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Perceptions of Childhood Relation with Parents Related to Current Functioning

Peter O. Lielbriedis
Old Dominion University

PERCEPTIONS OF CHILDHOOD RELATION WITH PARENTS

RELATED TO CURRENT FUNCTIONING

by

Peter O. Lielbriedis
J.D. May 1982, Washington College of Law
M.T.S. May 1979, Gordon-Conwell Theological Seminary
B.A. June 1977, Allegheny College

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Approved by:

W. Larry Ventis (Director)

Ellen F. Rosen (Member)

Suzanne Getz Gregg (Member)

Abaineh Workie (Member)

Richard Hollingsworth (Member)

ABSTRACT

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Peter O. Lielbriedis
Virginia Consortium Program in Clinical Psychology, 1999
Director: Dr. W. Larry Ventis, W&M

This study investigated the relationships between perceptions of childhood relationships with parents, certain current self-conscious emotions, current religious orientation, and current risk-taking behaviors. The study also sought to develop models that would predict risk-taking behavior based on the other variables.

At an eastern university, 174 students (79 males) completed the Test of Self-Conscious Affect, Religious Life Inventory, Clark-Parent Child Relations Questionnaire, and the Past Frequency scale of the Cognitive Appraisal of Risky Events Questionnaire. Of these, 30 students were solicited from on-campus religious organizations.

The data did not show an inverse relationship between "positive parenting" and shame proneness or risk-taking behavior. Significant direct relationships were found between negative parenting behaviors and shame proneness and negative parenting behaviors and risk-taking behaviors. It did not show an inverse relationship between ends-oriented religiosity, but it did show a direct relationship between means-oriented religiosity and risk-taking behaviors. It did not show a direct relationship between shame proneness and risk-taking behavior; instead it showed that guilt proneness was inversely related to some risk-taking behaviors. Gender differences were also shown.

In general, the results suggest that the effects of negative parental behaviors on children may be more direct than positive parental behaviors. Problems and limitations are discussed.

Unless the Lord builds the house, they labor in vain who build it.

Psalm 127: 1 (NAS)

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TABLE OF CONTENTS

Page

Page

LIST OF TABLES

Table Page

Table Page

LIST OF FIGURES

INTRODUCTION

Over the last quarter century, many psychologists have paid increasing attention to differentiating emotions phenomenologically as well as etiologically and functionally (Fischer & Tangney, 1995; Harder, Cutler & Rockart, 1992; Izard, 1991; Kaufman, 1989; Klass, 1990; Lazarus, 1991; Lewis, 1971; Tangney, Wagner & Gramzow, 1992). Two of the emotions differentiated are shame and guilt. The current literature regarding the relationship between shame and guilt, parenting, and emotional development in children is limited. None, to the writer's knowledge, have studied the relationship between shame and guilt proneness and risk-taking behavior in adolescents, young adults, or adults.

In addition, a large percentage, approximately 94% of adult Americans, believe in God (McIntosh, Silver, & Wortman, 1993), and 90% pray to God (Park & Cohen, 1993) and consider religion "very important or fairly important" (Weaver et al., 1998). Although only a few researchers, among them Bergin (1991), Batson, Schoenrade, and Ventis (1993), and Brown (1987), have continued to study the relationship between religion and psychology, psychologists in general are beginning to realize the impact of religion on the lives of individuals (Clay, 1996). Even with an increasing awareness of the importance and impact of religion, little research is yet being conducted (Weaver et al., 1998). Weaver and his colleagues found only 32 empirical articles out of 2,766 quantitative studies published in four psychiatric journals that assessed religious

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This dissertation uses the following journal as a model: *Journal of Personality and Social Psychology*.

variables, and only seven of these used more than two religious questions. The authors report that such a paucity is consistent across the general field of psychology.

Certain dimensions of religiosity seem associated with adaptive emotions and behavior (MacCullough, 1995; Ventis, 1995), whereas others seem associated with maladaptive emotions and behaviors (Allport & Ross, 1967; Ventis, 1995). Because religious impact is pervasive, the implications of religion in development and on mental health (for example, with respect to risk-taking behaviors) should be explored.

Shame Proneness and Guilt Proneness

Not all theorists agree that shame and guilt are different affects. Adherents to Sylvan Tomkins's (1982) affect theory, for example, state that certain innate emotional patterns exist. Shame is one of these. It manifests itself by lowered eyes and head resulting from decreased muscle tone in the face and neck. Tomkins argues that shame acts to check continuing enjoyment sequences. Guilt is considered a moral variant of shame (Kaufman, 1989; Tomkins, 1982).

Most theorists see shame and guilt as distinct emotions. Early on, guilt played a central role as "the pathogenic emotion" (e.g., Freud, 1930/1989) such that Lewis (1987) states that Freud simultaneously recognized and neglected shame. Lewis notes that Freud's patients were women with hysteria, living amidst the constraints of patriarchal society. They experienced rage but transformed it into forbidden sexual longings and then into neurotic symptoms. According to Lewis, Freud's analytical listening (suspending moral judgment) permitted the shame and guilt to be expressed. He originally framed his account of what happened in "scientific terms," not moral

terms. When he studied morality, in Totem and Taboo (1913), he focused on guilt and gave shame little or no notice. Interestingly, Lewis (1987) notes that Freud's first 18 patients stated they had been sexually molested as children. Many of these patients were children of Freud's friends and acquaintances. Coupled with his disbelief that so many prominent men could perpetrate such a horrid act, he abandoned his seduction theory and turned toward a theory of guilt resulting from fantasy. In doing so, Lewis suggests, he set aside shame, which is what children feel when their trust is betrayed as a result of being molested.

With Piers and Singer (1953), theorists began to study shame again. According to Harder (1995), it began to take a role in opposition to guilt. Developmentally, shame was considered more primitive and was linked with more severe pathology. Guilt was linked more with neurotic difficulties. Most current emotion researchers (e.g., Harder, 1995; Harder, et al., 1992; Tangney, Burggraf & Wagner, 1995; Tangney, et al., 1992) agree that shame plays an important and larger role than previously thought in psychopathology, ranging from psychoanalytic neuroses and depression to personality disorders, substance abuse, excessive shyness, and sexual dysfunctions and paraphilias.

Shame, however, is not wholly maladaptive. Its adaptive aspects have long been recognized. For many years, according to Schneider (1977), shame was considered the primary distinguishing feature between humanity and lower nature. Schneider referred to this form of shame as "discretion-shame." It provides a warning against inappropriate behavior by creating a sense of modesty and discretion. The

French called this form of shame *pudeur*. The Greeks named a goddess, *Aidos*, after this form of shame (Broucek, 1991). Schneider (1977) provided an example of this healthy shame from Classical literature that was missing in Achilles: in *The Iliad* (by Homer), Achilles desecrates the body of Hector. After avenging the death of his closest friend by killing Hector, Achilles continues to seethe, ties Hector's dead body to his chariot, and drags it about the city until it is limp. The Greek god, Apollo, says disparagingly that there is no shame in Achilles. It is a lack of this sense of shame that the term "shameless" describes. It describes a lack of virtue, a moral deficiency.

An important area in which shame has played a role is that of human sexual relations (Schneider, 1977). Historically, discretion-shame has acted to protect the human experience of sexual relations from profanity and degradation. Here and in other areas of human relations, discretion-shame has provided the counterpoint against the ethos of our time.

The other sense of shame, which Schneider (1977) called "disgrace-shame," is clearly an affect. It is the kind of shame felt after an action or event. It leads to painful feelings that one's world is disintegrating. The self is no longer whole but divided. This form of shame creates disruption, disorientation, and painful self-consciousness. Importantly, even this kind of shame seems to have a useful and adaptive aspect. Shame, according to Schneider, can lead to self discovery and has the capacity to reveal the self to the self. Moreover, to the extent that it leads to hiding, there is also a part of shame that leads to a desire to see and be seen (e.g., blushing). It is this sense of "disgrace" shame that research on shame-proneness addresses and

which is at the heart of the research seeking to distinguish shame and guilt.

The earlier failure to see shame's substantial role in psychopathology was largely due to the emphasis on guilt and the failure to define and/or use the terminology carefully (Lewis, 1971; Tangney, et al., 1995). Most of the current pertinent literature relies heavily upon Lewis's definitions of shame and guilt. She proposed the following:

> The experience of shame is directed against the self, which is the focus of evaluation. In guilt, the self is not the central object of negative evaluation, but rather the thing done or undone is the focus. In guilt, the self is negatively evaluated in connection with something but is not itself the focus of the experience. (p. 30)

This difference results in different phenomenological experiences.

Tangney (1995) has recently elaborated key similarities and differences between shame and guilt. Similarly, shame and guilt are negative self-conscious emotions that share many evocative events. Additionally, they tend to involve moral issues, internal attributions, and are frequently experienced in interpersonal contexts. Shame and guilt differ, however, across several dimensions:

3) In shame, the focus of evaluation is the global self. In guilt, it is the behavior.

2) With shame, the degree of distress tends to be greater than with guilt.

4) Phenomenologically, shame leads to feelings of worthlessness, powerlessness, shrinking, whereas guilt leads to tension, remorse and

regret.

4) Shame tends to split the self into observing and observed selves, whereas guilt leaves the self intact.

5) Shame leaves one concerned with how others view the self, whereas guilt leaves the self concerned with effect on others.

6) Motivationally, shame leads one to desire to hide, escape, or strike back, whereas guilt leads one to desire to confess, apologize, or repair.

In a structural theory of emotion, de Rivera (1977) posits that there are at least four interrelated parts to the sequence of emotions: the situation, the transformation, the instruction, and the function. The situation consists of the interpretation of the meaning of a given emotional event. The transformation is the change in the emoter's experience of being in the world as a result of the emotional event. This involves both physiological and psychological aspects. The instruction is the impulse to act in a certain way, and the function is the goal of the response, which is to preserve core personal values.

Lindsay-Hartz, de Rivera, and Mascolo (1995) applied this structural theory in the study of shame, guilt, embarrassment and humiliation. They asked participants to describe events in each category of emotion and then asked numerous questions intended to obtain a complete picture of each participant's responses in the situation. They found that shame and guilt were distinct emotions. Situationally, shame occurs when one views him/herself through the eyes of another and realizes that s/he is who s/he does not want to be, and cannot change it. Guilt occurs when one feels

responsible for violating one's moral order and knows that s/he could and should have done differently, in which case, there would have been no violation. Transformationally, with shame, one shrinks to a smaller person than before, feels exposed to others, and consequently feels worthless. With guilt, one remains on the "boundary of the community." Functionally, shame leads to a wish to uphold ideals about who we want to be. Guilt leads to one wanting to uphold and restore the core personal value, the moral order, and be forgiven, all this with the understanding that one has some control to achieve the desired results. The instruction in shame is to hide in order to escape painful exposure to the other. In guilt, it is to try to set things right and to repair the break in the moral order.

In a follow-up study, Lindsay-Hartz et al. (1995) found that other individuals could match the shame and guilt descriptions from the first study to their own shame and guilt experiences. In addition, 52% of their participants, when matching statements and experiences, reported gaining insight into their experiences. This was especially true with respect to shame experiences.

Assessing shame and guilt and differentiating between them is difficult because they both share experiential similarities. Harder (1995) examined several shame-guilt proneness measures. Among them were his own Personal Feelings Questionnaire Two (PFQ-2) and the Test of Self-Conscious Affect (TOSCA) developed by Tangney and her colleagues (Tangney, Wagner, & Gramzow, 1989). Harder used nine personality dimensions as external criteria. These included depression, self-derogation, social anxiety, shyness, public self-consciousness, narcissism, social desirability, and locus of

control. Harder, Cutler, and Rockart (1992) hypothesized that shame would have a high positive correlation with depression, self-derogation, and shyness, and positive correlations with social anxiety and public self-consciousness. They also hypothesized that there would be a negative correlation with narcissism and social desirability. They believed that shame would either have a positive or near positive correlation with external locus of control and a negative or near negative correlation with private self-consciousness. Guilt, on the other hand, was thought to have a positive correlation with depression and self-derogation only, a positive or near positive correlation with private self-consciousness, and a negative or near negative correlation with public self-consciousness and external locus of control.

The results indicated that the shame measures were consistent with the hypotheses. Harder (1995) noted that both the PFQ-2 and the TOSCA were written in such a way as to be useful with less educated samples. He also reported highly significant gender differences on the TOSCA with respect to shyness, with women registering higher scores than men.

Harder and his colleagues (1992), however, did not obtain clear results with the guilt subscales. The TOSCA was consistent with prediction in six of the nine areas. With respect to the depression and self-derogation predictions, however, the results indicated a near zero correlation, instead of the expected positive correlations. This, however, is exactly what Tangney et al. (1995) argue: no association should be expected between guilt and depression or self-derogation based on the belief that guilt leads one to restore relationships or make restitution following a wrongful act.

Harder (1995) believes that Tangney et al.'s (1995) operational definition of shame (as a global condemnation of self) and guilt (a sense of remorse connected to some specific act) is too exclusive. Harder (1995) defines shame more in terms of primary locus of evaluation: shame is from the view of the other, and guilt is based on one's own standards. Thus, Harder sees shame as a public emotion and guilt as a private one. The PFQ-2 (Harder et al. 1992) has 10 shame items and 6 guilt items. Respondents to the PFQ-2 are asked to rate how frequently they experience the affect described by a word or phrase (for guilt: "intense guilt," "regret," "remorse," worry about hurting or injuring another"; for shame: "embarrassment," "feeling ridiculous," "feeling childish," feeling disgusting to others"). Tangney (1996) argues that individuals have difficulty differentiating between shame and guilt in the abstract. Thus, when asked to differentiate clearly feelings based on abstractions, individuals should have difficulty doing so. This is supported by some research (Lindsay-Hartz, 1984). The problem with maintaining this differentiation is that shame and guilt tend to fuse and be referred to solely as guilt if they are evoked by the same event (Lewis, 1971). Thus, when adjective checklists are presented in the abstract, one should expect greater attributions toward terms labeled as "guilt" adjectives and resultant relationships with maladaptive behaviors that rightfully result from shame and shame overlays on guilt.

