Adolescent’s depression was assessed using the nine item self-report CES-DC (Center for Epidemiological Studies Depression Scale for Children (Weissman, Orvaschel, & Padian, 1980). Participants responded by rating the degree to which they had experienced each item in the past week, with a Likert-type response scale ranging from 1 (*not at all*) to 4 (*a lot*). Higher scores indicate greater depressive symptoms. Sample items included, “I was bothered by things that usually don’t bother me,” and “I felt lonely, like I didn’t have any friends.” For the current sample, the Cronbach’s Alpha reliability coefficient was found to be .91. The depression latent construct was measured using the nine indicators with factor loadings ranging from .64 to .82.

Self-esteem. Adolescents’ self-esteem was assessed using the Rosenberg Self-Esteem Scale (Rosenberg, 1965). Adolescents responded on a 5-point Likert-type scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). Sample items include, “I certainly feel useless at times” and “on the whole, I am satisfied with myself.” Negative items were reverse coded with higher scores representing higher self-esteem ($\alpha = .89$). The self-esteem latent construct was created using the ten items with a factor loadings ranging from .71 to .84.

Hope. This self-report measure was adapted from the hope/optimism scale (Peterson & Seligman, 2004), with five point Likert response categories ranging from 1 (*very much like me*) to 5 (*very much unlike me*). Sample items included “I always look on the bright side” and “I expect the best”. Items were reverse scored so that higher scores indicated higher levels of hope. Past research has found Cronbach’s Alpha reliability coefficients to be .78 (Peterson & Seligman, 2004) and the Cronbach’s Alpha reliability coefficient was .87 for this sample. The hope latent construct was created using the six indicators with factor loadings ranging from .67 to .91.

Parental connection. Parenting connection variables were measured using the warmth and support subscale of the Parenting Styles and Dimensions Questionnaire-Short Version (PSDQ, Robinson, Mandleco, Olsen, & Hart, 2001). The parent warmth and support subscale is used in this study to evaluate parent-adolescent relationship and connection. Based on adolescent report, this measure assesses parents’ tendencies toward warmth and support. The mother connection and father connection variables were created using the adolescent’s answers to the five items about the mother and the same five items about the father. The mean scores of the items was the variable used in the model analysis. Adolescents were asked how often their parent(s) did certain behaviors relating to the different parenting styles such as “My parent is responsive to my feelings and needs”; “My parent takes my desires into account before asking me to do something”; and “My parent explains to me how they feel about my good and bad behavior.” Responses range on a five point Likert-type scale from 1 (*never*) to 5 (*always*), with higher scores indicating higher levels of the respective parenting styles and/or specific dimensions of parenting behavior. The reliability coefficients reported for the PSDQ-Short Version administered to the child was .86 (mothers) and .81 (fathers). The parental connection

observed variable used five indicators with factor loadings ranging from .68 to .78 for mother connection and .71 to .77 for father connection.

Peer connection. Qualities of the adolescent's peer relationships were assessed using six items from Barber and Olsen (1997). The peer connection subscale (seven indicators) was used to determine the relationship quality of the adolescent with his or her peer. Participants responded on a 5-point Likert-type scale ranging from 0 (*never*) to 4 (*every day*). Sample items included, "How often do you tell your friend things about yourself that you wouldn't tell most kids?" and "How often do you call or text this best friend?". The Cronbach's Alpha coefficient was .68 (connection) for this sample. The six indicators had factor loadings ranging from .71 to .92, and the mean of the items was used as the observed variable in the model.

Analysis

The study utilized a Structural Equation Model (Arbuckle, 2006), via the AMOS software, to evaluate the relationships between the variables. In addition, the study looked at moderation via best friend and parental connection. The predictor variable was adolescent shame, the moderators were mother and father's connection with adolescent and best friend connection, and the outcome variables were adolescent depression, sense of hope, and self-esteem. The predictor variable and moderation variables were mean scored to create the interaction variables used to evaluate moderation. Bivariate correlations were computed to understand the relationships among the variables in the study. Means and standard deviations were computed for both boys and girls, and t-tests were examined to determine if there were significant gender differences, and group comparisons was used to assess differences in the paths in the model based on gender. Fit indices including CFI, RMSEA, and χ^2 were examined to determine model fit.

The hypothesized model (Figure 1) was first be examined, controlling for family SES, race, and adolescent age. The resulting model from this first analysis was then examined, using group comparisons, to determine whether the model and, more specifically, the path coefficients differed by gender. Group comparisons following the procedure set out by Bollen (1989) allowed for fitting the data separately for each group, and then a X^2 difference test was used to determine if the fully constrained model was significantly different from the unconstrained model. This was done by first establishing a “baseline” or unconstrained model, referred to as “hypothesis of form” or “H-form”, in which all parameters were unconstrained. Using H-form as comparison, the model was ran again with the path coefficients constrained to be invariant between groups, and the X^2 s for the two models were then compared.

Results

Descriptive Statistics

The means and standard deviations for both genders were presented in Table 1 along with t-test comparisons. T-tests indicated that there were significant gender differences in the shame and best friend connection variables with boys reporting lower levels of shame and best friend connection than girls. Bivariate correlational analyses revealed that for both boys and girls, higher levels of shame were associated with higher levels of depression, lower levels of self-esteem, and lower feelings of hope. In addition, significant correlations were found for boys in the relationships between depression and the interaction variables of shame with maternal connection ($r = -.125, p < .05$), paternal connection ($r = .105, p < .10$), and best friend connection ($r = -.122, p < .10$). For girls, significant correlations were noted between hope and the interaction variables of shame with mothers ($r = -.476, p < .01$), fathers ($r = .411, p < .05$), and best friend ($r = .348, p < .01$) connection. These findings show that connections with best friends

and both parents moderate the effects of shame on depressive symptoms and the effects of shame on hope. Examining the associations of shame and relationships, there was a strong correlation between shame and paternal connection for boys ($r = -.103, p < .01$), and between shame and maternal connection for girls ($r = -.171, p < .05$). This finding suggested that the shame for males may be strongly influenced by their relationship with their fathers, and that for females by their relationship with their mothers. For both genders, best friend relationship did not correlate with shame.

