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## Parent and Adolescent Attachment and Adolescent Shame and Hope with Psychological Control as a Mediator

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Parent and Adolescent Attachment and Adolescent Shame and Hope with  
Psychological Control as a Mediator

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A thesis submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of  
Master of Science

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## ABSTRACT

### Parent and Adolescent Attachment and Adolescent Shame and Hope with Psychological Control as a Mediator

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The purpose of this study was to determine if parent adolescent attachment is correlated with adolescent hope and shame two years later with parent psychological control in the year in between as a mediator. Data at wave four, five, and six for 308 families from the Flourishing Families Project were used. In previous studies attachment has been shown to be important in adolescent development. This study found that the adolescent's perception of the relationship is negatively correlated with shame and positively correlated with hope in the adolescent. Additionally the adolescent's perception of their relationship with both mother and father was correlated with mother and father psychological control, and mother and father psychological control was correlated with adolescent shame and hope. Psychological control was a significant mediator between the adolescent perception of the relationship with both parents and adolescent shame and hope.

Keywords: attachment, shame, hope, adolescent, mother, father

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## Introduction

Secure parent-adolescent attachment has been found to be related to positive adolescent adjustment (Al-Yagon, 2011; Bowlby 1988). The theoretical underpinnings for this association originated with Bowlby's attachment theory (Bowlby, 1982, 1988). Attachment theory has been researched extensively and it has been said that this theory is the "most visible and empirically grounded conceptual framework in the fields of social and emotional development" (Jiang, Huebner, & Hills, 2013, p. 341; Cassidy & Shaver, 2008). Attachment theory argues that attachment is "an innate, biosocial behavioral system in the infant, the purpose of which is to maintain proximity to the primary caregiver" (Popper & Amit, 2009). The desire to attach is instinctual and a means by which an infant survives.

Based on their relationships with primary caregivers who provide security, safety, and support, infants form internal working models (Bowlby, 1982, 1988). These internal working models are the models by which the infant develops a view of self and others and the framework that structures the infant's future relationships (Simmons, Gooty, Nelson, & Little, 2009). From these early experiences, the child will develop attachment styles that extend into adulthood, the attachment styles being either secure, anxious, or ambivalent (Popper & Amit, 2009).

Secure attachment has been associated with higher academic success, positive sense of self and others, higher life satisfaction, better interpersonal functioning, lower likelihood of delinquency and psychological distress (Jiang et al., 2013). Due to the connection between secure attachment and positive behaviors and emotions it is likely that parent child attachment has a powerful influence on adolescent shame and hope (Boldt, Kochanska, Yoon, & Koenig Nordling, 2014; Chen, Lin, & Li, 2012). Hope is a positive factor of adolescent adjustment and is related to good mental health (Shorey, Snyder, Yang, & Lewin, 2003), lower depression and



anxiety (Chang & DeSimone, 2001; Geffken et al., 2006), higher job performance and satisfaction (Peterson & Byron, 2008), and academic achievement in college (Chang, 1998). A negative factor of adolescent adjustment is internalized or trait shame which has been found to be associated with several negative outcomes. These include anger and aggression (Tangney et al., 1996), depression and anxiety (Fergus et al., 2010), substance use (Dearing et al., 2005), and both internalizing and externalizing problems (Muris & Meesters, 2014).

However, few studies have examined possible parenting processes through which attachment is related to adolescent outcomes, of shame and hope. One possible mediator is the parenting practice of psychological control. It is likely that parents who have better attachment with their children will use less psychological control in their parenting, and that psychological control is negatively related to hope and positively related to trait shame in adolescents. The purpose of this study is to examine the relationship between parent child attachment and adolescent adjustment using a longitudinal design with the predictor variables at one time and outcome variables two years later with the mediating variables measured in the year in between. Specifically, this study examines the relationship between mother-adolescent attachment, father-adolescent attachment and shame and hope with parent psychological control (maternal and paternal) as a potential mediating variable. A secondary purpose was to identify how the relationship among these variables differs based on gender of the child. The illustration of the relationship between these variables can be seen in Figure 1.

## Literature Review

### Theoretical Foundations

Attachment theory is the primary theoretical foundations upon which this study is based. Bowlby's attachment theory (Bowlby, 1982; 1988) and the work done since has shown that early attachment experiences are crucial to development and wellbeing (e.g. Jiang, Huebner, & Hills, 2013). Attachment theory posits that based on their primary caregiver's attentiveness, infants begin to form models for future relationships (Bowlby, 1982, 1988). As a parent attends to and provides for the needs of an infant, then the infant begins to form a secure attachment. The secure infant is able to trust and rely up their caregiver, which allows them to leave the caregiver at times to explore their environment, knowing that they can return at any time and their caregiver will comfort and assist them (Simmons, Gooty, Nelson, & Little, 2009).

Due to these positive early experiences with attentive caregivers, it is likely that these infants will develop a positive internal working model and views of relationships as they continue through the lifespan (Bowlby, 1988). As infants grow and progress through childhood and into adolescence, attachment theory argues that the continued "care and support provided by caregivers (typically parents) help adolescents develop adaptive systems of cognition, affect, and behavior" (Jiang et al., 2013, p. 341). Thus, the impact of attachment does not stop after infancy; rather the primary caregiver continues to have a crucial impact on the child throughout life. The original caregiver helps develop the child's internal working model and after many experiences with the caregiver, the child will then begin to interact with other important figures, so the internal working model is reinforced and becomes a crucial component of the child's developing personality and their view of self and others (Popper & Amit, 2009).