Tangney, Miller, Flicker and Barlow (1996) conducted a study in which Harder's (1995) view of shame as "public" and guilt as "private" was not supported. They had 182 undergraduates describe situations in which they were embarrassed,

ashamed, or felt guilty. The participants provided information in narrative form and completed phenomenological ratings regarding intensity, duration, onset, feelings, sensations, attributions, focus, responses, social context and present affect. They also completed a structural questionnaire that asked them to rate 12 clusters of three emotion-laden words with respect to each written narrative. Tangney et al. found that both shame and guilt primarily occurred in social contexts. Both also occurred in substantial proportions in private situations. Differences could not be explained merely by intensity of feelings or by the significance of the transgression. These results support the operational definition used by Tangney and her colleagues.

For their part, Tangney, Burggraf, and Wagner (1995) note that the TOSCA has been validated successfully against 12 psychopathological constructs (Tangney, Wagner, & Gramzow, 1992). These included somaticization, obsessive compulsiveness, psychoticism, paranoid ideation, hostility-anger, interpersonal sensitivity, anxiety, phobic anxiety, and depression as measured by the Symptom Check List-90 (SCL-90); depression as measured by the Beck Depression Inventory; and state and trait anxiety as measured by the State Trait Anxiety Inventory (STAI). When shame proneness was partialled out of guilt proneness, not a single index of psychopathology was significantly correlated to guilt. This suggests that guilt proneness is not the operative emotional construct in the psychopathologies studied to date in various operationalized forms.

Though Tangney and her colleagues (1995) argue persuasively that a scenario-based measure, such as the TOSCA, is the best method of assessing shame-guilt

proneness, Ferguson and Crowley (1997) suggest otherwise. Following a multitrait-multimethod analysis of three shame-guilt measures (including the TOSCA and the PFQ-2), they argue that each of these measures assesses a different aspect of the shame-guilt, state-trait spectrum. For example, scenario-based measures, they say, key more to state aspects, whereas checklist measures, drawing on the participant's vast experiences related to the specific checklist words, key more toward trait aspects, even though both types of measures ostensibly measure trait (i.e., proneness).

Quiles and Bybee (1997) conducted a study on the premise that variants of guilt exist that may help resolve the discrepant findings regarding guilt's relationship to other constructs. They postulate that at least two variants of guilt exist: *predispositional guilt* is "a personality proclivity for experiencing guilt in response to circumscribed eliciting situations," and *chronic guilt* is "an ongoing condition of feeling guilty." (p. 105) Their review of guilt measures indicated that measures assessing ongoing guilt with no precipitating event was associated with maladaptive behavior and psychopathology. Measures that assessed guilt associated with a precipitating event were not related to psychopathology and were related to lower aggression and prosocial behavior. To test their hypothesis, Quiles and Bybee (1997) asked participants to complete several shame/guilt measures, including the PFQ-2, TOSCA, and GUILT, a measure they devised to differentiate between chronic and predispositional guilt. They also included prosocial behavior measures and two religiosity items.

Using a principal components analysis on the five guilt/shame measures, Quiles

and Bybee (1997) found that TOSCA items assessing shame loaded primarily on the chronic guilt factor, and TOSCA items assessing guilt loaded primarily on the predispositional guilt factor. This is consistent with Tangney's (e.g., Tangney et al. 1995) conceptualization of shame and prolonged chronic guilt, wherein the two fuse and become indistinguishable. However, both PFQ-2 shame and guilt items loaded primarily on the chronic guilt factor. This is contrary to Harder's (1995) conceptualization. Moreover, chronic guilt was strongly associated with psychopathology, whereas predispositional guilt was only weakly associated with one disorder, that being obsessive-compulsiveness. Predispositional guilt was negatively related to hostility.

Quiles and Bybee (1997) note that, when the shame items from the TOSCA and PFQ-2 were removed from the analysis of the composite measure of chronic guilt, relations with mental health, prosocial behavior and religiosity change little. This, they argue, suggests that "chronic guilt" is not an artifact of shame.

Development of Self-conscious Emotions in Young Children

Researchers seem to believe that shame, as an emotion, develops in children by age two or three. Kagan (1981) believes that children's recognition of things that were flawed, showing insecure behaviors related to a personal lack of competence, and "mastery smiles" when they learn to do something right indicate that shame develops in children at least in the second year of life. Others (e.g., Hechhausen, 1984) believe shame and pride do not develop until at least three years of age.

According to Izard (1979), infants begin to show facial signs of shame and

shyness at about six to eight months. His findings are based on the Maximally Discriminative Facial Movement Coding System (MAX), a system he developed to code infant-facial expressions. Coding is done using slow motion and stopped action videotapes of infant facial responses to specific stimuli, such as ice, separation from mother, popping a balloon near the infant's head, restraining the infant, and smells and tastes. According to Izard and MAX, infants do not show guilt until the age of two years.

Stipek (1995) suggests that at least two factors are involved in the development of shame and pride. The first is the ability to evaluate the self against a standard. The second is the effect of socialization. In effect, caretakers approve and disapprove of behaviors and call to the child's attention the values inherent in actions and outcomes. This is sometimes called "social referencing" (Campos & Sternberg, 1981). Accordingly, children use social referencing to clarify the value of events.

Determining when shame and pride develop raises issues of determining how to measure both. Heckhausen (1984) noted that children, during the third year of life had an open body posture when they succeeded and a closed body posture when they failed. Geppert and Gartmann (1983), studying children 18 to 42 months old, noticed that children were more likely to display an open smile, head up, and an open posture when they succeeded and lowered mouth corners, downward gaze, and closed body posture after failure.

Stipek (1995) studied two to five year-olds and their reactions to success and failure. Half the children were given tasks (puzzles) that could be completed

successfully, and the other half were given tasks that could not be completed (piece of puzzle too large). The sessions were videotaped and reactions to success and failure were coded. No significant age differences were found for children successfully completing the task. These children smiled and displayed an open posture. Age differences were found regarding the failure task: negative self-evaluative behaviors increased from 20% of 33 to 41 month-old children to approximately 50% for 42 to 60 month-old children.

Hoffman (1975) emphasized the interactive functioning of affect, behavior, and cognition in prosocial and moral behavior and proposed that a biological basis of preparedness for empathy exists. Hoffman's theory emphasized early and middle childhood and the early development of "thou shalts" and "thou shalt nots." Kagan and Lamb (1987) note that the infant's moral sense includes empathy, or a concern for the well-being of others, and anxiety over wrong-doing.

Support for the early development of moral emotion is plentiful. Zahn-Waxler and Chapman (1982) found that infants are able to distinguish between caregiving and discipline by the second year of life. Bretherton, Fritz, Zahn-Waxler, and Ridgeway (1986) found that, by the age of two, children used evaluative words to judge actions (e.g., for bad: "Lisa not nice to me. Lisa bad," and "Me bad ... wet pants.").

Preschoolers, according to Smetana and Braeges (1990), are able to distinguish between morality and social convention by 42 months. Preschoolers by that age judged moral transgressions to be more serious than transgression of social convention. Studies have also found that infant behavior reflects moral understanding

(Dunn, 1987), prosocial behavior by the age of two (Radke-Yarrow et al., 1983), and reparative behavior following aggressive acts by the age of two (Cole, Barrett, & Zahn-Waxler, 1992; Cummings, Hollenbeck, Iannoti, Radke-Yarrow, & Zahn-Waxler, 1986). Two important achievements during early infanthood include regulation of affect and maintenance of effective attachments to caregivers while attaining autonomy (Zahn-Waxler & Robinson, 1995).

Consistent with socialization research, shame and guilt proneness are fashioned within the parent-child relationship. Because caregivers function as models, infants are likely to learn from caregivers what kind of behavior to engage in following a transgression. For example, toddlers whose mothers were more affective in their explanations of right and wrong were more reparative and prosocial in their behaviors toward others in distress (Zahn-Waxler & Robinson, 1995). Other contexts affecting shame and guilt proneness include child temperament, parental personality, parental psychopathology, and family dynamics. Family dynamics include emotions that are directed toward the child and emotions directed toward others (e.g., a parent's spouse).

Caregiver or parental behavior likely is not related to infant behavior in a linear manner. It is more likely that configurations of parenting behaviors must be considered (Crouch & Neilson, 1989). Configurations of parenting behaviors refers to the interaction of child-rearing variables rather than a strict linear equation. Additionally, Crouch and Neilson (1989) suggest that these configurations are probably gender specific. Their research showed that, although similar factors were

involved in perceptions of child-rearing and assertiveness as young adults for male and female participants, the order and percent of variance differed. For example, the most salient factor for males was identification with an affectionate and non-threatening father, whereas for females it was identification with a strict and aggressive mother.

Dienstbier (1984) believes children who are temperamental are prone to high emotions. These children will be more likely to feel intense discomfort and distress following a transgression. Some research supports this (Asendorpf & Nunner-Winkler, 1992). Eisenberg et al. (1992) found relationships between a mother's and child's heart rate, facial expressions, and self-reported reactions to a sympathy-inducing movie.

Gender differences are possible based on previous research. Girls experience more empathy, guilt, prosocial and reparative behavior than boys, and girls are more sensitized to the distress of others by age two than boys (Goodenough, 1931). This may be because mothers use more other-oriented reasoning with girls than with boys (Smetana, 1989).

Relationship of Shame Proneness to Psychopathology

Recent research has investigated the relationship between psychological symptoms and guilt (Harder, 1995; Tangney, et al., 1995; Tangney, et al., 1992). Research by Tangney et al. (1992), using the TOSCA and partialling out shame from guilt, reflects no significant involvement of pure guilt in psychopathology. This is consistent with the phenomenological description of guilt, which states that guilt, although a painful emotion, encourages adaptive behavior. Harder (1995) argues that

guilt must be involved in certain pathologies to some extent because the literature shows the link to be unquestionable. Research by Harder et al. (1992), using the PFQ-2, suggests that guilt is involved in some psychopathologies. Notably, as Quiles and Bybee (1997) report, both the shame and guilt scales of the PFQ-2 load heavily on chronic guilt, which is associated with psychopathology.

The literature generally supports a conclusion that, of the two emotional traits in question, shame proneness, either as shame proneness itself or as shame-laden guilt proneness, is significantly related to psychopathological symptoms. According to Tangney et al. (1995, p. 344),

> In shame, the focus of the negative evaluation is on the entire self. Following some transgression or failure, the entire self is painfully scrutinized and found lacking. With this painful self-scrutiny comes a sense of shrinking, a feeling of being small, and a sense of worthlessness and powerlessness. Shame also involves the imagery of being exposed before a real or imagined disapproving audience . . . [It] typically involves an awareness of how the defective self may appear to others.

Lewis (1987) notes that "...shame is the "sleeper" that fuels the irrational guilt whose malignant consequences Freud was the first to describe." We are slow to recognize shame's neurotic potential. The phenomenology of shame makes us want to hide, avert our gaze, and hang our head. It is a painfully disorganizing experience that creates within us the desire to end the pain quickly. It leaves little desire for introspecting it. The idea of failure in all of its manifestations is a cognitive aspect of

shame.

As Tangney et al. (1992) note, negative attributions associated with the shame experience are global, internal, and stable. Furthermore, their research shows a positive correlation between shame-proneness and such attributions from negative events. Thus, because this negative attributional style is associated with self-attributions of worthlessness, defectiveness, and powerlessness evoked by a single failure or deviational act or a set of failures or deviational acts, it follows reasonably that, were these assertions of worthlessness, etc., mitigated substantially, the intensified feelings of smallness and the maladaptive desire to hide should also be lessened. "Hiding" is a defensive posture or behavior that can take many forms, including blaming others, perfectionism, contempt, denial, rage, and avoidance (Kaufman, 1989). Most of these are not conducive to encouraging constructive problem solving actions. The result of the mitigation of the negative attributions should be lessened feelings of shame, hopefully leading to increased adaptability on the part of the patient. Thus, an effective therapeutic approach geared toward mitigating negative attributional style could resolve a number of psychological maladies that many researchers agree are somehow related to shame.

From a cognitive-behavioral perspective, Klass (1990, p. 404) states, "Treatment for maladaptive shame would appear to require (1) decreasing the sense that the provocative behavior is a central failing, (2) decreasing the painful sense of exposure, or (3) increasing tolerance for personal failings." A notable aspect of this description of shame is the attributional style the individual uses while experiencing

shame. From a psychodynamic perspective, Nergaard and Silberschatz (1989) concluded that patients who exhibited higher levels of shame and guilt during treatment had the poorest outcomes and that guilt was the best indicator of poor outcome. It is unclear, however, how they operationalized "guilt." Recent literature, as noted above (Harder et al., 1992; Tangney et al., 1992), suggests that shame would be a better indicator of poor outcome.

Cross-cultural Issues Related to Shame and Guilt

Emotions typically require a social context. This is equally true for shame and guilt. The negative attitude developed toward the self or with respect to an act are developed partly in response to social stimuli and are experienced, at least partly, in terms of social context. Shame and guilt are relational in meaning, source, experience, and expression (Kitayama, Markus, & Matsumoto, 1995). Thus, to understand them, the social and interpersonal context must be known. This does not, however, mean that biological and physiological processes are insubstantial.

The social context of emotion must be understood in order to appreciate the function the emotion plays. Kitayama, et al. (1995) pointed out that, because emotions and social relationships are interdependent, emotions may have a significant role in one's self-definition, management of self worth or dignity, and responses to social situations. These clearly are highly dependent on personal values, which are shaped within a culture. Also, when one experiences an emotion, one recognizes the characteristics of the social orientation of the emotion.

For example, Western culture places a strong emphasis on independence of the

self and the consequent importance of tasks related to independence. Asian cultures, however, tend to emphasize more interdependence of the self, leading to an increased valuation of tasks that relate to maintaining interdependence between people. This cultural variation, then, could result in variable differentiation between valued and unvalued emotions. In Japan, an interdependent culture, *haji* (shame) is a feeling that occurs when one has failed to meet the expectations of highly regarded others whom one needs and to whom one feels indebted and inferior (Kitayama et al., 1995). It is an emotion that leads to social engagement without loss of control of the self. In the highly individualistic west, shame is an emotion of social engagement but one where the self is shattered. It leads to hiding behaviors and is less highly valued.