Measurement Models

In the original baseline model (unconstrained model) where all the parameters were allowed to be unconstrained, the fit indices were as follows: $X^2 = 647.6, df = 426, p < .001$, with CMIN/DF = 1.52, CFI = .921, and RMSEA = .034. Addressing the question of measurement invariance, the model was run again with the path coefficients constrained to be invariant between groups (boys versus girls) and compared using X^2 difference tests. Factor loadings were examined by comparing a baseline model where factor loadings were unconstrained or free to vary across gender to fully constrained model where all factor loadings were considered equal across gender. Comparing the unconstrained model with the fully constrained model resulted in a significant decrease in model fit (X^2 difference (13) = 38.1, $p < .001$) which suggested measurement variance by factor loadings as a function of gender. By constraining individual factor loading paths to be equal one at a time it was found that depression indicators loaded higher for boys (factor loadings ranged from .73 to .87) than for girls (factor loadings ranged from .43 to .75). The two items which loaded better for boys were “I felt down and unhappy” with a factor loading of .78 and .43 respectively for boys and girls, and “I felt like things I did before didn’t work out right” with a factor loading of .81 and .51 respectively for boys and girls.

Indicators of the latent variable hope loaded higher for girls (ranging from .71 to .83) than for boys (ranging from .58 to .79). The two items which loaded better for girls than for boys were “I can always find the positive in what seems negative to others” with a factor loading of .78 and .59 respectively for girls and boys, and “If I feel down, I always think about what is good in my life” with a factor loading of .83 and .58 respectively for girls and boys. Thus, the final measurement model was estimated by constraining all factor loadings to be equal across gender, except for depression and hope. The measurement model resulted in the best fit, ($X^2 = 729.4$, $df = 468$, $p < .001$), with CMIN/DF = 1.56, CFI = .971 and RMSEA = .034, and all other factor loadings were statistically significant with values at .600 and above.

Structural Equation Model

Structural model analyses were then conducted examining shame as a predictor of adolescent depression, hope, and self-esteem with maternal, paternal, and peer connection as moderators (Figure 2). Family income, age, and race were used as control variables. To test for group differences (by gender), a series of multi-group comparisons were estimated and compared using X^2 difference tests. Structural paths were examined by comparing an unconstrained model where paths were free to vary across gender with one where paths were constrained to be equal across gender. When comparing all structural paths of the fully unconstrained model to the fully constrained model, no significant difference was found. After constraining each individual path one at a time and comparing it to the fully unconstrained model various pathways decreased model fit. These pathways were between maternal connection, paternal connection, and best friend connection with depression; and maternal connection and best friend connection with hope. This suggested measurement variance by gender for these specific pathways. Specifically, the coefficients associated with paths between connection variables (maternal, paternal, best

friend) and depression were found to be significant for boys (i.e., maternal connection: $\beta = -.436$, $p < .10$; paternal connection: $\beta = -.136$, $p < .10$; best friend connection: $\beta = -.391$, $p < .05$), but not for girls (i.e., maternal connection: $\beta = -.068$, $p = .21$; paternal connection: $\beta = -.164$, $p = .37$; best friend connection: $\beta = .074$, $p = .51$). In contrast, path coefficients between connection variables and hope were found to be significant for girls (i.e., maternal connection: $\beta = -.464$, $p < .05$; paternal connection: $\beta = .418$, $p < .01$; best friend connection: $\beta = .196$, $p < .05$) but not for boys (i.e., maternal connection: $\beta = -.058$, $p = .78$; best friend connection: $\beta = .040$, $p = .53$). Table 2 contains additional details in terms of values and significance levels. Thus, the best model fit was one constrained to be equal by gender for all structural pathways except for the pathway between maternal connection and depression, paternal connection and depression, best friend connection with depression, maternal connection with hope, best friend connection with hope, and the corresponding interaction variables which were left unconstrained. The resultant model was within acceptable standards ($\chi^2 = 835.8$, $df = 515$, $p < .001$), with CMIN/DF = 1.62, CFI = .981 and RMSEA = .032. In addition, the resultant model accounted for 57% of the depression variance ($R^2 = .57$), 14% of the self-esteem variance ($R^2 = .14$), 68% of the hope variance ($R^2 = .68$).

Test for Moderation

It was hypothesized that relationship connection would interact with shame in their relationship to three sets of adolescent internal traits, depressive symptoms, self-esteem, and hope. The moderation results indicated significance for the depression outcome variable in the boys group (Figure 2), while the hope outcome variable was significant for the girls group (Figure 2). In regards to boys, having positive connections with mothers (Figure 3; $\beta = -.125$, $p < .05$) and best friends (Figure 4, $\beta = -.122$, $p < .10$) dampened the effects of shame on depression

when the adolescent reported high levels of internalized shame. On the other hand, in high internalized shame circumstances, having higher connection with fathers amplified the effects that shame had on depression for males (Figure 5, $\beta = .105, p < .10$). This result was further exemplified for boys and levels of hope. Figure 6 illustrated how during high internalized shame cases, having a higher connection with fathers trended towards being correlated with lower feelings of hope for boys ($\beta = -.125, p < .10$). As for girls, having positive connections with fathers (Figure 7, $\beta = .411, p < .05$) and best friend (Figure 8, $\beta = .348, p < .01$) dampened the effects of shame on hope when the adolescent had high levels of shame. In contrast, during high levels of shame, having a strong connection with mothers amplified hopelessness for females (Figure 9, $\beta = -.476, p < .05$).

Revisiting the original hypothesis, it was predicted that the adolescent's sense of shame would have a positive relationship with depression, and inverse relationships with self-esteem and hope. The findings confirmed these hypotheses as shame was found to be positively related to depression, and significant inverse relationships were noted between connection variables and the outcomes of self-esteem and hope for both boys and girls. In addition, we predicted that having strong peer and parental connections would moderate the effects that shame has on depression, low self-esteem, and low sense of hope. The findings also showed that strong maternal and best friend connections dampened the effects of shame on depression for boys, but not self-esteem or sense of hope. Contrary to what was previously predicted, strong paternal connections amplified the effects shame had on depression for boys. For girls, our previous hypothesis was supported that strong paternal and best friend connections dampened the effects shame had on the adolescent's sense of hope, but strong maternal connection amplified the effect shame had on hope which was not expected from our hypothesis.

Discussion

Shame and Outcome Variables

The results from this study add to the shame literature by showing that shame is positively related to depressive symptoms and negatively related to self-esteem and hope for both adolescent boys and girls. Higher levels of shame seem to contribute to increased depression, low self-esteem, and lower sense of hope for both adolescent boys and girls. Although the level of shame for this population was rather lower for both genders, significant results were still found. These findings would suggest that even more transparent trends would be apparent given a high shame sample. These findings were consistent with previous findings (Ashby, Rice, & Martin, 2006; De Rubeis & Hollenstein, 2009; Webb, et al., 2007). Results also coincide with Thomaes, Stegge, and Olthof's (2007) study showing that when adolescents suffer from higher levels of internalized shame, it is more likely that their self-esteem will suffer as well causing them to have more negative attitudes about themselves. Finally, high levels of shame correlate with adolescents having lower feelings of hope, which is supported by the Williamson, Sandage, and Lee (2007) literature. Similar to what was previously indicated in the theoretical perspective of shame, this can be interpreted as when adolescents have higher feelings of internalized shame, and they would tend to have lower outlooks on the future and feelings of hope.