## **Attachment and Shame**

Shame is considered to be one of the fundamental emotions that all humans are capable of experiencing at birth (Tompkins, 1963). Shame has been described as feelings of embarrassment, humiliation, guilt, inadequacy, worthlessness, incompetence, or contempt for oneself (Harper, 2011). While feeling shame is a normative experience, with repeated experiences, shame can become damaging and powerful enough that it infiltrates many aspects of life (Assor & Tal, 2012). When people frequently go through shaming experiences in their families, or experience traumatic events, they then develop trait shame, also known as internalized shame. Trait shame is different from these other similar feelings in that shame is internalized in such a way that a person believes that they themselves are inherently flawed. Shame enhances feelings of embarrassment or guilt to the degree that rather than feeling sorrow over an act, one would actually feel sorrow about who they are as a person (Walter and Burnaford, 2006). Mills et al. (2007) describes trait shame as the condemnation of self as well as the belief that others see them in the same way.

Once a person begins to develop trait shame, they then begin to view their life through the lens of shame and develop a cognitive-affective style of self-blame and shame (Mills et al., 2007). As a person increases in feelings of shame they also increase in despair, defensiveness, avoidance type behaviors, as well as a belief of having a lower social status (Muris & Meesters, 2014). These same principles hold true for children and adolescents. As shame is internalized the child will begin to develop a shame-filled view of self and the world. Research shows that higher levels of internalized shame in adolescence are related to a variety of presenting problems in youth including withdrawn behaviors (Roos, Hodges, & Salmivali, 2014), aggression and hostility (Heaven, Ciarrochi, & Leeson, 2009), depression (De Rubeis & Hollenstein, 2009),

borderline personality features (Hawes, Helyer, Herlianto, & Willing, 2013), poor interpersonal relationships (Hill, Meinzer, Domingueq, & Pettit, 2011), post traumatic trauma disorder (Turner, Bernard, Birchwood, Jackson, & Jones, 2013), poor academic performance (Piotrowski, 2013), and alcohol and drug use (West, 2013).

The development of internalized shame in adolescents has been linked to being raised in homes that lack appropriate attachment behaviors (e.g. responsive and attentive parenting); rather, the caregivers are inattentive and do not respond to the needs of their children (Muris et al., 2013). Additionally, social environment, lack of safety, and feeling low in social rankings are also associated with higher levels of shame in adolescents (Muris et al., 2013). Parenting and secure attachments are vital to helping adolescents navigate these feelings and their environments. When parents reject, maltreat, abuse, neglect, are overly demanding of, or have unrealistic expectations for their children, shame levels in their children increase (Muris et al., 2013).

### **Attachment and Hope**

Hope is thought to be one of the most influential factors in living a healthy and successful life, as well as, being critical to dealing with life stressors (Scioli, Ricci, Nyugen, & Scioli, 2011). Hope is defined as “the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways” (Snyder, 2002, p.249). In other words, hope is the ability to perceive that one can use their agency to self-motivate and follow through on achieving their goals and attachment is crucial to developing hope in individuals. Individuals with high levels of hope have goals that they feel they are capable of accomplishing and are able to motivate themselves to carry out their plan.

Snyder, Irving, and Anderson (1991) examined the hope construct and explained that “hope is a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) planning to meet goals” (p.287). Snyder (2002) argues that the loss of hope in children is a result of never having had their needs met as a newborn or as a child their caregivers repeatedly neglect them. Hence, attachment is crucial for learning how to have hope and “children who are raised in an environment that lacks boundaries, consistency, and support are at risk for not learning hopeful thinking” (p 263).

As noted previously, being securely attached allows infants the ability to explore their environment, knowing that they can always return to their caregiver for comfort and support (Simmons et al., 2009). As infants progress through childhood and adolescence, they continue to explore their environments and although it changes, caregiver attachment is still crucial to the success of the individual (Jiang et al., 2013).

Secure attachments guide individuals in their relationships in such a way that they are able to have a healthy understanding of how much they can expect and rely on from others. Secure individuals are able to effectively problem solve and have confidence in their abilities to act on their desires (Simmons et al., 2009). Secure individuals are able to work with others and on their own to achieve their goals (Simmons et al., 2009). The positive interpersonal experiences that securely attached people have combine in such a way that they are to process life happenings in a positive light (Quick, Nelson, Matuszek, Whittington, & Quick, 1996). Scioli et al. (2011) go so far as to say that “it could be argued that attachment may be the linchpin from which all other forms of hope derive (p. 93). This study examines the relationship between parent-adolescent attachment and positive and negative adolescent adjustment. More specifically, this study examines the relationship between parent-adolescent attachment initially

and adolescent hope and shame two years later with mother and father psychological control as potential mediating variables measured in the year in between the predictors and the outcomes.

### **Psychological Control as a Potential Mediator of Parental Adolescent Attachment and Shame and Hope**

It is important to identify potential mediators in the relationship between parent-child attachment and adolescent adjustment outcomes, specifically shame and hope, because mediators may be more amenable to intervention and change than attachment. In addition, potential mediators help explain specific behavioral ways that attachment might impact shame and hope. Specifically, insecure attachment is likely to be translated into parenting behaviors, and the specific parenting behavior of psychological control is likely a mediator of the relationship between adolescent-parent attachment and the adolescent's adjustment.