Because shame appears to have different functions in different cultural settings, its relationship to psychopathology may be different. Kitayama et al. (1995) reported a study with Japanese and U.S. students that showed Japanese students based self-esteem related to failure more on the appraisal of others (52.2%) than did U.S. students (38.4%). In the U.S., many psychopathologies, such as depression and anxiety, manifest with low self-esteem or cognitive efforts to protect or enhance self-esteem. Since self-esteem is maintained more by self-appraisal in the U.S. and by other-appraisal in Japan, the emotional determinants of maladaptive behavior and psychopathology are likely to be different. Additionally, since Japanese culture is more interdependent, there is less motivation to engage in activities to enhance self-esteem.

Another example of how cultural differences affect emotions involves shame

and anger. Tangney, Wagner, Fletcher, and Gramzow (1992) have shown that U.S. respondents readily transform shame into anger. This may result from the shamed individual's need in an independent society to defend against the destruction of the self by shame by transforming shame into anger, thus directing the negative evaluation away from the self onto others. Because shame is less feared in interdependent societies, this transformation is less necessary and less prevalent.

Development and Socialization

It is generally accepted that parents and other primary adults initiate the socialization process through which children, via insight, training and imitation, learn values and acquire habits (Baumrind, 1980). Parents, or caretakers, control much of the child's environment and influence the way the child perceives it. The child must acknowledge and accommodate physical and social reality.

From Baumrind's research, supportive of social learning theory, the broad notion that "parental firm control, when coupled with parental warmth, promotes effective socialization" has emerged (Lewis, 1981). These "authoritative" parents view their rights and duties relative to their children's as complimentary, and they view their children as maturing wherein there is a gradual shifting of power and responsibility from the parent to the child vis-a-vis the child's behavior (Baumrind, 1980). Lewis, however, questioned the impact of this authoritative parenting style. She argued, from an attribution theory point of view, that parenting that exerts minimal parental control is sufficient to gain a child's compliance. Social learning theory emphasizes the value of reinforcement through information about appropriate

behaviors, whereas attribution theory emphasizes socialization via external controls and incentives (Crouch & Neilson, 1989). Crouch and Neilson note that Baumrind's research was conducted on a restricted sample from high socioeconomic groups with high mean IQs where maternal and paternal behaviors appear to have been treated as identical constructs.

Streit (1981) has reported that perceptions of parenting can be used to discriminate between adolescent offenders and non-offenders. He found that perceptions of parenting by adolescents correctly classified 85.7% of those adolescents who had committed no crime, 82.8% who had committed a status crime, 85.7% of those who had committed a violent crime, and 88.9% of those who had committed a property crime. The results showed that adolescents who commit crimes perceive their parents as lacking in love. He reported that a significant proportion of adolescent boys who are "beyond control," perceive their fathers as detached and uncaring. Likewise, a significant proportion of adolescents who use alcohol and drugs perceive their parents as permissive and distant.

According to Glenn and Nelson (1989), Streit elaborated 26 factors in eight clusters that were related to how children perceived their relationships with their parents. These include love, loving control, control, hostile control, hostility, hostile freedom, freedom, and loving freedom. They are consistent with the three factors — loving, demanding, and punishing — identified by Goldin (1969) as recurring in children's descriptions of parent's behaviors. Glenn and Nelson report that children who perceive their parents as exhibiting loving control, love, or loving freedom did not

use drugs, whereas children who described their parents in any of the remaining categories tended to use drugs.

Crouch and Neilson (1989) studied the relationship between students' retrospective perceptions of their childhood relations with their parents and assertiveness. They used the Clarke Parent-Child Relations Questionnaire (CPCRQ) (Paitich & Langevin, 1976) and the Rathus Assertiveness Schedule. Using a principal-components factor analysis with a varimax rotation on the CPCRQ, they isolated three similar factors for males and females. The most important factor for males was Father Identification, composed primarily of perceptions of father's low aggressiveness, a denial of father's faults, father affection, and identification with father. The second factor for males was Mother Identification, composed of perceptions of a competent mother and a denial of her faults. The third factor for males was Mother Conflict, composed of perceptions of mother's aggressiveness. For females, the most important factor was Mother Conflict, composed primarily of perceptions of a strict and aggressive mother. The second factor for females is Father Affection, composed of perceptions of low aggression by father, identification with father, and father affection. The third factor for females is Mother Identification, composed of the same factors as the male factor, perceptions of a competent mother and a denial of her faults.

All of these findings generally support the general concept of the effectiveness of authoritative parenting. Delinquent children generally perceive their parents lack warmth and reasonable control, whereas authoritative parenting consists of a combination of warmth and an appropriate level of firm (not overbearing) control.

Delinquent and offending/illegal behaviors are one subset of risk-taking behaviors. It may be difficult to operationalize the term "risk-taking behavior" when considered at an individual's perspective. Thus, for the purpose of this study, risk-taking behaviors include behaviors that pose a threat to one's physical, emotional, and/or social well being, as generally interpreted by our national culture, which is informed by the sciences, social mores, and traditions.

Relationship Between Shame and Guilt Proneness and Family Environment

Hoglund and Nicholas (1995) studied the relationship between shame proneness and guilt proneness and a participant's home environment, specifically exposure to high levels of an emotionally or physically abusive home environment. They hypothesized that exposure to high levels of emotional or physical abuse would result in increased levels of shame proneness, as measured by the TOSCA. They measured exposure to emotional, physical, and sexual abusiveness using the Parental Abuse and Support Inventory (PASI), which also measures parental love/support, promotion of independence, and fairness. Hoglund and Nicholas found, using two-way ANOVAs, that participants who reported higher levels of emotional abuse also reported higher levels of shame proneness, but not guilt proneness. They found no significant differences with respect to physical abusiveness and shame or guilt proneness, but they believe that the levels of physical abusiveness may not have been significantly high in their sample.

Pulakos (1996) examined the relationship between shame and guilt proneness and growing up in a dysfunctional family. She used the Family Environment Scale

(FES) to determine the nature of the family environment and the TOSCA to examine shame and guilt proneness in a study of 152 participants (103 females, 49 males, 90% Caucasian). Pulakos suggested that dysfunctionality is well shown by low Cohesiveness and Expressiveness scores (measuring commitment and support) in conjunction with high Conflict (measuring open conflict, anger and aggression) scores. The results show that shame proneness is negatively correlated to several of the FES scales: Cohesion, Expressiveness, Intellectual-Cultural Orientation, Moral-Religious Emphasis, and Organization. It was positively correlated to Conflict. Guilt correlated positively only with Active-Recreational Orientation and Organization. Gender differences were noted on the TOSCA, with females scoring higher on the shame and guilt scales. She also noted an order effect, with higher scores in shame proneness resulting when participants answered the TOSCA first.

Abell and Gekas (1997) looked at shame and guilt with respect to intentional and unintentional violations of moral norms and family socialization retrospectively. They used a modified TOSCA (using only interpersonal items) for unintentional violations and developed their own instrument to measure intentional violations. Abell and Gekas used the Bronfenbrenner Parent Behavior Questionnaire and eight additional items to assess parenting behaviors. They found that sons and daughters responded differently. For sons, mothers' affective control (love withdrawal) was positively related to sons' shame and guilt, whereas fathers' affective control was negatively related to shame and guilt. Overall, daughters reported more shame and guilt than sons. Additionally, father's inductive control (Baumrind's authoritative

control) was associated with guilt in sons. Mothers' coercive control (use of threats and physical force) was associated with daughters' reports of guilt and fathers' coercive control was associated with sons' reports of shame. The authors suggest these differences may be associated with the different goals of socialization that mothers and fathers have. The results also showed maternal support associated positively with sons' guilt from unintentional violations and shame from intentional violations.

Lutwak and Ferrari (1997) conducted a study looking at the relationship between retrospective perceptions of parenting during childhood and shame and guilt proneness during adulthood. They used the Adaptive Shame Scale, consisting of 11 descriptive adjectives participants use to describe themselves on a 7-point Likert scale, and the Parental Bonding Instrument, which measures perceptions of care and protection one received during childhood. They found no significant gender differences. They found shame was negatively related to both maternal and paternal care and affection and positively related to maternal protectiveness and control. These findings confirmed, according to the authors, the link found by Kohut between perceptions of inadequate parenting and shame affect. The study did not distinguish between blended and non-blended families, birth order, or number of siblings. All participants were college students.

Religiosity

What constitutes religion, how it is defined, and what behaviors and thoughts are pertinent to it have been debated for many years and remain open questions.

Batson, Schoenrade, and Ventis (1993, p.8) define religion functionally as "whatever we as individuals do to come to grips personally with the questions that confront us because we are aware that we and others like us are alive and that we will die." This definition relates mostly to issues of existence and truth. Problematically, it does not address "public" behavior considered religious by the "culture" within which an individual may live, but which behavior has no intention or motivation "to come to grips" with existence. Thus, for purposes of this research, religion shall be defined as "whatever we as individuals do to come to grips personally with the questions that confront us because we are aware that we and others like us are alive and that we will die and behavior that seeks to establish standards of religion (as defined in the first part of this definition) or meet another's standards of religion, regardless of intent." This modification permits an examination of behavior often considered religious that may be motivated by factors other than coming to grips with existence and death.

Scientists have long tried to explain the human quest for the religious (Batson et al. 1993). Even today, this search continues (Hotz, 1998). According to Frankel and Hewitt (1994), consensus regarding the link between religion and mental health, measured by life satisfaction, psychological state, and emotional well-being, has been difficult to forge. Partly, this results from the different religious constructs measured (Batson et al. 1993; Bergin, 1991; Brown, 1987).

Frankel and Hewitt (1994) argue that extrinsic religiosity (the religious orientation in which the individual uses religion for his or her own ends), as defined by Allport and Ross (1967), is least consistent in predicting mental health, whereas

intrinsic religiosity (the religious orientation in which the individual is motivated by religion for its own ends) has fared much better. However, Allport and Ross's definition and operationalization of religiosity has not been the only one used. William James (1902/1961) described two variants of religiosity: the "religion of right-mindedness" and that of the "sick soul." Generally, the former related to the practice or "tendency which looks on all things and sees that they are good... conceiving good as the essential and universal aspect of being... deliberately exclud[ing] evil from its field of vision." (p. 85). It motivates one to get one away from sin, not groan and writhe over its commission, which describes the sick soul. A possible extrapolation from James conceptualization is Allport and Ross's definitions of intrinsic and extrinsic religiosity. Batson and his colleagues (1993) have developed another way of looking at religion. They have developed two similar dimensions, means and ends. Means religiosity is religion used as a means to other ends. End religiosity is where religion is an end in itself. To these two major dimensions of religiosity, Batson and his colleagues have added a third dimension they call "religion as quest." In this orientation, the individual approaches religion as an open-ended searching quest.

Relationship Between Shame and Guilt Proneness and Religiosity

At least two dimensions of shame and guilt exist when issues of religion are raised. In one dimension, shame, states Bonhoeffer (1955, p. 145) "is man's ineffaceable recollection of his estrangement from the origin; it is ... the powerless longing to return to unity with the origin." In this sense, it is a type of humility, as Lewis (1987) also acknowledges. However, Lewis's example of judeo-christian

humility, Freud's analysis of the story of Christoph Haizmann, fits better the other dimension of shame, wherein the interaction of shame and religiosity lead to neurosis. Haizmann was a 17th century artist who suffered convulsions, seizures, and hallucinations reportedly after selling his soul to the devil. Out of a driving shame and guilt, he sought deliverance through the Virgin Mary from his demonic possession. However, only after giving himself over fully to a life of service was he completely delivered.

Pulakos (1996) used the FES and the TOSCA to study shame and guilt proneness and dysfunctional families. One of the scales on the FES measures Moral-Religious Emphasis. Pulakos found a significant inverse correlation between shame proneness and moral-religious emphasis. She suggested that the negative correlation between shame proneness and Moral-Religious Emphasis may be more indicative of the nature of shame than of the family. Perhaps families with high levels of moral-religious emphasis provide individuals with a clearer sense of right and wrong leading more to guilt and reparative behavior rather than shame proneness. This hypothesis is noteworthy in that guilt is considered a more adaptive emotion, as defined, than shame. Also notable is that individuals from intact families (no parental divorce or death during the individual's life) reported higher Cohesion, Moral-Religious Emphasis and Organization, and lower Conflict.

Richards (1991) examined the relationship between religiosity (Allport & Ross, 1967), emotional disturbance and separation from parents.[1] He used the Center for Epidemiological Studies Depression scale to measure symptoms associated with

depression, the Spiritual Well Being scale to measure sense of purpose and personal beliefs about their relationship to God, a shortened version of the Beall Shame Guilt Test (SGT-RW), and the Psychological Separation Inventory (PSI) to measure functional, attitudinal, emotional, and conflictual separation of the participants from their parents. He found that, in a sample of 268 undergraduate students, when the data were submitted to a Wilks's Lambda MANOVA, a significant main effect existed for intrinsic religiosity (F (13, 211) = 13.43, $p < .001$) and extrinsic religiosity (F (13, 211) = 2.68, $p < .01$). A significant intrinsic by extrinsic religiosity interaction effect (F (13, 211) = 1.88, $p < .05$) also existed.

Richards (1991) found that nontraditionally religious (NTR) students were significantly less shame prone than extrinsically religious (ER) students. Intrinsically religious (IR) and pro-religious (PR) students were not significantly more shame prone than NTR or ER students. IR students, however, were significantly more guilt prone than either ER or NTR students. The PR students were more guilt prone than NTR students, but did not differ from ER students. He also found that IR and PR students reported less functional separation from their parents than NTR students. ER students were less functionally separated from their fathers than NTR students. PR students were less functionally separated from their fathers than were IR and ER students. IR students were less attitudinally separated than PR, ER, or NTR students. IR and PR students reported less attitudinal separation from their fathers than did ER and NTR students. IR, ER, and PR students reported less emotional separation from their parents than did NTR students, and IR students reported less emotional separation

from their fathers than did ER students. The PR students said they were less conflictually separated from their mothers than NTR students, and ER students said they were less conflictually separated from their fathers than did NTR students. Finally, with respect to religious well being (RWB), IR and PR students had higher RWB scores than did ER and NTR students, and ER students had higher RWB scores than NTR students.