The Moderating Effects of Friends and Parents

Having a positive connection with a best friend and with the opposite-gendered parent dampened the negative effects of shame on all three outcomes when adolescents reported high levels of internalized shame. Across both genders, having strong best friend connections moderated the effects that shame has on adolescent internal characteristics. These results are

consistent with literature indicating that perception of social support and connection help adolescents with stress, depression, and other mental health issues (Millings, Buck, Montgomery, Spears, & Stallard, 2012; Stice, Rohde, Gau, & Ochner, 2011). The model of this study allowed for examining mother, father, and best friend connection separately and determine that regardless of parental connections, having a strong social connection with a best friend can moderate the effects of shame for adolescents. Optimally connection with best friend and opposite gender parent is optima.

Shame and Parental Connection

From the analysis, there is a high correlation between same gendered parental connection and shame. As previously mentioned in the literature, shame has an individual (Kim, Thibodeau, & Jorgensen, 2011) and social component (Webb, Heisler, Call, Chickering, & Colburn, 2007). Although shame was conceptualized from an individual perspective by polling the adolescent with questions regarding perceptions of the self, the correlation between shame and same gendered parental connection indicates that the adolescent reflects shame upon self in association with the parent. In other words, the strong correlation between same gendered parent connection and shame indicates the source of the shame and how the adolescent interprets the shame. Comparing the internal and external social interactions, having strong maternal and best friend relationships can moderate the effects of shame for adolescent boys, but clinicians should be attentive to adolescent's connection with fathers. With adolescent girls, strong paternal and best friend relationships can dampen the effects of shame, but clinicians assess more the effects strong maternal connection may contribute to adolescent internal traits.

Gender Specific Findings

From the literature, it is well established that females tend to ruminate more than males (Johnson & Whisman, 2013). The results indicate some support for this claim because the findings of this study showed a stronger relationship between shame and adolescent internal traits across the board for females compared to males. When looking at the interaction models, adolescent boys were more easily affected by relational connection in regards to depression while adolescent girls were more influenced by relational connections with sense of hope. On the other side of the discussion, strong relational connections do not moderate the effects shame has on self-esteem and sense of hope for boys and depression for girls. Does hope have a higher component of rumination than depression? The literature would tend to agree as hope not only looks at current state of circumstances, but also takes into account any future endeavors (Esteves, et al., 2013; Padilla-Walker, Hardy, & Christensen, 2011). How can increased levels of parental warmth exacerbate adolescent internalized issues into higher levels of depression (males) and lower levels of hope (females) when adolescents experience high levels of internalized shame? The results demonstrate that having high perceived connectedness with the same gendered parent may have detrimental effects if one has high shame. Kobasa and Puccetti's (1983) study concluded that having support from intimate relationships does not always translate into positive individual internal effects. This study expands on that conclusion in that adolescents having a strong connection with the same gendered parent may have detrimental effects under specific circumstances (high shame). From one perspective, looking at how shame is associated with same gender parent connection (highly correlated), we can see the source of the shame translating into adolescent perception of own shame. Having that close, positive connection with the same gender parent increases the social component of shame, when the adolescent is

experiencing high levels of shame already, leading to amplifying the effects shame correlates with depression and hopelessness. This proves to be a higher mountain for the adolescent to climb (as the shame is now fueled by both the parental connection and internalized shame) and exacerbates depression for males and decreases the sense of hope for females. Can this be attributed to misconception of the parental connection on the adolescent's part or does having that strong same gendered parental connection really increase the burden adolescents have to carry in high shame circumstances? More research is needed to look at parental perception of adolescent shame and connection. The literature would support the father and mother modeling masculinity and femininity (respectively) being attributed to the same gender parent initially (Chan & Ng, 2012; Gavish, Shoham, & Ruvio, 2010; Ott, 2010; Gervan, Granic, Solomon, Blokland, & Ferguson, 2012). As a result, having close connections with the same gendered parent might lead to higher levels of shame when standards are not met. From the results and literature, there may be a balance needed for adequate adolescent development instead of the assumption that more parental connection is always better.

Clinical Implications

Various applications of these findings can be made to clinical practice. As we conduct extensive therapy with more cohesive family members as opposed to individual therapy, it is important to consider the effects family members have on one another in more systemic therapy theories. From an IFS clinician's perspective, it is essential to guide the adolescent through understanding and minimizing the effects the shame part has on the individual and the external system. Clinicians should guide the adolescent through parts differentiation, parts understanding, and empowerment of the Core-Self in order for the adolescent to make sense of his or her shame part (Schwartz, 1995; Schwartz, 2001). The IFS therapist is attuned to adolescent shame parts

interacting in a negative cycle to develop increase depression, low self-esteem, and low sense of hope parts as well (Schwartz, 1995; Schwartz, 2001). Through interventions such as empty chair and observing various parts from an IFS lens, clinicians can help the adolescent develop a more harmonious and balanced internal system (Schwartz, 1995; Schwartz, 2001).

Our study also concluded that some strong connections benefit adolescents in diminishing the effects shame has for various adolescent outcome variables. As a result, clinicians should work with the adolescent in strengthening the Core-Self in order to establish more differentiated external relationships with parents or peers. To do so, the IFS therapist would model understanding and validation of internal parts such as shame, and eventually work towards the adolescent's own Core-Self to facilitate this process (Schwartz, 1995; Schwartz, 2001). In doing so, the adolescent's Core-Self would become more successful in managing this shameful part and invite external relationships to produce healing (Schwartz, 1995; Schwartz, 2001). The created and enacted relationships can then help adolescents buffer from the effects of shame.

On the other hand though, clinicians need to be weary and cautious of possible detrimental nature during situations in which adolescents have high shame and high connection with the same gender parent (i.e., daughter-mother and son-father). From the IFS perspective, relational parts may develop within an adolescent that suggest the same gendered parent as a model for personal and gender development (Schwartz, 1995; Schwartz, 2001). This part may be more susceptible to the effects of high shame and would thus need to be monitored carefully by the therapist. Clinicians would then work with the adolescent and family and peer system to defuse how the shameful part assesses these close relationships in order to minimize the potential detrimental effects of shame. Interventions such as facilitating parts to interact internally and externally through enactments would achieve this goal (Schwartz, 1995; Schwartz, 2001).