Barber (1996) defined psychological control as "parental control attempts that intrude into the psychological and emotional development of the child" (p. 3297). Negative parenting behaviors such as withdrawing love, manipulating children, criticizing, making shaming comments, and showing disappointment would all be characterized as psychological control. These parenting behaviors have been shown to be strongly related to internalizing and externalizing child behaviors (Barber, 1996). A parent who employs psychological control as a parenting strategy is less concerned with their child's behavior and far more concerned with controlling the child's psychological world (Barber, 1996) and is understood to be a negative form of control (Leondari & Kiosseoglou, 2002). Psychological control often results in parents who are nonresponsive to a child's emotional and psychological needs (Maccoby & Martin, 1983). Bowlby (1973) argues that for secure attachments to be formed a parent must be

available, attentive, and provide support. With the use of psychological control, the parent limits their ability to respond in a way that would increase secure attachment, rather they damage the attachment between them and their child. Leondari and Kiosseoglou (2002) found a negative correlation between parent child attachment and psychological control and their overall findings showed that use of psychological control was related to lower relationship quality between the parent and child. Helwig, To, Wang, Liu, & Yang (2014) found that children prefer that parents use inductive reasoning rather than psychological control. They also found that children's negative emotional responses and lower self-esteem are related to parent psychological control. Additionally, parental psychological control has been shown to be associated with stifled independent expression, does not encourage youth to interact with others (Baumrind, 1978; Hauser, 1991), a higher level delinquency, anxiety, depression, and aggressive behaviors (Barber, Olsen, & Shagle, 1994; El-Sheikh, Hinnant, Kelly, & Erath, 2010; Kunz & Grych, 2013). As psychological control is associated with many negative attributes in adolescence and there is research associating parental shame with psychological control (Mills, Freeman, Clara, Elgar, Walling, & Mak, 2007) it follows that psychological control is a factor in development and affects child shame and hope.

### **Current Study**

This study contributes to the existing literature on adolescent adjustment, specifically shame and hope by using a longitudinal design to examine how parent child attachment is related to child shame and hope. Additionally, this study contributes by examining parental psychological control and whether or not it mediates the relationship between parent child attachment and child shame and hope. As shown in Figure 1, we hypothesize the following:

1. Adolescent perception of attachment to both mother and father will be negatively related to adolescent shame measured two years later (Time 6).
2. Adolescent perception of attachment to both mother and father will be positively related to adolescent hope measured two years later (Time 6)..
3. Mother and father perception of attachment to adolescent will be negatively related to adolescent shame measured two years later (Time 6).
4. Mother and father perception of attachment to adolescent will be positively related to adolescent hope measured two years later (Time 6).
5. Mother psychological control at Time 5 will significantly mediate the relationship between adolescent perception of attachment to mother and adolescent shame and hope.
6. Father psychological control at Time 5 will significantly mediate the relationship between adolescent perception of attachment to mother and adolescent shame and hope.

Because empirical studies have not examined how psychological control of one parent may mediate the relationship between parent-adolescent attachment to the other parent and shame and hope, there is insufficient evidence to allow for the generation of a specific hypothesis.

Consequently, the associated research question (rather than hypothesis) was, “Does one parent’s use of psychological control mediate the relationship between parent-adolescent attachment with the other parent and adolescent shame and hope?”



## Method

### Participants

The data for this study were taken from waves 4, 5, and 6 of the Flourishing Families Project, a longitudinal study of inner-family life. Earlier waves of data were not used because the measure for shame was not included until wave 4. Ninety-two percent of the original 500 families (335 two-parent families, 147 single parent families) from wave 1 participated at Time 6 (311 two parent families). Since the study involves father and mother predictor variables, only the two-parent families ( $n=311$ ) were used in this study.

Of the 311 target adolescents in these families, 154 were males (Mean age at wave 6 =16.28,  $SD=.98$ ) and 157 were females (Mean age at wave 6=16.21,  $SD=.99$ ). The average age of fathers at wave 6 was 50.19 years ( $SD=5.95$ ) and of mothers was 48.38 years ( $SD=5.45$  years). In terms of ethnicity, 80.8% of mothers, 87.5% of fathers, and 78.6% of adolescents were European American; 5.1% of mothers, 5.6% of fathers, and 4.9% of adolescents were African American; , and 14.1% of mothers, 7.3% of fathers, and 16.5% 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 more between \$100,00 and \$139,000, with the remaining 24% making more than \$140,000. The average number of children in these families was 2.45 ( $SD=1.04$ ).

### Procedure

At Time 1, participants were selected from a large Northwestern city, and were primarily recruited using a purchased national telephone survey database (Polk Directories-InfoUSA). Families identified using the Polk Directory were randomly selected from targeted census tracts

that mirrored the socio-economic and racial stratification of local school districts. All families with a child between the ages of 10 and 14 living within target census tracts were deemed eligible to participate in the study. 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%) making 500 families.

By using a multi-stage recruitment procedure, all families were contacted directly. This process first included a letter of introduction. The letter was sent to potentially qualified families. Home visits and phone calls were then made to confirm eligibility as well as participant willingness to participate in the study. Following the confirmation of eligibility and consent, interviewers made an appointment to come to the family's home to conduct an assessment interview and questionnaires. The lack of time and concerns of privacy were the most frequent reasons cited by families for not wanting to participate in the study. There was very little missing data in this study because missing answers and double markings were screened for before the researchers left the family's home, and participants were given a second chance to answer the question. However, Full Information Maximum Likelihood was used via AMOS's data imputation program to deal with missing values (less than 0.4%) where necessary.