In discussing his findings, Richards (1991) notes that some of the psychological and behavioral consequences, such as guilt proneness, could be both positive and negative. Moderate guilt could motivate IR and PR students to altruistic and moral behavior and inhibit antisocial or aggressive behavior. Alternatively, it could be extreme and result in extreme anxiety or depression. The findings regarding lesser separation from parents could result in greater degrees of physical and emotional support. Richards also cautions that his participants were mostly college freshmen and sophomores and, therefore, is uncertain that the results can be generalized to older students. Because the study was correlational, causal influences were not demonstrated.

Quiles and Bybee (1997), in research proposing that chronic guilt and predispositional guilt are two variants of guilt, found that predispositional guilt, which was not associated with psychopathology, was highly associated with perceived importance of God and attendance at religious services. Additionally, using the TOSCA, they found that TOSCA shame items loaded on chronic guilt and its guilt items loaded on predispositional guilt.

Relationship Between Religiosity and Parenting

Religion plays a crucial role in the lives of children and adolescents. Numerous studies have examined the relationship between religiosity in offspring and parenting. According to Erickson (1992) most reviewers of the role of religion in adolescence identify three major factors in adolescent religious development: the family, peers, and religious education.

Erickson (1992) proposes a structural equation model of family, peer group, and educational influences in an adolescent's development of religiosity. Erickson designed his model based on one developed in 1988 by Cornwall, which presumes that individuals learn their religion intergenerationally. About 900 adolescents between the ages of 16 and 18 who had been in their congregation for two or more years were drawn from a larger sample of 5,000 youths from 150 congregations randomly selected for each of six denominations. Parental influence was measured by examining adolescent perceptions of parental religious consistency, religious activity, and home religious behavior. Peer influence was measured by looking at peer church activity level. Finally, formal religious education was measured. The two outcome variables were religious beliefs and commitment and religious worship behavior. Erickson found, using a LISREL analysis, that boys' religiosity could be predicted by seven paths, all of which passed through religious education. Ten paths predicted girls' religiosity, with one direct path between parental influence and religiosity. The study is limited, however, because it examined only religious influences on the adolescents. It did not examine non-religious influences that may have had religious outcomes, and

it did not examine adolescents who are not involved in church.

Dickie et al. (1997) studied the relationship between parenting style and children's images of God. They found, in a study of 43 children, that children who perceive their parents as nurturing perceive God as nurturing. Perceptions of father's nurturance accounted for the most variance. Moreover, as children grow older, they perceive God as more nurturing and more powerful. Attachment theory suggests this could be because God becomes the "perfect attachment substitute" as children grow older and separate from their parents (Kirkpatrick & Shaver, 1990). With respect to God's power, boys perceive God as more powerful than parents, whereas older girls (age 12) perceive God and parents as about the same in power.

Dickie et al. (1997) also conducted a study focusing on parental use of power and reasoning in discipline. They hypothesized that boys may have more experiences emphasizing power than girls; thus, power characteristics may be less important for girls. With a sample of 47 girls and 47 boys from head start programs, a nursery school, and public elementary schools, they found, performing an ANOVA of power-oriented discipline and age on God's nurturance, that the reported level of power-oriented discipline decreased as the age of the child increased. However, boys did not report higher levels of such discipline than did girls. They found that girls and older children experienced higher levels of "love-oriented" discipline than boys and younger children. Moreover, children perceived God as less nurturing when power-oriented discipline was reported ($F(2, 59) = 5.43, p = .01$). Interestingly, they also found that girls were more sensitive to power-oriented discipline in terms of their perceptions of

God as a nurturing God, whereas boys were affected only slightly. When children reported love-oriented discipline, their perceptions of God as nurturing were significantly higher (F (1, 60) = 6.24, p = .02), but their perceptions of God as powerful were unaffected. However, when analyzed by gender, girls were more sensitive to love-oriented discipline than boys. Overall, mother's power, rather than father's power, was a better predictor of children's perceptions of God's power. Dickie and her colleagues also found that children whose fathers are absent from the home perceived God as more nurturing and powerful. They suggest that attachment theory explains this via the "attachment substitute" solution.

Birky and Ball (1988), from an object relations perspective, studied the relationship between children's perspectives of parental traits and children's view of God. Participants, 100 college students aged 18 - 21, rated their parent's traits, then selected the parent they idealized the most, and then rated the traits of their parental composite. A repeated measures ANOVA was used to analyze participant gender by idealized parent by parent difference score. The results indicated that the scores for the composite parent were closest to the God score than either parent score (F (1, 75) = 20.02, $p < .0001$), and the idealized parent's score was closer to the God score than the other parent (F (1, 75) = 5.85, $p < .02$). There were no gender effects either for participant or for parent. Thus, this study suggests that neither mother nor father has a greater effect on the transmission of God image to the child.

Giesbrecht (1995) examined the relationship between parental religious commitment, parenting style, and parental agreement in parenting style and adolescent

religious commitment. He notes that substantial research has established that supportive and authoritative parenting has been directly associated with self-esteem, personality adjustment, maturity, and ego identity in adolescents. He obtained 132 high school students from a private evangelical school in Canada's midwest and their parents to respond to the survey. He used a revision (I/E-R) of Allport and Ross's (1967) Religious Orientation Scale developed by Gorsuch and McPherson in 1989 to measure religiosity. He used the Parental Authority Questionnaire (PAQ) to assess perceptions of parental authority. Three types of parental styles are examined based on Baumrind's authoritarian, authoritative, and permissive parenting styles. He used the Cornell Parent Behavior Description (CPBD) to assess parental nurturance, warmth, and approval. Giesbrecht (1995) found that parental religious commitment was not significantly correlated to adolescent religious commitment. However, adolescent intrinsic commitment was significantly correlated to an authoritative (father's: $r = .38, p < .001$; mother's: $r = .31, p < .001$) and supportive (father's: $r = .37, p < .001$; mother's: $r = .29, p < .001$) parenting style. Male adolescents with a permissive father and/or a permissive mother were more likely to focus on social aspects of religion.

Relationship between Religiosity and Mental Health

A review of the empirical literature reveals that researchers are looking anew at the relationship between religious belief and behavior and mental health. Some recent reviews have concluded that some religious behaviors are related to good mental health (McCullough, 1995). Ventis (1995) and Batson et al. (1993) have

recently reviewed the relationship between religion and mental health using a quest perspective. Ventis (1995) defined mental health in terms of seven criteria: absence of mental illness, per the Diagnostic and Statistical Manual IV (1994); appropriate social behavior; freedom from worry and guilt; personal competence and control; self-acceptance and self-actualization, unification and organization of personality; and open-mindedness and flexibility. He looked at religious orientation based on a means-extrinsic, end-intrinsic, and quest perspective. Ventis found that, of 61 studies, the end-intrinsic orientation was strongly associated with mental health in five of the seven areas: only self-acceptance/actualization and open-mindedness/flexibility failed to associate with this orientation of religiosity. His review also indicated that most of the findings in these studies tended to find means-extrinsic religiosity inversely correlated to mental health.

Certainly one area in which religiosity and its positive relationship to well-being has been established is coping styles. McIntosh et al. (1993) looked at the religious beliefs of parents who had lost an infant to sudden infant death syndrome (SIDS) in order to define and clarify the role religion played in these parents' adjustment to this irrevocable

loss. They studied religious participation and religious importance to examine the differential effect of each factor on the coping process. These components were then related to three coping process variables: perceived social support, cognitive processing of the loss, and finding meaning in the infant's death.

In general, McIntosh et al. (1993) found that the greater the religious participation the parents reported, the greater the social support they perceived, the greater the well-being they reported, and the less distress they reported. Also, the more important religion was to the parents (by self-report), the more they had cognitively processed their child's death, and the more they found meaning in its death. Importance of religion predicted long-term well-being through its relationship to cognitive processing. These findings are limited by several issues. Because the sample was largely urban and Christian, and participation was limited by the nature of a specific event, generalization to the population at large is limited.

Park and Cohen (1993) studied religious and nonreligious coping methods in individuals who had just suffered the death of a close friend. They used a cognitive model of coping in which traits and beliefs affect the sequence of coping (event occurrence, evaluation, coping, outcome). Participants were students who had lost a close friend within the past year and who identified themselves as either Catholic or Protestant. They used an interview format based on a specific protocol and several questionnaires to assess intrinsic and extrinsic religiosity, doctrinal orthodoxy, locus of control, coping activities, religious coping, and outcome (dysphoria/distress and personal growth).

Park and Cohen (1993) found that women were more intrinsically oriented than men, coped more using religion, and had greater distress related to the event than men, even though the event had occurred significantly longer ago for them. A path model was developed for each outcome. The dysphoria/distress models showed that

intrinsic religiosity was associated with positive adaptation to the event unless the death was perceived as unfair. Then, intrinsic orientation resulted in higher distress, possibly because of the cognitive restructuring that must be done, or because intrinsic individuals are able to deal with their own death more easily than with the death of a close friend. Attributions to a purposeful God and doctrinal orthodoxy were negatively related to distress. Models of personal growth showed a positive relationship between intrinsic religious orientation and growth. There were gender differences, but the study had too few men for a separate analysis. These findings could have been confounded by the greater recency in the event for the male portion of the sample.

Crawford, Handal, and Wiener (1989) studied the relationship between mental health and distress and religiosity. They asked 226 participants to answer questionnaires measuring their personal religiosity, life satisfaction, psychological distress, and role functioning. Religiosity was assessed using the Religious Integration Scale of the Personal Religiosity Inventory; life satisfaction was measured using the Flanagan Life Satisfaction Questionnaire; and psychological distress was measured using the Langner Symptom Survey. Participants were divided into three groups based on high, medium, or low religiosity. They obtained significant results using a Wilks's Lambda MANOVA (F (2, 223) = 3.76, $p < .001$). Further analysis revealed that higher religiosity was associated with lower distress and greater life and role satisfaction than medium or lower religiosity. However, the results of this study should be viewed cautiously because of the lack of a random sample: surveys were

distributed to colleagues who distributed them to friends, co-workers, acquaintences, etc. Also, the mean scores on the distress measures for the sample group varied substantially from the mean of the population at large.

Chadwick and Top (1993) investigated religiosity and delinquency among Latter Day Saint (LDS) adolescents. They sent questionnaires to 2,143 LDS youths living on the east coast and obtained 1,398 completed responses. Delinquency was measured on three scales: victimless crimes (e.g., drinking alcohol), crimes against others, and crimes against property. Questions regarding adolescent religiosity assessed private religious beliefs, private religious behavior, spiritual experience, and feelings of religious integration into the church. Family environment was also assessed, including closeness to father and mother, parental disapproval of delinquency, and parental deterrence. Peer influence (delinquency, pressure, disapproval, and deterrence) was also measured. They found that religiosity had a strong negative correlation to delinquency in both high and low religious ecologies. Peer influence had a stronger impact on delinquency in the regression equation. For boys, private religious behavior and religious integration were significantly predictive of delinquency. For girls, religiosity influences included reports of spiritual experiences, and private religious behavior. Parental behaviors (perceived marital happiness and deterrence) also were important. Especially for boys, it is notable that social/religious factors — acceptance into the religious community — were important.

Francis (1997) integrated the study of personality and attitude toward substance use and religiosity and attitude toward substance use. Francis used a sample

of 11,173 English and Welsh 13 - 15 year-olds (50.2% boys and 49.8% girls) consisting of students not reporting membership in a non-Christian religious group and providing information about their social class. Substances with regard to which attitudes were measured included alcohol, tobacco, marijuana, heroin, glue, and butane gas. Personality was measured using the Junior Eysenck Personality Questionnaire developed by Francis and Pearson. Religious behavior and attitude were measured by asking how often one prayed, how often one went to church, and how strongly one believed in God. These were answered on Likert-type scales. A multiple choice question about denominational affiliation provided 15 possible answers, including one for no religious affiliation. Analysis was conducted using the Pearson Product-Moment Correlation Coefficient.

Francis (1997) found that personal religiosity predicts adolescent attitudes toward substance use, even after controlling for personality factors. In addition, Francis used three different measures of personal religiosity and found that, though all three correlate strongly with attitudes toward substance use, the strongest predictor was belief in God, while church attendance was the weakest. This suggests that personal belief is more important than public practice, and this appears to be consistent with the findings regarding intrinsic religiosity. Finally, Francis found that membership in main line denominations provided no significant predictive power regarding one's attitude toward substance use. That is, there was no difference between mainline church members (Church of England, Roman Catholic Church, Baptist Churches, etc.)

and those identifying themselves as non-religious. However, membership in "Protestant sects," such as the Brethren, did convey additive predictive power.

Lewis (1998) reviewed studies regarding religiosity and obsessiveness. He found that, generally, individuals with more positive religious attitudes and individuals who have a higher frequency of religious practice tend to score higher on measures of obsessional personality traits, such as cleanliness, rigidity, and self control, but not measures of obsessional symptoms, such as compulsivity, guilt, indecision, and impulsivity.

Frankel and Hewitt (1994) examined the relationship between religion and student health on a Canadian college campus. They obtained 172 participants affiliated with college Christian clubs or faith groups. They obtained 127 participants from first and second year sociology courses, college groups, and clubs who were not affiliated with any Christian club or group. They found that a positive relationship existed between faith group involvement and health status.

Chumbler (1996) investigated the relationship between religious experience and life satisfaction. He defined life satisfaction in Ellison's terms as "a cognitive assessment of an underlying state thought to be relatively consistent and influenced by social factors" which consists of affective and cognitive components. His sample consisted of 68 college students and 95 church members. Life satisfaction was measured using Ellison et al.'s Overall Satisfaction scale, which inquires regarding satisfaction related to finances, family life, friendships, and health. Religious experience was measured by asking about the participant's church attendance, beliefs

about divine intervention, existential certainty, spiritual gifts, and divine authority. In addition, Chumbler inquired about secular forms of social involvement and social background. He found that those with fewer traumatic life events had higher life satisfaction. However, he also found, using a hierarchical regression of social background, secular forms of social involvement, and religious involvement, participants with higher scores in the area of divine interaction ($\beta = .22$, $p < .05$) and existential certainty ($\beta = .19$, $p < .05$) were more likely to report higher levels of satisfaction with life when holding constant the effects of secular forms of social involvement, church attendance, and social background, which included number of traumatic events.