Overall, this study helps clinicians understand the concept of shame and how it can exist in the adolescent, family, social network, and relationships in general. Therefore, it is recommended that clinicians opening talk about the shame with patients.

Limitations

Like all research, this study has its set of limitations. To begin with, in order to work with the desired moderation model, the predictor variables were limited to observed means rather than latent variables. Using latent variables would give the study more descriptive analysis of how the items related to the latent variables. Future studies can look more extensively at higher shame populations and determine if the same trends still exist. Also, this study conceptualized only best friend relationships from the adolescent's social network. Future studies can look at the social network in its entirety to better assess for social connection. The findings leave one to wonder the source in which the shame can be attributed to and how various relationships may impact adolescents depending on the source. Finally, this study only looked at a cross-sectional analysis, but a longitudinal study would be better equipped to evaluate the longevity of shame and how relationships may effect adolescent outcomes across a given time period.

Conclusion

This study examined the possible moderation effects parental and best friend connection on the relationship between adolescent shame and the internalized traits of depression, self-esteem, and sense of hope. Through Structural Equation Modeling analysis, findings showed that strong maternal and best friend connections dampened the effects of shame on depression for boys, but strong paternal connections amplified it. Additionally, strong paternal and best friend connections dampened the effects shame had on sense of hope for girls, but strong maternal connections amplified that effect. These findings can aide clinicians to better guide families

through issues of shame, and give a venue for clinicians to intervene through creating healthy relationships within the family and with adolescent peers.

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Table 1

Means, Standard Deviations, and T-test for All Observed Variables

Variables	Boys (n=150) Mean (SD)	Girls (n=157) Mean (SD)	t-test
Shame	1.753 (.769)	2.048 (.921)	3.136*
Mother Connection	3.741 (.740)	3.815 (.808)	.841
Father Connection	3.495 (.770)	3.584 (.813)	.979
Best Friend Connection	2.445 (.605)	2.835 (.603)	5.645*
Age	15.367 (.073)	15.222 (.067)	N/A
Income (household)	128,885.16 (17,854.94)	104,352.01 (6,135.05)	N/A

Note. * $p < .01$

Table 2

Standardized Correlation Matrix for All Variables

Variables	1	2	3	4	5	6	7
1. Shame		-.171**	-.333	-.055	.476***	-.638***	-.385***
2. Mother Connection	-.171		.613***	.017***	-.068	-.464**	-.128
3. Father Connection	-.103***	.733***		.031	.164	.418***	.091
4. BF Connection	-.020	.036	-.019		.074	.196**	-.057
5. Depression	.461*	-.436*	-.136*	-.391**		-.096	-.245
6. Hope	-.178**	-.058	.350**	.040	-.057		.289
7. Self-esteem	-.535**	.125	.252	.057	-.155	.220	

Notes. Correlations for girls are above the diagonal, boys below diagonal

* p -value < .10; ** p -value < .05; *** p -value < .01.

Figure Captions

Figure 1. Proposed Structure Equation Model (Conceptual Model)

Figure 2. Structural Equation Model (Significant Results)

Figure 3. Interaction Model: Boys' Depression Dependent on Shame x Maternal Connection

Figure 4. Interaction Model: Boys' Depression Dependent on Shame x Best Friend Connection

Figure 5. Interaction Model: Boys' Depression Dependent on Shame x Paternal Connection

Figure 6. Interaction Model: Boys' Hope Dependent on Shame x Paternal Connection

Figure 7. Interaction Model: Girls' Hope Dependent on Shame x Paternal Connection

Figure 8. Interaction Model: Girls' Hope Dependent on Shame x Best Friend Connection

Figure 9. Interaction Model: Girls' Hope Dependent on Shame x Maternal Connection