## **Measures**

**Parent-adolescent attachment.** Latent variables for parent-adolescent attachment were created using parent and adolescent responses at wave 4 to the connection scale of the Parenting Styles and Dimensions Questionnaire-Short Version, PSDQ (Robinson, Madleco, Olsen, & Hart,

2001). Using a Likert-type scale ranging from 1 (*Never*) to 5 (*Always*), both parents and the adolescent were asked to respond to five items regarding how often each parent exhibits the parenting behaviors described in the item. Items included “How often are you responsive to your child’s feelings and needs (How often is my parent responsive to my feelings and needs)”, “How often do you give comfort and understanding when your child is upset (My parent gives comfort and understanding when I am upset);How often do you have warm and loving times together with your child? (My parent and I have warm and loving times together)”, How often do you encourage your child to talk about his/her troubles? (My parent encourages me to talk about my troubles), and “How often do you give praise when your child is good?” (My parent gives praise when I am good). The wave 4 alpha reliabilities for the mother report on her behavior were .76; for father report on his behavior .81; for the adolescent report on mother .84; and for the adolescent report on father .85.

**Mother and father psychological control.** Mother and Father Psychological Control at wave 5 were measured with the *Psychological Control Scale—Youth Report* (Barber, 1996). Using a Likert type scale ranging from 1 (*never*) to 5 (*very often*), adolescents answered how true the eight items were for each parent separately. Sample items included “If I hurt my mother’s, father’s feelings, she/he stops talking to me until I please her/him again”, “My mother/father is less friendly with me if I do not see things her/his way”, and “My mother/father tries to change how I feel or think about things”. Chronbach alphas reliability coefficients for the adolescent report on mothers was .86 and on fathers was .87. The mean of the items for the adolescent report on mother was used for mother psych control, and the mean of the items for the adolescent report on father was used for father psych control.

**Adolescent internalized shame.** Shame was measured using the “Inadequate” subscale of the Internalized Shame Scale. Using a 5-point Likert scale varying from 1 (*never*) to 5 (*almost always*), participants responded to how often they experienced the description in the item. Sample items included “I feel like I am never quite good enough”, and “I think that people look down on me”. Cronbach’s Alpha reliability coefficients were .93/.94 for female adolescents and .93/.92 for males at waves 4 and 6, respectively. Factor loadings for mother shame at wave 4 ranged from .71 to .89; for father shame at wave 4 from .65 to .84; for daughter shame at wave 6 from .70 to .90; and for son shame at wave 6 from .71 to .89. The mean of the items was used for adolescent shame.

**Adolescent hope.** This self-report measure is adapted from a hope scale, with five point Likert response categories ranging from 1 (*very much like me*) to 5 (*very much unlike me*). Youth responded in terms of how much each statement was like them (e.g., “I always look on the bright side” and “I expect the best”). Items were reverse scored so that higher scores indicate higher levels of hope. Past research has found Cronbach’s Alpha reliability coefficients ranging from .70 to .86 and the Cronbach’s Alpha reliability coefficient was found to be .87 for this sample. The mean of the items was used for the outcome variable, adolescent hope.

**Covariates.** Adolescent age, race (dummy coded with European American vs. others), family size, and household income were used as control variables by creating paths between them and the outcome variables at wave 6 and the mediating psychological control variables at wave 5. Adolescent shame and hope at wave 4 were also entered as control variables by creating paths to the same variables at wave 6. Because there have been shown to be differences in levels of shame between genders (Walter and Burnaford, 2006) gender was added as a covariate.

## Analysis

The analyses followed several steps. First, descriptive statistics including means, standard deviations, and correlations were computed for all measured variables. Second, t-tests were calculated to determine if there are significant differences between boys and girls on measured variables. Third, measurement models for the shame and hope variables were analyzed and to determine if the factor loadings for each latent variable were in satisfactory ranges, and the fit indices were examined to see if the model was a good fit to the data. Fourth, invariance testing was done to determine if factor loadings, means, and errors were different between boys and girls. Lastly, group comparison using AMOS 20 was completed to examine whether there were differences in the strength of the relationships between variables based on adolescent gender. Bias corrected bootstrapping with 2000 draws was used to test for mediation.

## Results

The descriptive statistics for all variables in the study are shown in Table 1. T-tests were calculated to determine if means for boys were different than means for girls for each variable. Adolescent shame was significantly higher for girls at both waves 4 (1.88 vs. 1.71;  $t = -2.06$ ,  $df = 296$ ,  $p < .05$ ) and 6 (2.37 vs. 1.94;  $t = -4.59$ ,  $df = 296$ ,  $p < .001$ ). Also the mother's use of psychological control was significantly higher with daughters than with sons (2.02 vs. 1.89;  $t = -2.18$ ,  $df = 296$ ,  $p < .05$ ). No other significant gender differences were found. The means for adolescent perception of attachment (attachment with mother: 3.71 for boys and 3.95 for girls; attachment with father: 3.55 for boys and 3.68 for girls on a scale of five) and parental perception of attachment were relatively high (attachment with mother: 4.19 for boys and 4.26

for girls; attachment with father: 3.82 for boys and 3.90 for girls) and both parents' report being slightly higher for attachment than the adolescent report.