Mosher and Handel (1997) examined the relationship between religion and adolescent psychological distress. They used the Personal Religiosity Inventory (PRI) developed by Lipsmeyer to measure religiosity, the Langner Symptom Survey (LSS), the General Health Questionnaire (GHQ), and the Brief Symptom Inventory (BSI) developed by Derogatis and Spencer to measure psychological distress, and an adapted version of Flanagan's Life Satisfaction Questionnaire (LSQ) to measure psychological adjustment. Participants were divided into three groups (Hi, Medium, Low) for each of the nine scales of the PRI to assess the relationship between each scale and psychological distress and adjustment. They obtained significant results on six scales (Feeling close to God (CLS), integration (INT), perceived congruence between religious beliefs and social and moral attitudes (RSM), ritual attendance, personal prayer, and non-ritual church related activity) and clinical significance on

three of these (CLS, INT, and RSM). Notably, all participants with "low" scores on CLS, INT, and RSM obtained GHQ scores above the cut off used to identify inpatients and outpatients, whereas all participants with high scores on the statistically significant religiosity scales scored below the cutoff regarding psychopathology.

Overall, these studies suggest that religiosity, across numerous dimensions, has a positive relationship with mental health and wellness when the religiosity is internally oriented.

Hypotheses

This study examined the following hypotheses. First, Baumrind (1980) postulated three types of parenting styles: permissive, authoritarian, and authoritative. Authoritative parenting, characterized by warmth and reasoned, firm control, should tend to result in well-socialized children. Lewis (1983), from an attribution theory perspective, suggests that warmth with minimal control necessary in parenting should result in the better socialized children. Such children (Glenn & Nelson, 1989) would retrospectively report positive childhood relationships with their parents. Such children should be more capable of adapting to the demands of the society while maintaining their own sense of self.

Shame, presenting the urge to hide, inspires one to stop what one is doing, and deny its occurrence or responsibility for it. It is the opposite of reparation, and leaves things unresolved. As such, it is not, in excess, an adaptive emotion. It is an emotional trait one would not expect in well-socialized Western children. Since appropriate socialization includes a sense of being right with the community, children

raised via authoritative parenting should have a strong sense of reparation, without being overly guilt prone. Pulakos (1996), using the FES and TOSCA, found a correlation between participant reports of emotional abusiveness by parents, which could be characterized as hostile parenting, and participant shame proneness. It is, therefore, hypothesized that shame proneness is significantly negatively related to positive childhood parental relations, or relations indicative of loving control. It is also hypothesized that no significant statistical relationship exists between guilt proneness and childhood parental relations. In this study, loving control is operationalized as the combination of parental affection and parental strictness. While it is understood that "loving" can be fairly well operationalized by the parental affection scales, "control" may be inaccurately operationalized by a parental strictness scale that does not represent optimal levels of strictness at one extreme. Thus it is possible that optimal levels of parental strictness on the scale may be found in the low moderate range.

Second, adolescents' perceptions of their parent's parenting style have been used accurately (Streit, 1981) to predict the type of risk-taking behavior (in the form of criminal activity) in which adolescents participate. Glenn and Nelson (1989) note that children who describe their parents as "loving" tend not to use drugs, whereas children who describe their parents as hostile tend to use and abuse drugs. Baumrind's authoritative parenting is generally consistent with these findings. Thus, well-socialized children would be expected to have a lower incidence of psychopathology and exhibit lower levels of risk-taking behavior. It is, therefore, hypothesized that positive childhood parental relations are negatively related to risk-taking behavior.

Third, intrinsic and end-oriented religiosity are associated with better mental and physical health and low acceptance and exhibition of some risk-taking behaviors, such as substance abuse. Many risk-taking behaviors (e.g., substance abuse and physical violence) are associated with psychopathology. It is, therefore, hypothesized that a negative relationship exists regarding end-oriented religiosity and risk-taking behavior.

Fourth, the literature suggests that shame proneness can be converted into anger and hostility (Tangney et al., 1992) and can result in maladaptive behaviors. Frequently, anger and hostility results in violent behavior. Additionally, these emotions are often soothed by reliance on alcohol and other substances. Since shame proneness can lead to an individual feeling "smaller" than they think, they may engage in maladaptive risky behaviors to rebuild their "fallen" image. It is, therefore, hypothesized that shame-proneness is positively related to risk-taking behavior.

Finally, a model is proposed suggesting that perceptions of parenting are related to levels of risk-taking behavior via shame and guilt proneness and participant religiosity.

METHOD

This study used a correlational research design to examine the relationships between survey participants' perceptions of their relationships with their parents when they were children and certain religious, emotional, and behavioral variables (as traits, tendencies, or descriptors) they may currently possess. The specific variables studied were the participants' religious orientation, their proneness to shame or guilt, their perceptions of childhood relationship with their parents, and their current risk-taking behavior. These variables were then examined in terms of their interrelationships and models for prediction.

Participants

To ensure sufficient power (Cohen, 1992), data were collected from 174 young adults enrolled in an east coast university. Of these, 144 were enrolled in a course in introductory psychology and 30 were invited to participate who were specifically associated with religious organizations on campus. Students enrolled in introductory Psychology classes received credit for their research participation pursuant to each school's established procedures. The remaining participants were informed they would be entered in a cash prize drawing. Seventy-nine participants (45.4%) were males, and 95 (54.6%) were female.[2] The participants' mean age was 18.83 years, and 83.2% were either 18 or 19 years old. Freshmen and sophomores represented 85.6% of the sample (Tables 1 - 2). Caucasians represented 78.2% of the sample, African Americans 6.9%, Eastern Asians 6.1%, and Hispanics 1.7%.

Table 1

Frequencies for Age of All Participants

AGE			
Age	Freq.	Percent	Cumulative
18	77	44.5	44.5
19	67	38.7	83.2
20	18	10.4	93.6
21	8	4.6	98.3
22	2	1.2	99.4
26	1	.6	100.0
Total	173	100.0	100.0

Table 2

Frequencies for Class of All Participants

CLASS			
Class	Freq.	Percent	Cumulative
Freshmen	84	48.3	48.3
Sophomores	65	37.4	85.6
Juniors	16	9.2	94.8
Seniors +	9	5.2	100.0
Total	174	100.0	100.0

Table 3

Frequencies for Race for All Participants and by Gender

Race	Males	Females	Freq.	Percent	Cumulative
Hispanic	3	0	3	1.7	1.7
African American	5	7	12	6.9	8.6
Eastern Asian/ Pacific Islander	3	8	11	6.3	14.9
Caucasian	62	74	136	78.2	93.1
Other	6	6	12	6.9	100.0

Participants who classified themselves racially as "Other" consisted of 6.9% of the sample (Table 3). Of all participants, 41.4% indicated they belong to mainline protestant denominations (e.g., Methodist, Baptist, Episcopalian), 19.5% Catholic, 8.6% Evangelical Christians, and 4.0% Charismatic or Pentecostal. Twenty-four (13.8%) reported they were atheists or agnostics, and eleven (6.3%) reported "other" as the religious description.[3] An additional eleven participants marked other religious affiliations: Muslim (2), Hindu (2), Buddhist (2), Reform Jew (3), Eastern (1), and New Age (1) (Table 4).

Materials and Procedures

The following pencil and paper measures were used to operationalize independent and/or dependent variables:

Test of Self-Conscious Affect (TOSCA; Tangney, Wagner, & Gramzow, 1989). The TOSCA is a self-report measure of shame-proneness and guilt proneness, comprised of ten negatively and five ostensibly positively valanced scenarios (e.g., "You wake up early one Saturday morning. It is cold and rainy outside.") Most of the scenarios are accompanied by four possible responses, and some are accompanied by five. Participants were asked to rate, on a scale of one ("not likely") to five ("very likely"), how likely they would be to respond in each possible way (e.g., "You would feel disappointed that it is raining."). Responses were scored based on the scoring framework developed by Tangney et al. (1989). Of the five scales, only two will be calculated and analyzed here: the shame proneness scale and the guilt proneness scale.

Table 4
Frequencies for Religious Interest and Preference of All Participants

RELIGIOUS INTEREST

Value	Freq.	Percent	Cumulative
1	7	4.1	4.1
2	10	5.8	9.9
3	5	2.9	12.9
4	5	2.9	15.8
4.5	43	25.1	40.9
5	10	5.8	46.8
6	16	9.4	56.1
7	24	14.0	70.2
8	22	12.9	83.0
9	29	17.0	100.0
Total	171	100.0	100.0

Table 4 Continued

RELIGIOUS PREFERENCE

Religion	Freq.	Percent	Cumulative
Atheist/Agnostic	24	13.8	13.8
Catholic	33	19.0	32.8
Charismatic/ Pentecostal Christian	7	4.0	36.8
Evangelical Christian	13	7.5	44.3
Mainline Protestant Christian	56	32.2	76.4
Muslim	2	1.1	77.6
New Age/ New Consciousness	1	.6	78.2
Hindu	2	1.1	79.3
Buddhist	2	1.1	80.5
Other Eastern Religion	1	.6	81.0
Reform Jewish	3	1.7	82.8
Other	30	17.2	100.0
Total	174	100.0	100.0

The other three scales are the alpha-pride scale, the embarrassment scale, and the detachment scale.

With respect to reliability, internal consistency (using Cronbach's alpha) on the shame proneness scale of the TOSCA in a recent cross-sectional developmental study (Tangney, Wagner, Barlow, Marschall, & Gramzow, 1996) was .74 for adults and college students. Internal consistency on the guilt proneness scale of the TOSCA was .61 for adults and .69 for college students. According to Tangney (1996), these levels are acceptable because the internal consistency of scenario-based measures is underestimated by the alpha coefficient as a result of "situation variance," that is, the unique variance introduced by each item's own scenario. Test-retest reliability was understandably higher. Over a three to five week period of time, college student score stabilities for the shame proneness scale of the TOSCA were .85 (Tangney, Wagner, Fletcher, & Gramzow, 1992). Test-retest reliability for the guilt proneness scale of the TOSCA was .74.

Reliability of the TOSCA shame proneness ($\alpha = .73$) and guilt proneness ($\alpha = .71$) scales from this sample were consistent with that from previous studies using college students (Tangney, Wagner, Barlow, Marschall, & Gramzow, 1996). Tangney and her colleagues found a correlation between shame and guilt proneness of .42 for college students, whereas in this study, the correlation was only .35 ($p < .001$). Table 5 lists the means and other descriptive data for this sample's responses to the TOSCA. As indicated below, females had higher means than males on both shame proneness

and guilt proneness scales. Figures 1 and 2 show the distribution of shame proneness and guilt proneness scores.

Marlowe-Crowne Social Desirability Scale - Form C (MCSDS-C; Reynolds, 1982). The Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) was developed in 1960 to measure the tendency to deceive others in self-report or to present oneself in an overly positive light ("I am always courteous, even to people who are disagreeable."). The original scale is comprised of 33 items, to which participants answer "true" or "false." The commonly used 13-item short form of the scale was administered to measure the participant's tendency to respond in a socially desirable manner (Ballard, 1992; Reynolds, 1982; Robinette, 1991). Reynolds (1982) reported that the internal reliability of the 13-item short form was acceptable. Although ten of these items measure avoidance, caution still must be used in interpreting the meaning of the scale since in no study of the scale has the total variance accounted for by the major component exceeded 16% (Ballard, 1992). Participants in this sample obtained a mean score of 5.29 with a standard deviation of 3.02 on the MCSDS-C. Scoring was based on scoring reported by Ballard and Crino (1988).

Religious Life Inventory (RLI; Batson, Schoenrade & Ventis, 1993). The RLI seeks to measure three independent dimensions of an individual's religious orientation: religion as means, religion as end, and religion as quest. It is administered in three parts. The first part is comprised of a nine item Internal scale, a six item External scale, the twelve item Quest scale, and seven unscored buffer items. The

Table 5
TOSCA Means, Standard Deviation, and Variance

Variable	N	Mean	Std Dev	Minimum	Maximum
SHAME	170	2.88	.57	1.33	4.47
Males	77	2.76	.60	1.33	4.47
Females	93	2.99	.52	1.80	4.40
GUILT	169	3.98	.45	2.53	5.00
Males	75	3.82	.48	2.53	5.00
Females	94	4.11	.37	3.20	4.87

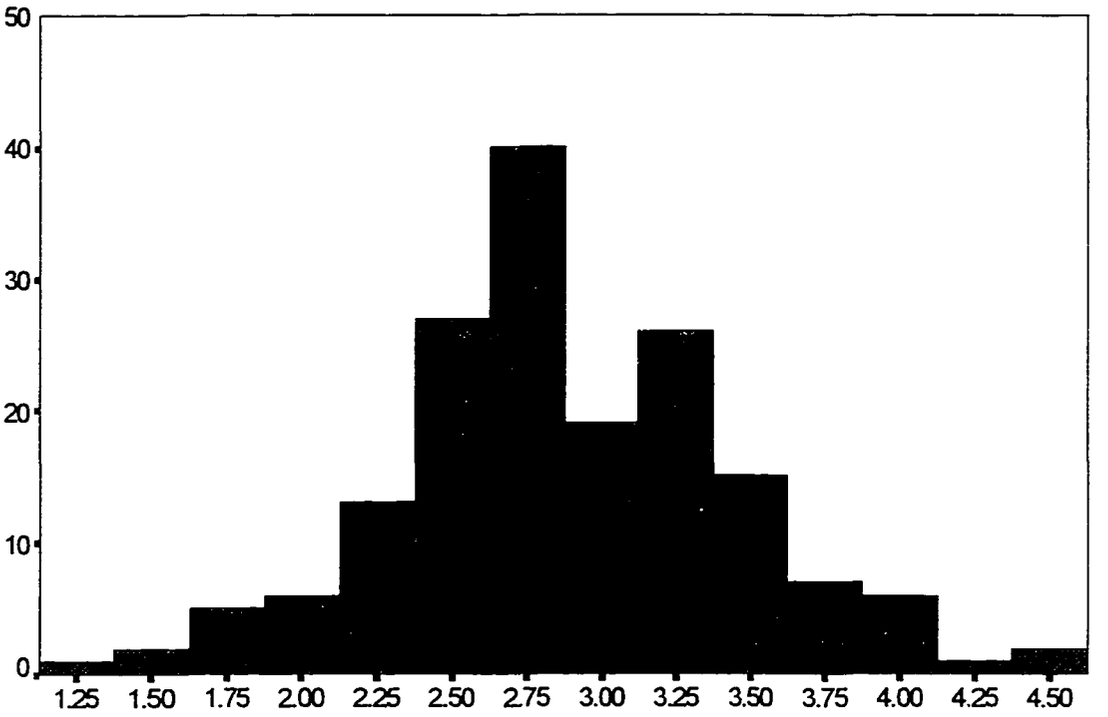

Figure 1. Histogram of TOSCA shame-proneness for all participants.