Figure 1

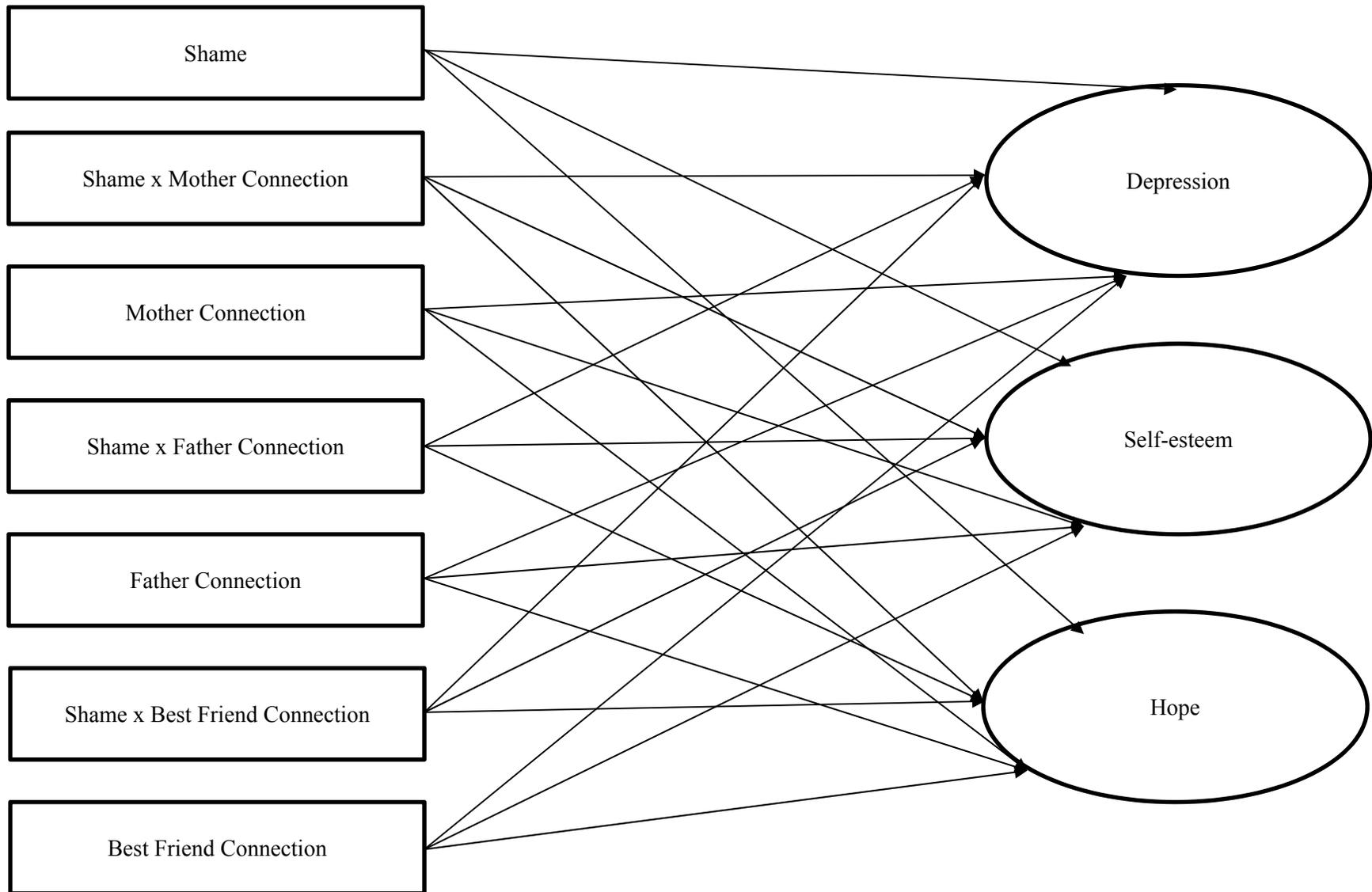
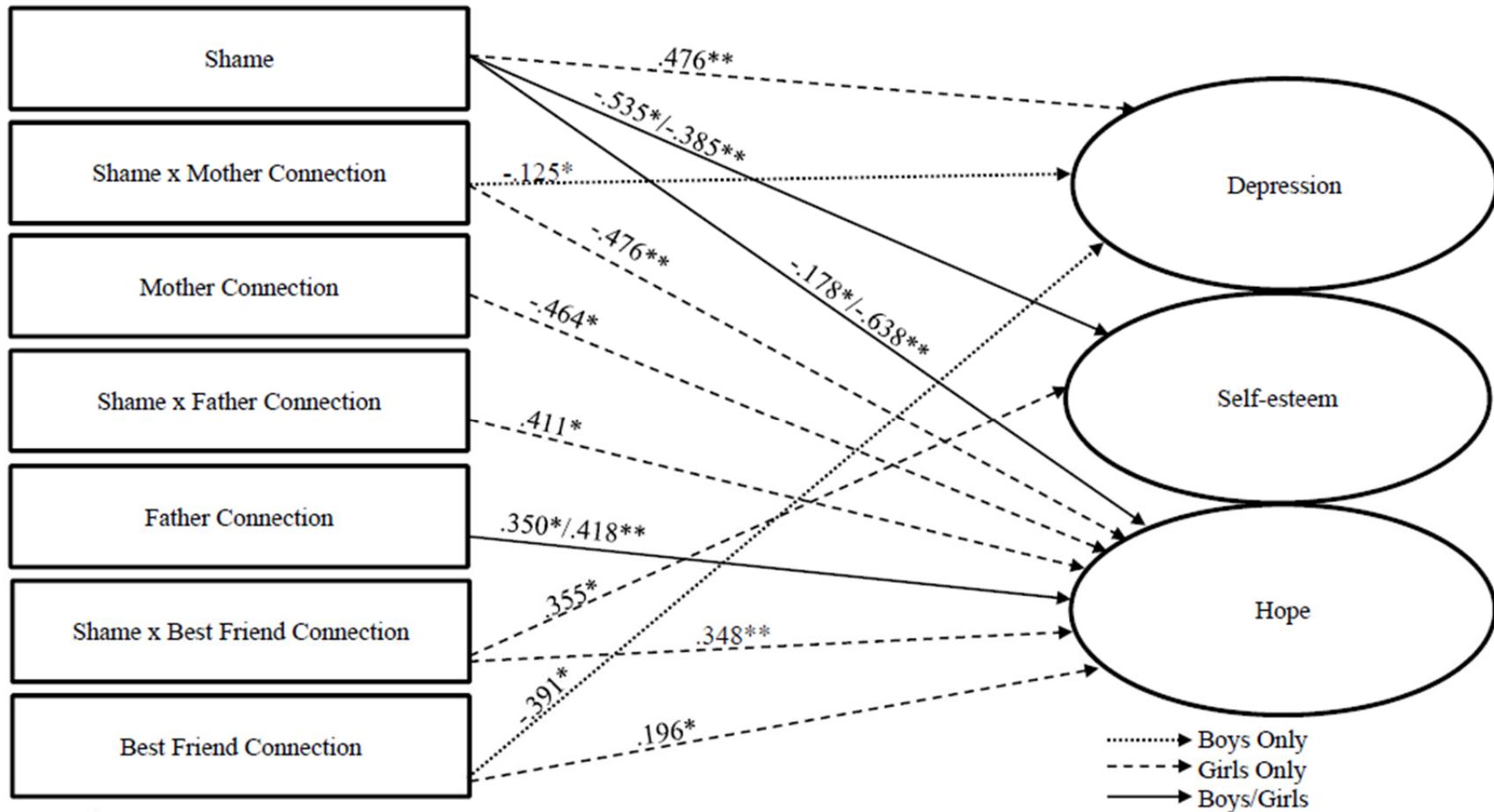


Figure 2



Note: $\chi^2(515) = 835.8, p < .001$; CMIN/DF = 1.62; CFI = .981; RMSEA = .032.
 Only significant standardized values shown; * p -value < .05; ** p -value < .01
 R^2 (Depression) = .57; R^2 (Self-Esteem) = .14; R^2 (Hope) = .68