As seen in Table 1, the adolescent report of attachment was negatively correlated with adolescent shame at time 6 (boys,  $r = -.29, p < .001$ ; girls,  $r = -.29, p < .001$ ) and positively correlated with the adolescent hope at time 6 (boys,  $r = .23, p < .01$ ; girls,  $r = .29, p < .001$ ). Additionally, adolescent perception of attachment was also correlated with parental use of psychological control (boys  $r = -.41, p < .001, r = -.40, p < .001$  and  $r = -.38, p < .001, r = -.46, p < .001$ ; girls  $r = -.44, p < .001, r = -.31, p < .001$  and  $r = -.35, p < .001, \beta = -.41, p < .001$ ). In contrast, neither mother or father perception of attachment with their adolescent were significantly related to any of the other study variables. The correlations for the predictor variables were examined to determine if there were problems with multi-collinearity, and it was determined that the correlations were not high enough to create problems.

### **Adolescent Perception of Attachment and Shame**

As shown in Figure 2, the adolescent's perception of their relationship with their mother was negatively related to the adolescent's shame at time 6 ( $\beta = -.19, p < .01$ ) and the adolescent's perception of their relationship with their father was also negatively related to shame ( $\beta = -.28, p < .001$ ). The more positive the adolescents' perception of their relationship with both parents, the lower their shame. Thus, hypothesis 1, which stated that adolescent perception of attachment to both mother and father would be negatively related to adolescent shame measured two years later, was supported.

### **Adolescent Perception of Attachment and Hope**

As shown in Figure 2, the adolescent's perception of their relationship with their mother at time 4 was positively related to the adolescent's hope at time 6 ( $\beta = .26, p < .001$ ), and the adolescent's perception of their relationship with their father was also positively related to adolescent hope ( $\beta = .36, p < .001$ ). The more positive the adolescent perception of their relationship with both their parents, the higher their hope. Thus, hypothesis 2, which stated that adolescent perception of attachment to both mother and father would be positively related to adolescent hope measured two years later, was supported.

### **Mother and Father Perception of Attachment and Shame and Hope**

As shown in Figure 2, mother and father perception of their parent-adolescent relationship was not related to adolescent shame or hope. Therefore, hypothesis 3 (Mother and father perception of attachment to adolescent would be negatively related to adolescent shame measured two years later) and hypotheses 4 (Mother and father perception of attachment to adolescent will be negatively related to adolescent hope measured two years later) were not supported. A discussion of these non-findings is provided below.

### **Mother Psychological Control as a Potential Mediator**

As shown in Figure 2, adolescent perception of attachment to mother at time 4 was negatively related to mother use of psychological control at time 5 ( $\beta = -.41, p < .001$ ), and mother psychological control was positively related to adolescent shame at time 6 ( $\beta = .28, p < .001$ ). Mother psychological control time 5 was positively related to adolescent hope at time 6 ( $\beta = -.16, p < .05$ ). Adolescent perception of father at time 4 was also negatively related to mother use of

psychological control time 5 ( $\beta = -.27, p < .001$ ), and, as stated above, mother psychological control at time 5 was positively related to adolescent shame time 6 and negatively related to adolescent hope time 6.

Following Preacher and Hayes (2008) guidelines, bias corrected bootstrapping with 2000 draws was used to test whether mother psychological control at time 5 mediated the relationship between adolescent perception of attachment with mother and with father and adolescent shame and hope at time 6. The standardized indirect effect of  $-.115$  for mother psychological control mediating the relationship between adolescent perception of attachment with mother and adolescent shame time 6 was significant (95% CI  $[-.021$  to  $-.413]$ ,  $p < .001$ ). Mother psychological control time 5 also mediated the relationship between adolescent perception of attachment with mother time 4 and adolescent hope at time 6 ( $\beta = .066$ , 95% CI  $[.043$  to  $.212]$ ,  $p < .01$ ). Mother psychological control time 5 also mediated the relationship between adolescent perception of attachment with father time 4 and adolescent shame time 6 ( $\beta = -.076$ , 95% CI  $[-.041$  to  $-.238]$ ,  $p < .05$ ), but the mediation of mother psychological control between adolescent perception of relationship with father and adolescent hope was not statistically significant. Therefore, hypothesis 5 (Mother psychological control at Time 5 will significantly mediate the relationship between adolescent perception of attachment to mother and adolescent shame and hope) was supported.

### **Father Psychological Control as a Potential a Mediator**

Adolescent perception of attachment to father at time 4 was negatively related to father use of psychological control at time 5 ( $\beta = -.44, p < .001$ ), and father psychological control was positively related to adolescent shame at time 6 ( $\beta = .37, p < .001$ ). Father psychological control



time 5 was positively related to adolescent hope at time 6 ( $\beta = -.19, p < .05$ ). Adolescent perception of attachment with mother at time 4 was also negatively related to father use of psychological control time 5 ( $\beta = -.28, p < .001$ ) and, as stated above, father psychological control at time 5 was positively related to adolescent shame time 6 and negatively related to adolescent hope time 6.

Father psychological control at time 5 significantly mediated the relationship between adolescent perception of attachment to father at time 4 and adolescent shame at time 6 ( $\beta = -.163, 95\% CI [-.397 \text{ to } -.027], p < .001$ ) as well as adolescent perception of attachment time 4 and adolescent hope time 6 ( $\beta = .084, 95\% CI [.036 \text{ to } .252], p < .001$ ). Therefore, hypothesis 6 which stated that father psychological control at time 5 would significantly mediate the relationship between adolescent perception of attachment to mother time 4 and adolescent shame and hope time 6 was supported. Father psychological control time 5 also significantly mediated the relationships between adolescent perception of attachment with mother time 4 and adolescent shame time 6 ( $\beta = -.104, 95\% CI [-.029 \text{ to } -.228], p < .001$ ) and adolescent hope time 6 ( $\beta = .053, 95\% CI [.041 \text{ to } .207], p < .01$ ).