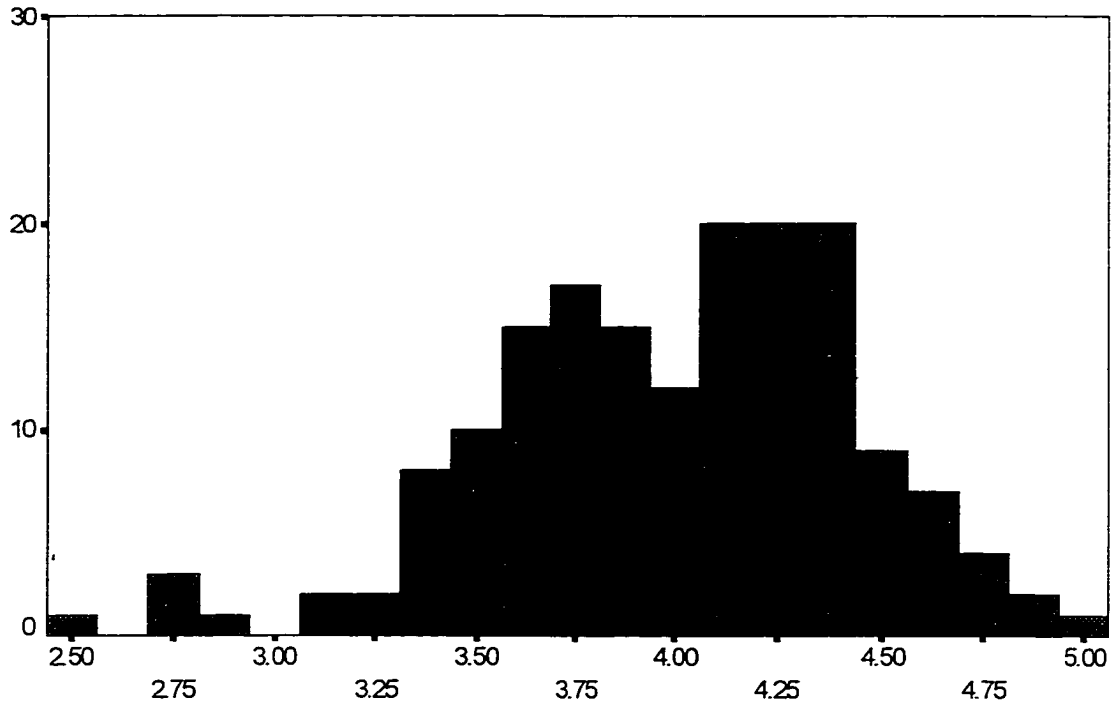

Figure 2. Histogram of TOSCA guilt-proneness for all participants.

second part is comprised of twenty items from the Religious Orientation Scale (Allport & Ross, 1967) and eleven unscored buffer items. The third part consists of the twelve-item Doctrinal Orthodoxy scale.

The Religious Orientation Scale (Allport & Ross, 1967) seeks to measure intrinsic ("My religious beliefs are what really lie behind my whole approach to life") and extrinsic ("The purpose of prayer is to secure a happy and peaceful life") religiosity. The nine item Internal scale ("God's will should shape my life") seeks to measure the degree to which an individual's religion is a result of internal needs for certainty, strength, and direction (Batson, Schoenrade & Ventis, 1993). The six item External scale ("My religion serves to satisfy needs for fellowship and security") seeks to measure the degree to which one's external social environment influences one's personal religion. The twelve item Quest scale ("As I grow and change, I expect my religion to grow and change") seeks to measure an open-ended questioning search for truth. An earlier version of the RLI was presented by Batson and Ventis (1982) using a six-item scale for measuring religion as Quest. The seven unscored buffer items consist of statements such as, "Worldly events cannot affect the eternal truths of my religion." The twelve item Doctrinal Orthodoxy scale ("I believe Jesus Christ is the divine Son of God") seeks to measure the respondent's Christian orthodoxy. Participants were asked to rate each statement on a nine point scale from strongly disagree (1) to strongly agree (9).

Batson, Schoenrade, and Ventis (1993) reported that data collected from these six scales were analyzed using principal components factor analysis and a varimax

rotation resulting in an orthogonal solution (i.e., the components were ultimately uncorrelated with each other). The analysis identified three independent factors--religion as means, religion as end, and religion as quest. Cronbach's alpha coefficients for internal consistency for the six scales ranged from .72 for the Extrinsic scale to .91 for the Orthodoxy scale. Additionally, the scales appear to meet adequate standards for validity. For example, the authors report that students belonging to evangelical Christian organizations were expected to and did score higher as a group on the end dimension than did students who belonged to a social organization. Also, the Quest scale successfully differentiated ($p < .001$) a group of students participating in a nontraditional searching Christian group from a group participating in a traditional Bible study group.

The data produced by this sample (6 - 8) were consistent with data obtained in earlier studies reported by Batson, Schoenrade, and Ventis (1993). Moreover, this sample also produced factors with similar factor loadings (Table 9) when comparisons were made with data from Batson et al. (1993).

Clarke Parent-Child Relations Questionnaire (CPCRQ; Paitich & Langevin, 1976). The CPCRQ appears to measure a participant's perception of each parent's expressive affection toward the participant, strictness and aggression toward the participant, aggression toward the other parent, and parental competence. It consists of 126 items in 16 scales: mother/father aggression toward participant (2 scales), mother/father competence (2), mother/father affection (2), mother/father strictness (2), mother/father identification (2), mother/father indulgence (2), father's

Table 6
RLI Intercorrelations of 149 Participants Interested in Religion[a]

Scales	Extrinsic	Internal	Intrinsic	Orthodox	Quest
External	-.2314	.7168	.7379	.6781	-.2099
Extrinsic		-.3728	-.3923	-.3021	.2401
Internal			.7848	.7410	-.2027
Intrinsic				.6610	-.1897
Orthodox					-.2708

[a] All correlations are statistically significant at $\alpha < .05$

Table 7
Intercorrelations of RLI for All Participants

Variable (N)	RLI Scales						RLI Orientation		
	Extrinsic	Intrinsic	External	Internal	Quest	Orthodox	MEANS	END	QUEST
Rel. Interest	-.086 (171)	.656 (170)	.554 (171)	.698 (171)	-.026 (171)	.589 (170)	-.070 (170)	.675 (170)	.048 (170)
Extrinsic		-.188[a] (173)	-.059 (174)	-.147 (174)	.226[a] (174)	-.116 (173)	.987[a] (173)	-.079 (173)	.132 (173)
Intrinsic			.809[a] (173)	.849[a] (173)	-.091 (173)	.769[a] (173)	-.131 (173)	.924[a] (173)	-.001 (173)
External				.793[a] (174)	-.126 (174)	.757[a] (173)	.021 (173)	.911[a] (173)	-.062 (173)
Internal					-.114 (174)	.833[a] (173)	-.100 (173)	.937[a] (173)	-.023 (173)
Quest						-.151[a] (173)	.131 (173)	-.066 (173)	.988[a] (173)
Orthodox							-.024 (173)	.906[a] (173)	-.103 (173)

[a] $\alpha < .05$

Table 8
RLI Means and Other Descriptive Data for All Participants and Participants Interested in Religion

All Participants

Variable	N	Mean	S.D.	Variance	Min.	Max.
Religious Interest	171	5.89	2.27	5.16	1.00	9.00
RLI Scales						
Extrinsic	174	3.86	1.19	1.42	1.00	6.82
Intrinsic	173	5.59	1.95	3.80	1.00	9.00
External	174	5.77	1.88	3.54	1.00	8.83
Internal	174	6.20	2.08	4.34	1.00	9.00
Quest	174	5.25	1.36	1.84	2.42	8.67
Orthodoxy	173	6.68	2.33	5.44	1.00	9.00
RLI Orientations						
End	173	.00	1.00	1.00	-2.65748	1.49864
Means	173	.00	1.00	1.00	-2.54115	2.51336
Quest	173	.00	1.00	1.00	-2.30443	2.67059

Table 8 Continued

Participants interested in Religion

Variable	N	Mean	S. D.	Variance	Min.	Max.
Religious Interest	149	6.47	1.78	3.15	4.00	9.00
RLI Scales						
Extrinsic	149	3.92	1.18	1.39	1.45	6.82
Intrinsic	149	6.03	1.61	2.60	1.89	9.00
External	149	6.18	1.63	2.65	2.17	8.83
Internal	149	6.76	1.61	2.60	1.56	9.00
Quest	149	5.25	1.36	1.85	2.42	8.67
Orthodoxy	149	7.21	1.94	3.76	1.67	9.00
RLI Orientations						
End	149	.00	1.00	1.00	-3.124	1.617
Means	149	.00	1.00	1.00	-2.192	2.654
Quest	149	.00	1.00	1.00	-2.159	2.550

Table 9
RLI Varimax Rotated Factor Component Loadings of Six RLI Scales for 149 Participants Interested in Religion

	Orientations		
Scales	End	Means	Quest
External	.89109	-.00992	-.09818
Extrinsic	-.19461	.96761	.11673
Intrinsic	.86522	-.26026	-.02794
External	.89109	-.00992	-.09818
Internal	.88590	-.22332	-.05689
Quest	-.12652	.11006	.98270
Orthodox	.84209	-.10489	-.19063

aggression toward mother (1), mother's aggression toward father (1), and participant's aggression toward mother/father (2). It is intended for adult use to measure adult perceptions of their childhood relations with their parents. Crouch and Neilson (1989) also used the CPCRQ. However, their version consisted of 18 scales (two additional scales regarding the participant's denial of mother's faults and participant's denial of father's faults) comprised of 130 items. Test-retest reliability coefficients range from .64 to .84, with the exception of the participant's aggression to mother (.43) and mother's strictness (.46) (Paitich & Langevin, 1976). They also found adequate convergent and discriminant validity. The authors note that the indulgence scales lacked internal consistency. In this study, Cronbach's alpha was .54 and split-half reliability of .56 for mother's overindulgence and .61 and .61 for father's overindulgence.

A comparison between data from this sample (Table 10) and earlier samples collected by Paitich and Langevin (1976) and Couch and Neilson (1989) reveals similarities and disparities. Intercorrelations on the eight variables are similar between this sample and the 1976 sample on 18 intercorrelations (i.e., differ by less than .1, provided they are correlated positively), differ on ten, and are in the same direction on all but five (Paitich & Langevin 1976). Means in the current sample are substantially larger than those in the 1976 sample. However, the means, as well as the standard deviations, are substantially similar to data from the 1989 sample. Most notably, a rough comparison, by gender, between raw scores and percentiles for this sample and data on over 1000 respondents who have answered the CPCRQ (R. Langevin,

personal communication, November 5, 1997) suggests remarkable similarity in scoring.

Cognitive Appraisal of Risky Events Questionnaire, Past Frequency Scale (CARE-PF; Fromme, Katz, & Rivet, 1997). This questionnaire inquires into the participant's recent past risky behavior. It asks the participant to state the number of times in the past six months s/he has engaged in each of 30 activities (e.g., "Drank alcohol too quickly," "Disturbed the peace," "Rock or mountain climbed," "Sex without protection against pregnancy"). The authors (K. Fromme, personal communication, May , 1998) found that the 30 activities, using exploratory and confirmatory factor analysis, reflect six factors: "Illicit Drug Use, Aggressive and Illegal Behaviors, Risky Sexual Activities, Heavy Drinking, High Risk Sports, and Academic or Work Behaviors." With respect to the frequency of involvement, Cronbach's alpha coefficients for factors one through six, as ordered above, are as follows: Illicit Drug Use (.80), Aggressive and Illegal Behaviors (.85), Risky Sexual Activities (.76), Heavy Drinking (.83), High Risk Sports (.63), and Academic or Work Behaviors (.86). The total scale alpha coefficient is .89.

Internal reliability on the four scales used was examined for this sample. Similar alpha coefficients were noted for the heavy drinking scale (.77) and the illicit drug use scale (.72). However, troublesomely low alpha coefficients were obtained for the risky sexual activities (.17) and aggressive and illegal behavior (.10) scales. The standardized item alpha coefficient was only .47 for risky sexual activities but .73 for aggressive and illegal behaviors. Table 11 contains descriptive data for the four pertinent CARE-PF scales.

Table 10
Descriptive Statistics and Correlation Matrix of Eight CPCPRQ Scales for All Participants

Descriptive Statistics

Scales	Mean	Std Dev	Variance	Minimum	Maximum
Father's					
Affection	8.78	3.08	9.50	1.00	12.00
Overindulgence	2.29	2.18	4.74	.00	8.00
Strictness	4.44	2.32	5.40	1.00	10.00
Aggression	4.47	3.86	14.89	.00	17.00
Scales	Mean	Std Dev	Variance	Minimum	Maximum
Mother's					
Affection	10.34	2.28	5.20	.00	12.00
Overindulgence	2.74	2.20	4.85	.00	8.00
Strictness	4.52	2.78	7.75	.00	12.00
Aggression	4.64	4.49	20.18	.00	19.00

Table 10 Continued

Correlation Matrix

	Father's				Mother's		
Scales	Affection	Aggression	Over-indulgence	Strictness	Affection	Aggression	Over-indulgence
Father's							
Aggression	-.586						
Over-indulgence	.127	-.082					
Strictness	-.188	.558	-.087				
Mother's							
Affection	.107	-.084	-.192	-.147			
Aggression	-.042	.095	.214	.107	-.726		
Over-indulgence	-.146	.105	.489	-.052	.082	.071	
Strictness	-.069	-.022	.145	.208	-.468	.618	.012

Table 11
Descriptive Data for Four Risky Behavior Scales of CARE-PF for All Participants

Variable	N	Mean	Std Dev	Var.	Min	Max	Skewness
Risky Sex	174	2.99	9.52	90.56	0	105	7.904
Illicit Drug Use	173	3.66	18.00	323.93	0	176	7.288
Heavy Drinking	174	11.09	21.04	442.47	0	135	2.910
Aggressive Behavior	174	16.01	80.13	6420.16	0	1045	12.408

Participant Demographics Questionnaire (PDQ). This questionnaire consists of inquiries regarding the participant's age, race, religious preference, income level, relationship status, class (Freshman, Sophomore, Junior, or Senior), and the number of psychology courses the participant has taken. It also inquires into the participant's grades and activities in high school and his/her arrests and convictions.