Figure 3

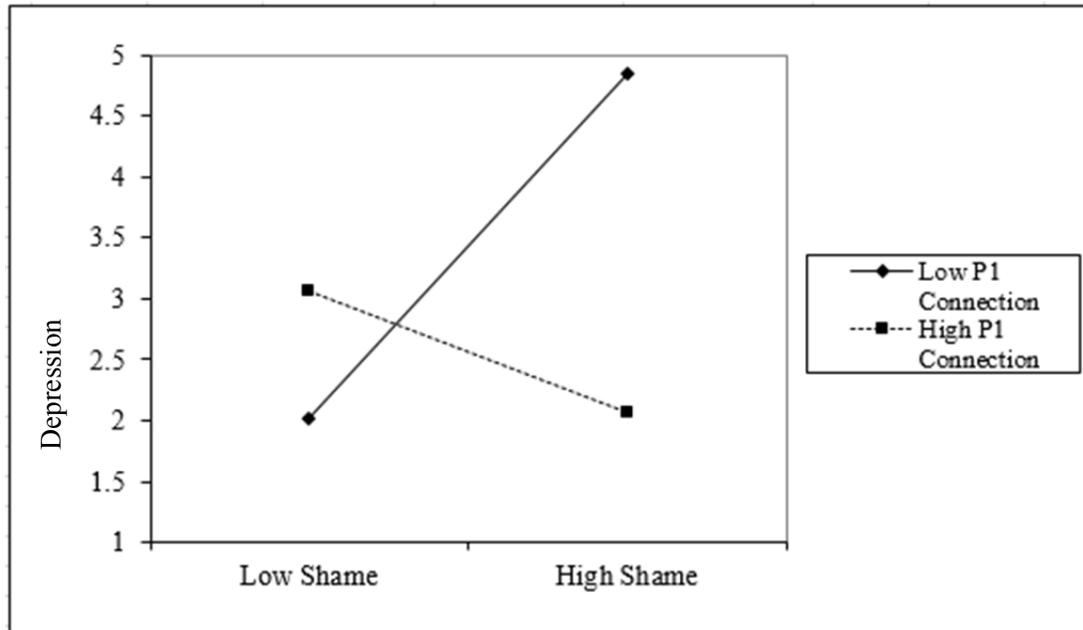


Figure 4

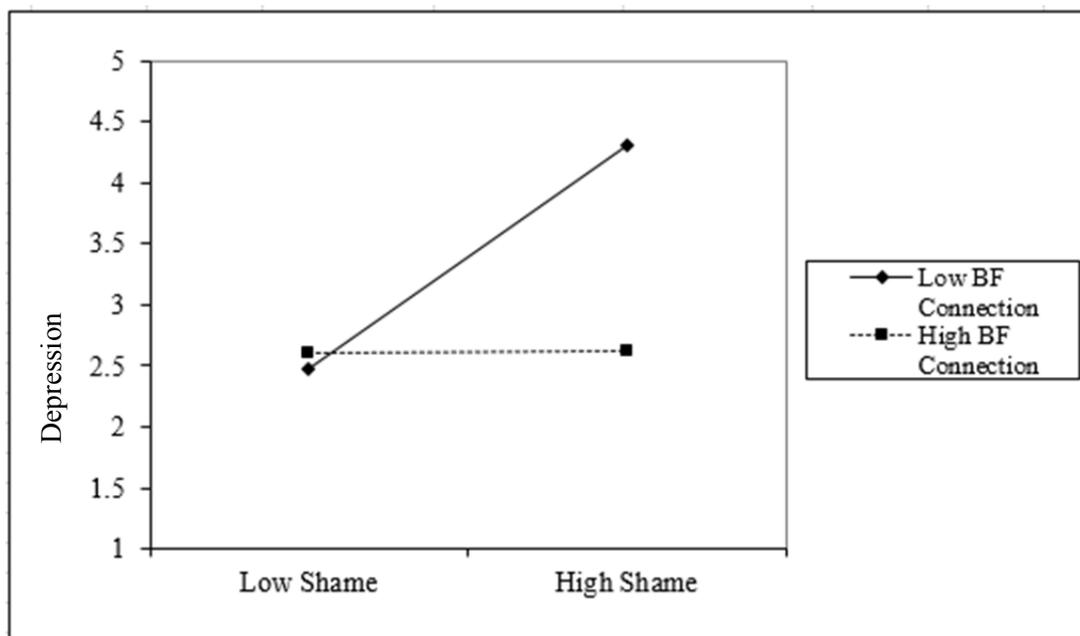


Figure 5

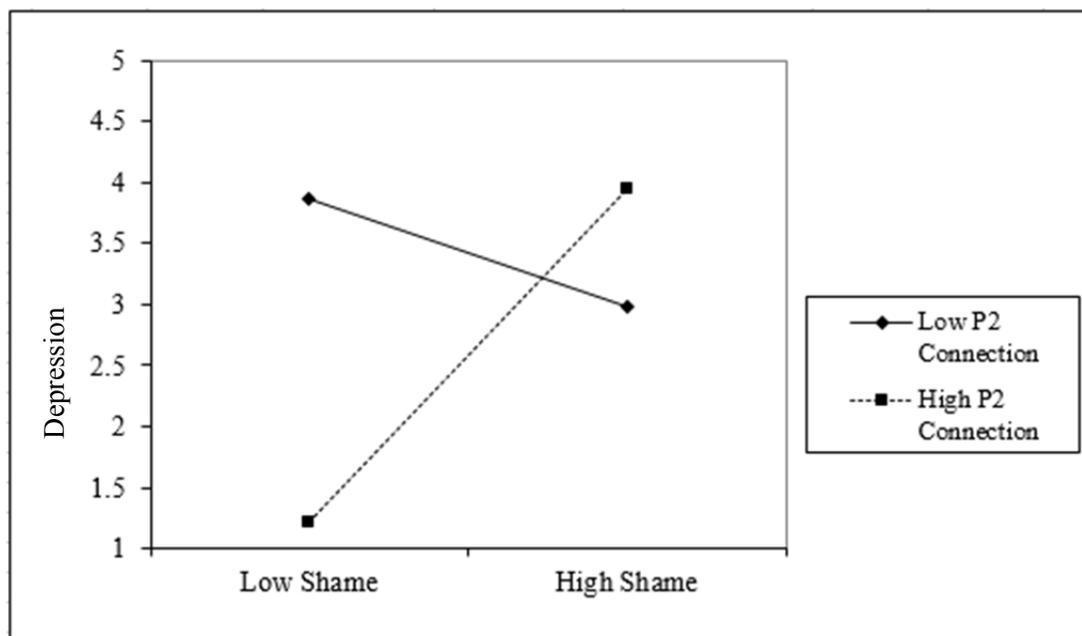


Figure 6