### **Discussion**

The findings show that attachment was significantly correlated with adolescent outcomes of hope and shame as was hypothesized. On the other hand the finding that mothers' and fathers' perceptions of parent-adolescent attachment were not related to either shame or hope or to parental psychological control was a surprise. This was particularly true since adolescent perception of attachment with both parents was related to shame and hope as well as to both parents' use of psychological control. Both maternal and paternal psychological control also

mediated the relationship between the adolescent perception of parent-adolescent attachment and shame and hope.

### **Adolescent Perception of Attachment is Important for Adolescent Outcomes**

The finding that attachment with both mother and father was related to adolescent outcomes adds support to the growing literature that parents matter in adolescence as much as peers and friends (Harper, Walker, and Jensen, 2014; Jiang et al., 2013; Popper & Amit, 2009; Padilla-Walker, Harper, & Jensen, 2010 ). As mentioned previously, Bowlby's (1982, 1988) attachment theory asserts that a secure attachment to parents is the foundation for which a child grows into a healthy and functioning adult. As the attachment between parent and child continues to be safe and secure, there are a number of positive outcomes that have been shown to be correlated with this attachment (Jiang et al., 2013; Popper & Amit, 2009). Parental attachment has been shown to be linked with adolescent hope in other studies (Jiang, Huebner, & Hills, 2013).

The findings of this study also support the idea that fathers matter since the adolescent perception of attachment to father significantly predicted adolescent shame and hope, even when variables related to the adolescent's relationship with mother were included as a predictor in the model. The findings of this study are consistent with a number of studies which have shown that father involvement is positively correlated with several child outcomes (Belsky, 2012; Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000).

### **Gender Differences**

The finding that female adolescents tend to have more shame than males is consistent with the findings of previous studies. Walter and Burnaford (2006) found that in childhood there

is not a significant difference in levels of guilt and shame between girls and boys. However, in adolescence a significant difference emerges in levels of guilt and shame with girls developing more shame than boys. This is similar to the findings that adult males and females do not differ in levels of dispositional optimism and that there have been no differences between male and female adolescents who take the Dispositional Hope Scale for Adolescents (Pacico, Bastianello, Zanon, & Hutz, 2013).

### **Mother and Father Psychological Control as Mediators**

The finding that psychological control significantly mediated the relationships between parent-adolescent attachment and shame and hope is similar to findings in other studies (Coln, Jordan, Mercer, 2013; Cook, Beuhler, and Fletcher, 2012; Van der Bruggen, Stams, Bogels, and Paulussen-Hoogeboom, 2010). Barber (1996) showed that as parents use psychological control they are typically less responsive to the adolescent's emotional and psychological needs. Combining Bowlby's (1973) work which argues that a parent must be available, warm, and responsive in order to build appropriate attachment with their child and Barber's (1996) work on psychological control and the negative impact psychological control has on the relationship between the parent and adolescent, it follows that psychological control mediates the parent-adolescent relationship.

### **Adolescents' Perceptions of Relationship May Predict Better than Actual Relationship**

Whose perception of parent-adolescent attachment more closely matched actual behavior was not measured in this study. However, regardless of the accuracy of the perception, how an adolescent views their relationship with their parents was highly related to shame and hope measured two years later. In this case, what the child feels and believes seems to be an

important factor, which makes sense that adolescent's feelings and perceptions have an impact on the adolescent outcomes. Other studies have shown adolescent perception of parenting styles and characteristics play a role in a number of adolescent adjustment outcomes, including resiliency, substance use, academic competence and others (McKinney, Donnelly, & Renk, 2008). Perhaps the adolescents' perceptions of their relationships with parents plays such a vital role because it is the adolescents' feelings toward their parent that matter. Other studies also found that adolescents' views of daily life events such as conflict differ from their parents' perceptions (De Los Reyes, et al., 2012). Gaylord, Kitzmann, and Coleman (2003) also found that parents' and children's perceptions of parental behavior differed and that the children's perceptions predicted child psychosocial adjustment differently from the parents' perceptions. When considering their relationship with their parents, it is likely that adolescents rely more on their feelings about their parents rather than the actual relationship, and based on the findings of this study, feelings about the relationship may be more likely to predict outcomes such as shame and hope than perceptions based solely on actual behavior.

### **Implications for Family Therapy**

In terms of clinical implications, the findings of this study support the impact the parent-adolescent relationship, especially from the adolescent's perception, has on adolescent development. As Mills et al. (2015) points out, internalizing problems are some of the most common forms of maladjustment in adolescents. As clinicians work with adolescents who are struggling with shame, they must see beyond the shame and treat the family, specifically the parent-adolescent relationship, as well. As mentioned previously, the relationship between an adolescent and their parent continues to be shown to be as important a peer and sibling relationships (Jiang et al., 2013; Popper & Amit, 2009). Great attention ought to be paid to

building a relationship that the adolescent perceives is warm, positive, and supportive of their goals.

Additionally, as the parent-adolescent relationship improves, the adolescent's hope will also increase. As defined previously, hope is "the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways" (Snyder, 2002, p.249). As a clinician works with adolescent and parent to improve their relationship, the adolescents feeling of capability to meet their goals will continue to increase. As the adolescent feels more capable and motivated, they will carry this attribute into other areas of their live.