Administration

Participants were informed at the beginning of the session of the basic purpose of the study — to study the relationship between their childhood parental relationships and current tendencies and trends in emotions and behaviors. They were also informed that, although nothing in the study was expected to cause emotional upset or turmoil, referrals to counselors would be provided if they experienced difficulties. The questionnaires were administered in booklet form in one session. They were administered in two orders during the session. Thus, there were two versions of the booklet, and each participant received one version of the booklet. An effort was made to ensure that an equal number of each gender received each version of the booklet.

The booklets also contained "INSTRUCTIONS" to the participants explaining how to complete the booklets. Following the instructions in the booklets were the questionnaires. Questionnaires were provided in two orders since an order effect has been noted for the TOSCA (Pulakos, 1996). One version had the participants completing the questionnaires in the following order: the TOSCA, the Marlowe-Crowne, the RLI, the CPCRQ, the CARE-PF, and the PDQ. The other version had the participants completing the questionnaires in the following order: the PDQ, the

Marlowe-Crowne, the RLI, the CPCRQ, the CARE-PF, and the TOSCA. It was estimated that the session would take between 45 minutes and one hour and 20 minutes once the booklets were passed out. In actuality, nearly all participants completed the questionnaires in 20 to 50 minutes, and only one participant took the maximum time estimated to complete the questionnaires.

RESULTS[4]

Demographic Differences and Other Statistical Effects

Gender differences were noted in several areas. Using t-tests for independent samples and excluding outliers at least three standard deviations from the mean, males engaged significantly more in only one of the four classes of risk-taking behavior than females: heavy drinking (Table 12).

Males are less interested in religion than are females (Table 13). Females obtained higher scores on TOSCA shame and guilt (Table 14). Females perceived their fathers as more overindulgent toward them during childhood than did the males in the sample. Males perceived their mothers as significantly more affectionate and less aggressive toward them during childhood than did the females in the sample (Table 15).

Racial differences were investigated. Race effects were noted only with respect to RLI end and means orientation. African Americans were significantly more end-oriented than were eastern Asians/Pacific Islanders and more means-oriented than both Caucasians and those who identified themselves as "others" (Table 16).

Differences were also noted related to perceived participant current relative financial status. Participants who viewed themselves as financially less secure now than when they were children view their fathers as significantly less affectionate, $F(2,171) = 3.39$, $p = .036$, and more aggressive, $F(2,171) = 4.01$, $p = .02$, toward them than do participants who view themselves as financially the same.

Table 12
Gender Effects on Four Classes of Risky Behavior[a]

CARE-PF Scale	Males Mean/S.D. (N)	Females Mean/S.D. (N)	Levene's Test for Eq. Of Var.	df	t value	2-Tailed Significance
Drug Use	1.69/5.1 (74)	0.77/3.4 (95)	F=3.8., p=.053	167	1.41	.161
Heavy Drinking	10.8/16.0 (73)	6.12/11.9 (95)	F=8.9, p=.003	128.1	2.07	.040
Risky Sex	2.79/5.1 (77)	1.68/4.2 (95)	F=3.3, p=.071	170	1.56	.121
Aggressive Behavior	12.3/19.5 (78)	8.23/12.99 (95)	F=2.9. p=.089	171	1.64	.117

[a] Outliers who were more than three standard deviations from the mean were excluded.

Table 13
Gender Effects on Participant Interest in Religion and RLI Religious Dimensions

RLI Variable	Males Mean/S.D. (N)	Females Mean/S.D. (N)	Levene's Test for Eq. of Var.	df	t value	2-Tailed Significance
Interest in Religion	5.44/2.38 (76)	6.23/2.13 (95)	$F = 1.2$, $p = .276$	169	-2.29	.024
RLI End Oriented	-.148/1.05 (62)	.105/.96 (87)	$F = 1.5$, $p = .227$	147	-1.53	.128
RLI Means Oriented	-.046/1.06 (62)	.032.96 (87)	$F = .65$, $p = .421$	147	-.47	.640
RLI Quest Oriented	.024/1.05 (62)	-.02/.97 (87)	$F = .04$, $p = .844$	147	.25	.804

Table 14
Gender Effects on TOSCA Shame and Guilt

Scale	Males Mean/S.D. (N)	Females Mean/S.D. (N)	Levene's Test for Eq. Of Var.	df	t value	2-Tailed Significance
Guilt	3.82/.48 (75)	4.11/.37 (94)	F=3.5, p=.062	167	-4.46	.000
Shame	2.76/.59 (77)	2.99/.52 (93)	F=1.6, p=.204	168	-2.63	.010

Table 15
Gender Effects on Perceptions of Parenting

Scale	Males Mean/S.D. (N)	Females Mean/S.D. (N)	Levene's Test for Eq. Of Var.	df	t value	2-Tailed Significance
Father's affection	8.6/2.92 (79)	8.9/3.22 (95)	F = .93, p = .337	172	-.61	.545
Mother's affection	10.7/1.7 (79)	10.0/2.6 (95)	F = 9.28, p = .003	171	2.07	.040
Father's strictness	4.6/2.20 (79)	4.3/2.42 (95)	F = .51, p = . 478	172	.95	.344
Mother's strictness	4.5/2.51 (79)	4.6/3.01 (95)	F = 1.48, p = .226	172	-.16	.876
Father's aggression	4.4/3.75 (79)	4.5/3.97 (95)	F = .145, p = .704	172	-.09	.930
Mother's aggression	4.1/3.83 (79)	5.1/4.94 (95)	F = 7.94, p = .005	171	-1.63	.104
Father's over-indulgence	1.9/2.01 (79)	2.6/2.28 (95)	F = 3.65, p = .058	172	-2.03	.044
Mother's over-indulgence	2.9/2.25 (79)	2.6/2.16 (95)	F = .014, p = .905	172	1.00	.335

Table 16
Race Effects on Religious Orientation

RLI End Orientation					
Source	df	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	4	14.293	3.573	3.848	.0053
Within Groups	144	133.701	.929		
Total	148	148.000			

RLI Means Orientation					
Source	df	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	4	19.832	4.958	5.571	.0003
Within Groups	144	128.168	.890		
Total	148	148.000			

Table 17
Order Effects for all Participants

Variable	Order 1 Mean/S.D. (N)	Order 2 Mean/S.D. (N)	Levene's Test for Eq. Of Var.	df	t value	2-Tailed Significance
Interest in Religion	5.45/2.29 (86)	6.32/2.18 (85)	F = 1.37 p = .711	169	-2.54	.012
Mother's Strictness	4.96/2.95 (89)	4.06/2.54 (85)	F = 1.40 p = .238	172	2.14	.033

Table 18
Age Effects on Religious Interest for all Participants

Source	df	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	5	53.444	10.689	2.140	.0632[a]
Within Groups	165	824.089	4.994		
Total	170	877.526			

[a] Statistical significance at $\alpha = .05$ using Bonferroni Modified Least Significant Difference test. Nineteen year-old participants (mean = 5.61) differ significantly from 21 year-olds (mean = 8.29) for religious interest. No other age groups differed significantly.

Order effects were noted for participant level of interest in religion (Order 2 higher) and for maternal strictness toward participant (Order 1 higher) (Table 17). Order effects were expected for TOSCA shame and guilt, but were not found. Age differences were found for level of religious interest, with 19 year-olds being more interested than 21 year-olds (Table 18).

The MCSDS-C was found to be correlated with several variables. These included inverse relationships with the RLI Quest scale and Quest orientation, TOSCA shame, heavy drinking behavior, paternal aggression toward the participant, and maternal strictness and aggression toward the participant. Direct relationships were found with TOSCA guilt, heavy drinking behavior, maternal affection (Table 19).

Hypotheses

Hypothesis One: Shame Proneness and Perceived Parental Relations. The first hypothesis was that shame proneness is significantly negatively related to positive childhood parental relations, or relations indicative of loving control. Additionally, no significant statistical relationship was expected between guilt proneness and childhood parental relations.

Using Pearson's Correlation Coefficient to analyze the data, maternal aggression toward the child, $r\ (170) = .23, p < .002$, and paternal aggression toward the child, $r\ (170) = .16, p < .035$, are significantly related to participant shame proneness. When

Table 19

Correlations for Marlowe-Crowne Social Desirability Scale-Form C for all Participants

	RLI Scales							RLI Orientation		
	Rel. Interest	Extrinsic	Intrinsic	External	Internal	Quest	Orthodox	MEANS	END	QUEST
MCSDS-C [a]	.0917	.0415	.0806	.1008	.1163	-.2007[c]	.0719	.0064	-.0158	-.2215[c]
(N)	(170)	(173)	(173)	(173)	(173)	(173)	(173)	(149)	(149)	(149)

	Father's			
	Affection	Aggression	Overindulgence	Strictness
(N = 173)	.1207	-.1507[b]	.0625	-.0882

	Mother's			
	Affection	Aggression	Overindulgence	Strictness
(N = 173)	.2043[c]	-.2047[c]	.0113	-.1520[b]

TOSCA		Aggressive	Illicit	Heavy	Risky Sexual
Guilt	Shame	Behavior	Drug Use	Drinking	Behavior
.1639[b]	-.1848[b]	-.1487	-.1176	.1975[b]	-.0464
(169)	(169)	(173)	(172)	(173)	(173)

[a] Marlowe-Crowne Social Desirability Scale (Short Form C)

[b] $\alpha < .05$

[c] $\alpha < .01$

analyzed by gender, maternal overindulgence, r (77) = .22, p = .05, and maternal aggression toward the child, r (77) = .39, $p < .001$, are significantly related to male shame proneness. Only paternal aggression toward the child, r (93) = .23, $p < .024$, was significantly related to female shame proneness. No significant relationships existed between parenting variables and guilt proneness.

Using a multiple regression analysis, backward method with pairwise deletion, the eight parenting (independent) variables were entered into a regression equation seeking to predict shame proneness (the dependent variable). The best model appears to suggest that three variables, paternal and maternal overindulgence and maternal aggressiveness toward the child, predict shame proneness (Table 20). When analyzed by gender, the same three parenting variables predict male shame proneness (Table 21). However, paternal aggression toward the child appears to be the best predictor of shame proneness in females (Table 22). As hypothesized, none of the parenting variables predict guilt proneness for all participants. However, when analyzed by gender, maternal affection and aggression toward the child predict guilt proneness for males (Table 23).

Hypothesis Two: Perceived Parental Relations and Risk-Taking. It was hypothesized that positive childhood parental relations are negatively related to risk-taking behavior. The Pearson Product-Moment Correlation Coefficient was used to analyze the relationship between these variables. No parental variables were significantly correlated with risky behaviors for all participants (Table 24). When analyzed by gender, however, perception of paternal aggression toward the child was

Table 20
Parental Factors and Shame Proneness

Analysis of Variance

Source	df	Sum of Squares	Mean Square	F Ratio	F Prob.
Regression	3	5.314	1.771	6.022	.0006
Residual	166	48.826	.294		

Variables in the Equation

Variable	B	SE B	Beta	T	Sig. T
Father's Overindulgence	-.053	.0225	-.203	-2.354	.0198
Mother's Aggression	.0331	.0095	.263	3.479	.0006
Mother's Overindulgence	.055	.0217	.212	2.508	.0131
(Constant)	2.701	.0783		34.507	.0000

Multiple R	.3133
R^2	.0982
Adjusted R^2	.0819
Standard Error	.5423

Table 21
Parental Factors and Shame Proneness - Males

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F Ratio	F Prob.
Regression	3	6.469	2.156	7.625	.0002
Residual	73	20.643	.283		

Variables in the Equation

Variable	B	SE B	Beta	T	Sig. T
Father's Overindulgence	-.1017	.0384	-.341	-2.646	.0100
Mother's Aggression	.0574	.0165	.368	3.476	.0009
Mother's Overindulgence	.0895	.0347	.337	2.580	.0119
(Constant)	2.46	.1097		22.416	.0000

Multiple R	.4885
R^2	.2386
Adjusted R^2	.2073
Standard Error	.5318

Table 22
Parental Factors and Shame Proneness - Females

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F Ratio	F Prob.
Regression	1	1.356	1.356	5.251	.0242
Residual	91	23.485	.258		

Variables in the Equation

Variable	B	SE B	Beta	T	Sig. T
Father's Aggression	.0306	.0133	.2336	2.292	.0242
(Constant)	2.849	.0794		35.845	.0000

Multiple R	.2336
R^2	.0546
Adjusted R^2	.0442
Standard Error	.508

Table 23
Parental Factors and Guilt Proneness - Males

Analysis of Variance

Source	df	Sum of Squares	Mean Squares	F Ratio	F Prob.
Regression	2	1.542	.771	3.557	.0336
Residual	72	15.608	.217		

Variables in the equation

Variable	B	SE B	Beta	T	Sig. T
Maternal Affection	.0965	.0378	.3602	2.555	.0127
Maternal Aggression	.0382	.0177	.3035	2.152	.0347
(Constant)	2.633	.4549		5.788	.0000

Multiple R	.2999
R^2	.0899
Adjusted R^2	.0646
Standard Error	.4656

Table 24

Correlation between Parenting Variables and Risky Behaviors for all Participants[a]

Variable	Aggressive Behavior (N)	Drug Use (N)	Heavy Drinking (N)	Risky Sexual Behavior (N)
Father's				
Affection	.0173 (174)	-.0645 (173)	-.0467 (174)	.0390 (174)
Aggression	.0017 (174)	.0156 (173)	.0910 (174)	.0588 (174)
Overindulgence	-.0327 (174)	-.0167 (173)	.0154 (174)	.0280 (174)
Strictness	.1169 (174)	.0283 (173)	.0730 (174)	-.0260 (174)
Mother's				
Affection	-.0101 (174)	-.0517 (173)	.0205 (174)	.0433 (174)
Aggression	.0435 (174)	.0274 (173)	-.0224 (174)	.0348 (174)
Overindulgence	-.0109 (174)	.0457 (173)	.1262 (174)	.0774 (174)
Strictness	.0333 (174)	.0768 (173)	.1461 (174)	-.0374 (174)

[a] No statistically significant relationships were noted at $\alpha < .05$.

significantly directly correlated with female aggressive behavior and female risky sexual behavior. Perception of paternal overindulgence was significantly directly correlated with female risky sexual behavior. Paternal strictness was significantly directly correlated with female aggressive behavior, and perception of maternal aggression was significantly correlated with female aggressive behavior and female drug use (Table 25). No parental variables were significantly correlated with risky behaviors for male participants (Table 26).