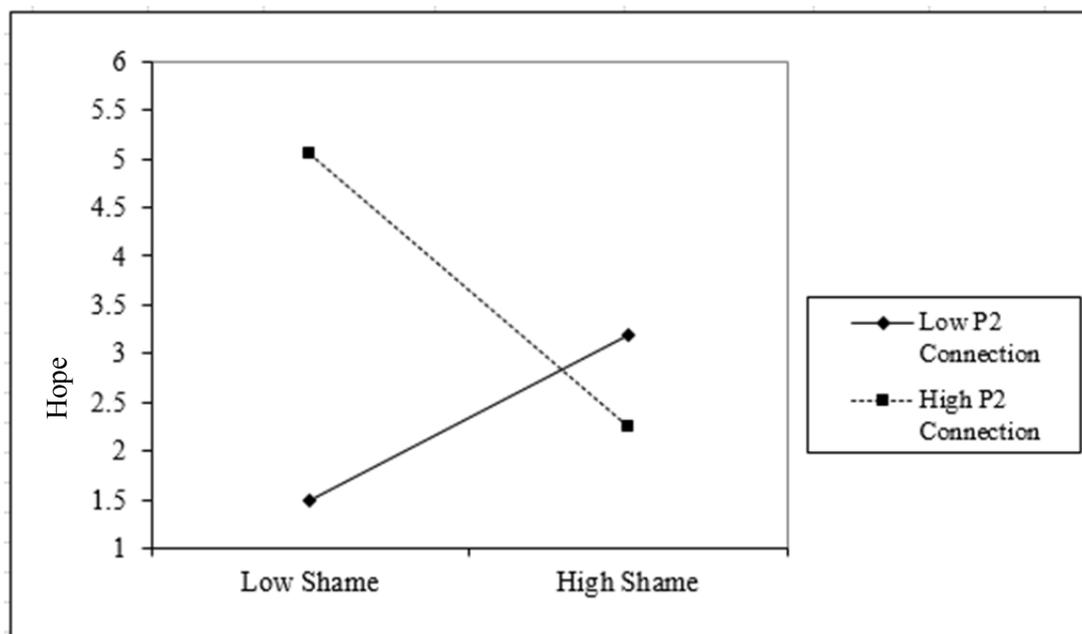


Figure 7

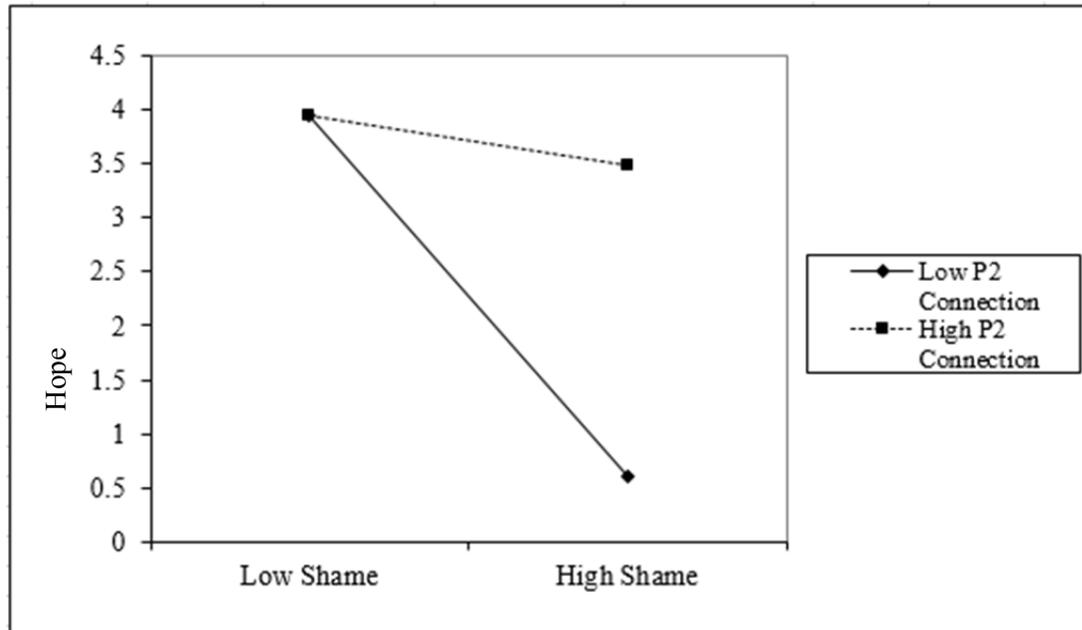


Figure 8

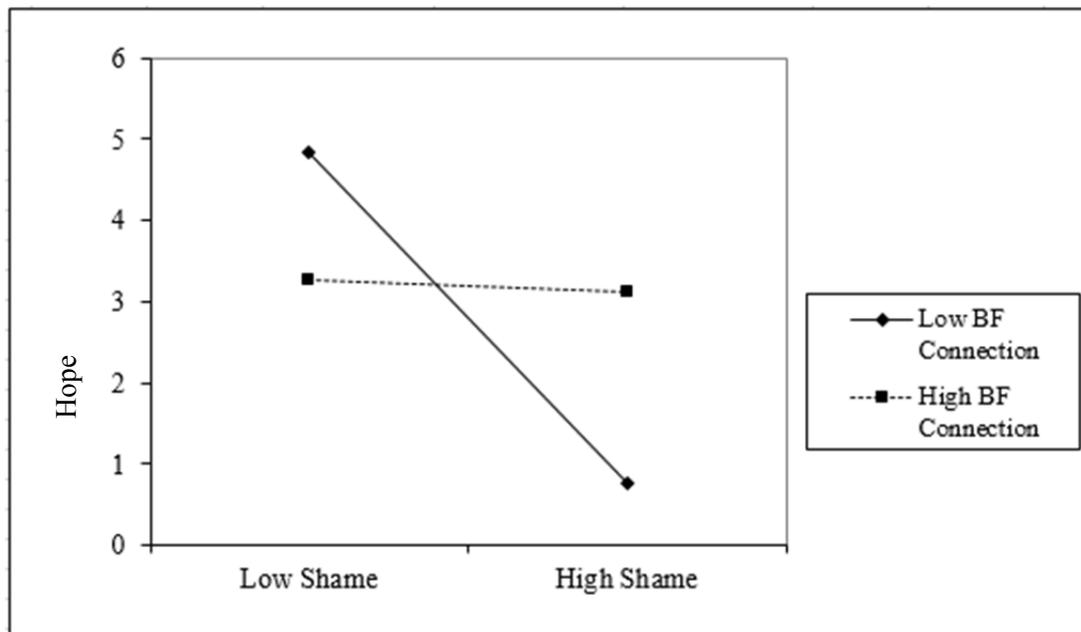
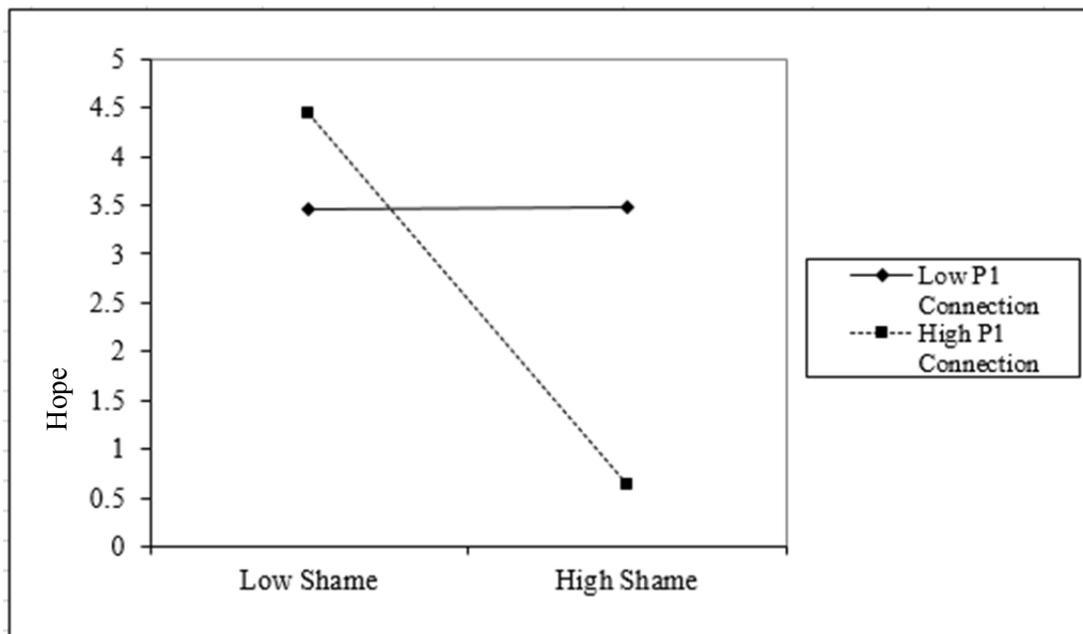