The findings of this study indicate that what seems to be most important is the adolescent perception of the parent-adolescent relationship. As such, clinical interventions must consider how the adolescent will perceive the attempted changes in their relationship with their parent. It may be more damaging to the relationship if a clinically positive change is made in the relationship if the teenager perceives these changes as threatening or negative. Clinicians and parents alike will need to work towards understanding the perceptions of the adolescent. For example, the family therapy intervention of reframing can change both the adolescent's and the parent's beliefs and experiences (O'Reilly, 2014; Diamond, Diamond, & Levy, 2014).

Structural Family Therapy (Minuchin, Reiter, & Borda, 2013) views a person within the context of relationships and social interactions, with emphasis placed on the structure and interactions of the family (Vetere, 2001). This approach might help parents use less psychological control with their adolescent children in that parents and the adolescent may "reenact" interactions in the therapy session where the family therapist can coach the parents to engage in more effective behaviors than psychological control.

The attachment focused family therapy models (Hughes, 2007; Ewing, Diamond, & Levy, 2015; Palmer & Efron, 2007; Diamond, Diamond, & Levy, 2014) may also be appropriate for intervention aimed at increasing hope and diminishing shame in adolescents. These models specifically focus on creating a more secure bond between adolescents and their parents which, according to the theory, leads to less problematic adolescent behavior.

### **Strengths and Limitations of Study**

The current study was not without limitations. Although coming from the strength of a longitudinal design, the study only covered a two year time period during middle to late adolescence. Future research should examine development more carefully by using long-term longitudinal designs, as well as experimental designs that can more clearly assess direction of effects. Additionally, the current study relied on only adolescent reports of their own feelings of shame. While adolescents are arguably the best informants of their own emotions and internal behaviors (e.g., depression), future research should include parent and even friend reports of outcomes such as shame. Finally, the current sample lacked ethnic and economic diversity, and was limited to two-parent families. It is possible that shame and psychological control look different across different ethnic or socio-economic groups or for single-parent families, and future research should consider these possibilities. The parents in this study were also highly educated so it is difficult to know how the findings might generalize to families with lower economic status.

### **Conclusion**

The findings of this study contribute to the literature regarding the impact of the parent-adolescent relationship on adolescent outcomes. How adolescents perceive their relationship

with their parents was significantly related to shame and hope, and parental psychological control appears to be one of the processes through which the parent-adolescent relationship is related to shame and hope. With this information, family therapist will be better able to help parent's improve this vital relationship with their child by working to improve the child's perception of the relationship and thereby decreasing shame, increasing hope, and potentially other positive outcomes.

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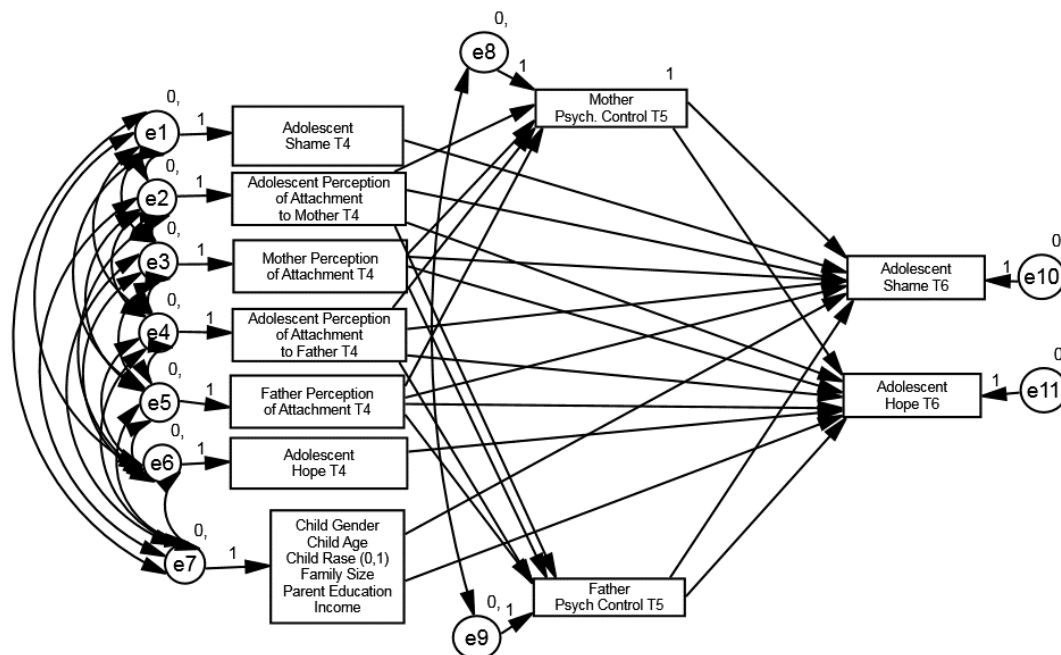
familial expectations, location, and motivation in intimate interactions. *Sex & Marital Therapy*, 39, 303-305. Retrieved from <http://web.b.ebscohost.com.erl.lib.byu.edu/>

## Appendix

Table 1. Correlations, Means, and Standard Deviations of all Measured Variables.

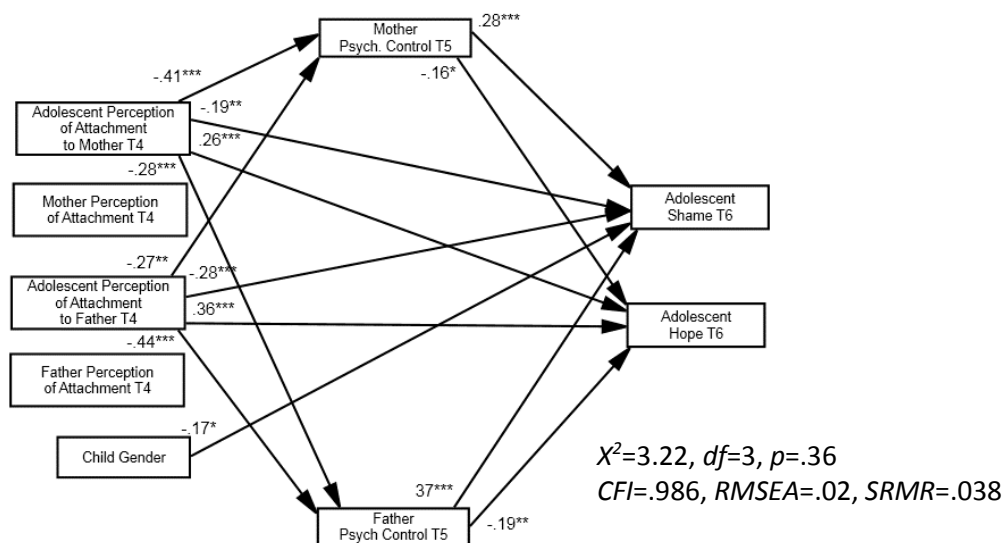
Variables	1	2	3	4	5	6	7	8	9	10	11
Attachment w/ Mother 4											
1.Child	1.0	.26***	.71***	.18**	-	-	-	-	.37***	.29***	-.2
2.Mother	.26***	1.0	.32***	.33***	.44***	.31***	.27***	.29***	.17*	.23**	-.2
					-.15*	-.13*	-.11	-.16*			
Attachment w/ FatherT4											
3.Child	.69***	.18*	1.0	.35***	-	-	-	-	.44***	.39***	-.2
4.Father	.09	.26***	.14*	1.0	.35***	.41***	.37***	.39***	.13*	.13*	-.1
					-.01	-.07	-.11	-.04			
5.M. Psych Control T5	-	-.01	-	-.12	1.0	.76***	.37***	.33***	-.15*	-.14*	.08
6.F. Psych Control T5	.41***	.01	.38***	-.05	.77***	1.0	.34***	.37***	-.11	-.15*	.09
Adolescent Shame											
7.T4	-	-.01	-.24**	-.08	.38***	.36***	1.0	.58***	-	-	.0
8.T6	.26***	-.10	-	-.01	.29***	.27***	.52***	1.0	.41***	.31***	.1
			.28***						-	-	
	.29***								.43***	.43***	
Adolescent Hope											
9.T4	.34***	.06	.36***	.10	-.18**	-.21**	-.16**	-.21**	1.0	.52***	.09
10.T6	.23**	.05	.25**	.06	-.13*	-.13*	-.20**	-	.47	1.0	.0
								.32***	***		
11. Number of Children	-.11	.20**	-.11	-.01	.15*	.04	.19*	.04	-.01	.03	1.0
12. Mother Education	.14*	.02	.11	-.09	-.17*	-.18*	-.14*	-.01	-.07	.06	-.0
13. Father Education	.12	.10	.06	-.16*	-.05	-.09	-.02	-.11	-.10	-.05	-
Mean boys	3.71	4.19	3.55	3.82	1.89 <sup>a</sup>	1.88	1.71 <sup>b</sup>	1.94 <sup>c</sup>	2.41	2.35	2.3
S.D. boys	.74	.46	.73	.57	.64	.65	.73	.81	.63	.57	.9
Mean girls	3.95	4.26	3.68	3.90	2.02 <sup>a</sup>	1.84	1.88 <sup>b</sup>	2.37 <sup>c</sup>	2.30	2.36	2.4
S.D. girls	.78	.52	.87	.64	.79	.69	.81	1.02	.69	.74	1.1

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$     <sup>a</sup> $p < .05$  ( $t = -2.18$ ,  $df = 296$ ); <sup>b</sup> $p < .05$  ( $t = -2.06$ ,  $df = 296$ ); <sup>c</sup> $p < .001$  ( $t = -4.59$ ,  $df = 296$ ); Note: Age of child and household income were covariates in the model, but they were not significantly correlated with any of the variables except other control variables so they were not included in the table.



*Figure 1*

Conceptual Measurement and Structural Model With Mother and Father Perception of Adolescent-Parent Attachment Wave 4, Adolescent Perception of Attachment to Father and to Mother Wave 4 as Predictors of Adolescent Shame and Adolescent Hope Wave 6 with Mother and Father Psychological Control at Wave 5 as Potential Mediating Variables.



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

Figure 2

SEM Results With Mother and Father Perception of Adolescent-Parent Attachment wave 4, Adolescent Perception of Attachment to Father and to Mother Wave 4 as Predictors of Adolescent Shame and Adolescent Hope Wave 6 with Mother and Father Psychological Control at Wave 5 as Potential Mediating Variables.

Note: Child age, child gender, child race, family size, parental education, and household income were used as control variables with paths from them to mother and father psychological control at Wave 5 and Adolescent shame and hope at wave 6. However, only the path from child gender to adolescent shame was statistically significant so the other variables are not included in the figure for parsimony. Adolescent shame time 4 and adolescent hope time 4 were also covariates with paths to the respective outcome variables.