Figure 9



Appendix A

Internalized Shame Scale

(Child Version; Inadequacy Subscale)

Instructions:

Rate the question using the following scale:

1 = Never

2 = Seldom

3 = Sometimes

4 = Frequently

5 – Almost always

How often do you feel the following...

1. I feel like I am never quite good enough.
2. I think that people look down on me.
3. I see myself as being very small and insignificant.
4. I feel intensely inadequate and full of self-doubt.
5. I feel as if I am somehow defective as a person.
6. When I compare myself to others I am just not as important.
7. I see myself striving for perfection only to continually fall short.
8. I would like to shrink away when I make a mistake.

Reliability (Flourishing Families: Wave 5)

Child Report: .77

Reliability (Cook, 1994)

Child Report: .80

Cook, D. R. (1994). *Internalized shame scale: Professional manual*. Menomonic, WI: Channel Press.

Appendix B

Center for Epidemiological Studies Depression Scale for Children

Instructions:

Rate the question using the following scale:

1 = Not at all

2 = A little

3 = Some

4 = A lot

During the past week...

1. I wasn't able to feel happy, even when my family or friends tried to help me feel better.
2. I felt down and unhappy.
3. I felt like something bad was going to happen.
4. I felt like things I did before didn't work out right.
5. I felt scared.
6. I felt lonely, like I didn't have any friends.
7. I felt like crying.
8. I felt sad.
9. I felt people didn't like me.

Reliability (Flourishing Families: Wave 5)

Child Report: .91

Reliability (Weissman, Orvaschel, & Padian, 1980)

Child Report: .90

Weissman, M. M., Orvaschel, H., & Padian, N. (1980). Children's symptom and social functioning self-report scales: Comparison of mothers' and children's reports. *Journal of Nervous Mental Disorders*, 168(12), 736–740.

Appendix C

Rosenberg Self-Esteem Scale (Child Version)

Instructions:

Rate the question using the following scale:

1 = Strongly disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly agree

How much do you agree with each statement?

1. I am able to do things as well as most people.
2. I feel useless at times.
3. At times I think I am no good at all.
4. On the whole, I am satisfied with myself.
5. I feel I do not have much to be proud of.
6. I wish I could have more respect for myself.
7. I have a positive attitude about myself.
8. I feel that I have a number of good qualities.
9. All in all, I am inclined to feel that I am a failure.
10. I feel that I am a good person, as good as any other person.

Reliability (Flourishing Families: Wave 5)

Child Report: .89

Reliability (Rosenberg, 1965)

Child Report: .82

Rosenberg, M. (1965). *Society and the Adolescent Self-Image*. Princeton, New Jersey: Princeton University Press.

Appendix D

Children's Hope and Optimism Scale

Instructions:

Rate the question using the following scale:

1 = Very much like me

2 = A little like me

3 = Neutral

4 = A little unlike me

5 = Very much unlike me

Is this statement like you?

1. I always look on the bright side.
2. I can always find the positive in what seems negative to others.
3. Despite challenges, I always remain hopeful about the future.
4. I know that I will succeed with the goals I set for myself.
5. I am confident that my way of doing things will work out for the best.
6. If I feel down, I always think about what is good in my life.

Reliability (Flourishing Families: Wave 5)

Child Report: .87

Reliability (Peterson & Seligman, 2004)

Child Report: .78

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. Washington, DC: Oxford University Press.

Appendix E

Parenting Styles and Dimensions Questionnaire – Short Version

(Child Report; Warmth and Support Subscale)

Instructions:

Rate the question using the following scale:

1 = Never

2 = Once in a while

3 = About half the time

4 = Very often

5 = Always

How often do you do the following?

1. My parent is responsive to my feelings and needs.
2. My parent encourages me to talk about my troubles.
3. My parent gives comfort and understanding when I am upset.
4. My parent gives praise when I am good.
5. My parent has warm and loving times together with me.

Reliabilities (Flourishing Families: Wave 5)

Child Report on Mother: .86

Child Report on Father: .81

Reliabilities (Robinson, Mandleco, Olsen, & Hart, 2001)

Child Report on Mother: .86

Child Report on Father: .82

Robinson, C. C., Mandleco, B., Olsen, S. F., & Hart, C. H. (2001). The Parenting Styles and Dimensions Questionnaire (PSQD). In B. F. Perlmutter, J. Touliatos, & G. W. Holden (Eds.), *Handbook of family measurement techniques: Instruments & index* (pp. 319 - 321). Thousand Oaks, CA: Sage.

Appendix F

Adolescent Peer Relationships Scale (Connection Subscale)

Instructions:

Rate the question using the following scale:

0 = Never

1 = Once a month

2 = Once a week

3 = A few times a week

4 = Everyday

In terms of your best friend...

1. How often do you call or text this best friend?
2. If you needed help with something, how often could you count on this friend to help you?
3. How often do you and this friend go over to each other's house?
4. How often do you tell this friend things about yourself that you wouldn't tell most kids?
5. How often do you and this friend go places together, like a movie, shopping or a sports event?
6. How often does this friend praise or congratulate you when you do a good job on something?

Reliability (Flourishing Families: Wave 5)

Child Report: .68

Reliability (Barber & Olsen, 1997)

Child Report: 72

Barber, B. K., & Olsen, J. A. (1997). Socialization in context: Connection, regulation, and autonomy in the family, school, and neighborhood, and with peers. *Journal of Adolescent Research, 12*(2), 287-315.