Hypothesis Three: Religious Orientation and Risk-Taking. It was hypothesized that a negative relationship exists between end-oriented religiosity and risk-taking behavior. Pursuant to Batson, Schoenrade, and Ventis (1993), participants who were below the cut point of 4 on the religious interest question on the RLI were excluded.[5] The Pearson Product-Moment Correlation Coefficient was used to determine the relationship between the variables. Of the four risky behavior variables, all were correlated in a negative direction with end-oriented religiosity, but none were statistically significant (Table 27). A statistically significant relationship was found between means-orientation and heavy drinking, r (149) = .2324, p = .004. Notably, when the analysis was conducted for all participants, regardless of their religious interest, RLI-End was significantly negatively correlated with both heavy drinking, r (172) = -.2587, p = .001, and drug use, r (173) = -.2243, p = .003. Negative, though statistically nonsignificant, correlations still exist between RLI-End and aggressive behavior and risky sexual behavior.

Table 25
Correlation between Parenting Variables and Risky Behaviors for Female Participants

Variable (n=95)	Aggressive Behavior	Drug Use	Heavy Drinking	Risky Sexual Behavior
Father's				
Affection	-.0637	.0974	-.0812	-.0719
Aggression	.2701[b]	-.0142	.1699	.2149[a]
Over-indulgence	-.0910	.1255	-.0558	.2358[a]
Strictness	.2814[b]	.0131	.0813	.1068
Mother's				
Affection	-.0839	-.1844	.0545	-.0030
Aggression	.2202[a]	.2658[b]	.0372	.0598
Over-indulgence	.0508	-.0388	.1147	.1666
Strictness	.1727	.1786	.1432	-.0550

[a] signifies statistical significance at $p < .05$
[b] signifies statistical significance at $p < .01$

Table 26

Correlation between Parenting Variables and Risky Behaviors for Male Participants[a]

Variable	Aggressive Behavior (N)	Drug Use (N)	Heavy Drinking (N)	Risky Sexual Behavior (N)
Father's				
Affection	.0447 (79)	-.1017 (78)	-.0158 (79)	.1080 (79)
Aggression	-.0343 (79)	.0305 (78)	.0687 (79)	.0109 (79)
Overindulgence	-.0131 (79)	-.0070 (78)	.1343 (79)	-.0143 (79)
Strictness	.1327 (79)	.0246 (78)	.0513 (79)	-.1073 (79)
Mother's				
Affection	-.0341 (79)	-.1101 (78)	-.0808 (79)	.0429 (79)
Aggression	.0620 (79)	.0369 (78)	-.0080 (79)	.0698 (79)
Overindulgence	-.0355 (79)	.0521 (78)	.1206 (79)	.0415 (79)
Strictness	.0304 (79)	.1032 (78)	.1928 (79)	-.0378 (79)

[a] No statistically significant relationships were noted at $\alpha < .05$.

Table 27
Correlations between RLI End Orientation and Risky Behaviors for Participants Interested in Religion

Variable (N)	Correlation with RLI-End	*p* value
Aggressive Behavior (149)	-.0708	.391
Drug Use (148)	-.0870	.293
Heavy Drinking (149)	-.1188	.149
Risky Sexual Behavior (149)	-.0104	.899

Religious orientation was analyzed by gender. For males, means-orientation was significantly correlated with heavy drinking, r (62) = .2566, p = .044. For females, means-orientation was significantly correlated with heavy drinking, r (87) = .2708, p = .011, and illicit drug use, r (87) = .2110, p = .050. A trend existed between means-orientation and aggressive behavior, r (87) = .2018, p = .061. A trend existed regarding the relationship between end-orientation and heavy drinking, r (87) = -.205, p = .057. The negative correlations between end-oriented religiosity and each risky behavior, though not statistically significant, were stronger for females than for males.

Hypothesis Four: Shame Proneness and Risk-Taking. It was hypothesized that shame-proneness is positively related to risk-taking behavior. The Pearson Product-Moment Correlation Coefficient was used to determine the relationship between the variables. Table 28 shows the relationships between shame and guilt proneness and risk taking behaviors. No significant relationships were noted for all participants or when analyzing the data by gender or order. Moreover, no significant statistical relationships were noted when guilt was factored out. However, the relationships between guilt proneness and risky behaviors then were analyzed using Pearson Product-Moment Correlation Coefficient and also Partial correlations to factor out shame proneness (Table 29). For all participants, significant negative correlations were noted between guilt proneness and aggressive behavior, drug use, and heavy drinking. When considering gender, guilt proneness was significantly negatively correlated with male drug use and heavy drinking. For females, guilt

Table 28

Correlations between Shame Proneness, Guilt Proneness and Risky Behaviors

Variable Analyzed	Aggressive Behavior (N)	Illicit Drug Use (N)	Heavy Drinking (N)	Risky Sexual Behavior (N)
Shame	.0508 (170)	-.1461 (169)	-.1241 (170)	-.0295 (170)
Shame with Guilt Removed	-.0154 (162)	-.0664 (162)	-.0470 (162)	.0013 (162)
Guilt	-.1958[a] (169)	-.3183[b] (168)	-.3712[b] (169)	-.0942 (169)

[a] $\alpha < .05$

[b] $\alpha < .01$

Table 29
Correlations between Guilt Proneness and Risky Behaviors

Variable Analyzed	Aggressive Behavior (N)	Illicit Drug Use (N)	Heavy Drinking (N)	Risky Sexual Behavior (N)
All Participants	-.1958[a]	-.3183[b]	-.3712[b]	-.0942
	(169)	(168)	(169)	(169)
Male Gender	-.1175[a]	-.3665[b]	-.3787[b]	-.0530
	(75)	(74)	(75)	(75)
Female Gender	-.2377[a]	-.0360	-.2207[a]	-.0462
	(94)	(94)	(94)	(94)
Shame Proneness Factored Out All Participants	-.1053	-.2161[b]	-.2811[b]	-.0862
	(162)	(162)	(162)	(162)
Shame Proneness Factored Out Male Gender	.0345	-.2496[a]	-.2737[a]	-.0607
	(70)	(70)	(70)	(70)
Shame Proneness Factored Out Female Gender	-.2446[a]	-.0097	-.2015	-.0366
	(89)	(89)	(89)	(89)

[a] $\alpha < .05$
[b] $\alpha < .01$

proneness was significantly negatively correlated with aggressive behavior and heavy drinking.

Regression Models. Finally, models were proposed suggesting thatchildhood parental relationship is related to risk-taking behavior via shame and guilt proneness and religiosity. Using a multiple regression analysis, backward method with pairwise deletion, the shame and guilt proneness variables and the three religious dimension variables, end, means, and quest, were entered first seeking to predict each of the four risky behaviors. Then, the eight parenting (independent) variables were entered into a regression equation seeking to predict shame and guilt proneness and the three religious dimension variables. The results suggest models for the development of risky behaviors for all participants as follows: 1) perceptions of higher levels of maternal overindulgence predicted higher means-oriented religiosity, which together with lower guilt proneness predicted heavier drinking (Table 30); 2) perceptions of higher levels of maternal overindulgence predicted high means-oriented religiosity which predicted aggressive behavior (Table 31); and 3) though none of the parenting variables predicted guilt proneness, lower guilt proneness predicted more illicit drug use (Table 32). No models predicted risky sexual behavior. Informatively, however, a model did indicate that perceptions of high levels of maternal aggression predicted low end-oriented religiosity (Table 33).

Models were also developed by gender. Perceptions of higher levels of maternal overindulgence predicted higher means-oriented religiosity, which together with higher quest-oriented religiosity and lower guilt proneness predicted heavier drinking in males

(Table 34). Lower guilt proneness predicted higher aggressive behavior in females (Table 35), and higher means-oriented religiosity predicted heavier drinking in females (Table 36). There were no significant predictions of any other risky behaviors by gender. One model however, predicted male end-oriented religiosity through the combination of perceived high levels of paternal strictness and low levels of maternal aggression (Table 37). Another predicted female quest-oriented religiosity through perceived high levels of paternal aggression (Table 38).

Table 30
Multiple Regression Model Predicting Heavy Drinking

Analysis of Variance

	df	Sum of Squares	Mean Square	F	Signif. F
Regression	3	6439.432	2146.477	9.236	.0000
Residual	139	32304.106	232.4036		

Variables in the Equation

Variable	B	SE B	Beta	T	Signif. T
RLI Means	3.244	1.279	.1996	2.536	.0123
RLI Quest	2.304	1.275	.1412	1.807	.0730
Guilt Proneness	-12.086	3.089	-.3105	-3.912	.0001
(Constant)	56.881	12.456		4.567	.0000

Multiple R	.4077
R Square	.1662
Adjusted R Square	.1482
Standard Error	15.2448

Table 30 Continued

Analysis of Variance					
	df	Sum of Squares	Mean Square	F	Signif. F
Regression	1	8.188	8.1881	8.609	.0039
Residual	147	139.812	.9511		

Variables in the Equation					
Variable	B	SE B	Beta	T	Signif. T
Mother's Overindulgence	.108	.0367	.2352	2.934	.0039
(Constant)	-.287	.1263		-2.273	.0245

Multiple R	.2352
R Square	.0553
Adjusted R Square	.0489
Standard Error	.9752

Table 31
Multiple Regression Model Predicting Aggressive Behavior

Analysis of Variance

	df	Sum of Squares	Mean Square	F	Signif. F
Regression	1	960.506	960.506	5.0703	.0259
Residual	141	26710.613	189.437		

Variables in the Equation

Variable	B	SE B	Beta	T	Signif. T
RLI Means	2.559	1.137	.1863	2.252	.0259
(Constant)	9.188	1.151		7.982	.0000

Multiple R	.1863
R Square	.0347
Adjusted R Square	.0279
Standard Error	13.7636

Table 31 Continued

Analysis of Variance					
	df	Sum of Squares	Mean Square	F	Signif. F
Regression	1	8.188	8.1881	8.609	.0039
Residual	147	139.812	.9511		

Variables in the Equation					
Variable	B	SE B	Beta	T	Signif. T
Mother's	.108	.0367	.2352	2.934	.0039
Overindulgence					
(Constant)	-.287	.1263		-2.273	.0245

Multiple R	.2352
R Square	.0553
Adjusted R Square	.0489
Standard Error	.9752

Table 32
Multiple Regression Model Predicting Illicit Drug Use

Analysis of Variance

	df	Sum of Squares	Mean Square	F	Signif. F
Regression	2	897.579	448.790	3.3368	.0384
Residual	139	18695.012	134.196		

Variables in the Equation

Variable	B	SE B	Beta	T	Signif. T
RLI Quest	1.624	.9700	.1399	1.6742	.0963
Guilt Proneness	-5.018	2.3132	-.1813	-2.169	.0318
(Constant)	22.258	9.3272		2.386	.0184

Multiple R	.2140
R Square	.0458
Adjusted R Square	.0321
Standard Error	11.5973

Table 33
Multiple Regression Model Predicting End-oriented Religiosity

Analysis of Variance

	df	Sum of Squares	Mean Square	F	Signif. F
Regression	1	6.659	6.659	6.9258	.0094
Residual	147	141.341	.9615		

Variables in the Equation

Variable	B	SE B	Beta	T	Signif. T
Maternal Aggression	-.0459	.0174	-.2121	-2.632	.0094
(Constant)	.2297	.1186		1.937	.0547

Multiple R	.2121
R Square	.0450
Adjusted R Square	.0385
Standard Error	.9806

Table 34
Multiple Regression Model Predicting Male Heavy Drinking

Analysis of Variance

	df	Sum of Squares	Mean Square	F	Signif. F
Regression	3	6379.090	2126.363	5.5996	.0020
Residual	55	20885.317	379.733		

Variables in the Equation

Variable	B	SE B	Beta	T	Signif. T
RLI Means	5.500	2.399	.2763	2.293	.0257
RLI Quest	5.014	2.439	.2471	2.064	.0437
Guilt Proneness	-15.124	5.572	-.3248	-2.714	.0089
(Constant)	70.946	21.630		3.280	.0018

Multiple R	.4837
R Square	.2340
Adjusted R Square	.1922
Standard Error	19.4867

Table 34 Continued

Analysis of Variance					
	df	Sum of Squares	Mean Square	F	Signif. F
Regression	1	5.834	5.834	5.533	.0220
Residual	60	63.267	1.054		

Variables in the Equation					
Variable	B	SE B	Beta	T	Signif. T
Maternal Overindulgence	.136	.058	.2906	2.352	.0220
(Constant)	-.438	.212		-2.068	.0430

Multiple R	.2906
R Square	.0844
Adjusted R Square	.0692
Standard Error	1.0269

Table 35
Multiple Regression Model Predicting Female Aggressive Behavior

Analysis of Variance

	df	Sum of Squares	Mean Square	F	Signif. F
Regression	1	1070.118	1070.118	6.1345	.0153
Residual	82	14303.631	174.435		

Variables in the Equation

Variable	B	SE B	Beta	T	Signif. T
Guilt Proneness	-10.014	4.0429	-.2683	-2.477	.0153
(Constant)	49.981	16.709		2.991	.0037

Multiple R	.2638
R Square	.0696
Adjusted R Square	.0583
Standard Error	13.2074

Table 36
Multiple Regression Model Predicting Female Heavy Drinking

Analysis of Variance

	df	Sum of Squares	Mean Square	F	Signif. F
Regression	2	1077.543	538.772	4.9452	.0094
Residual	81	8824.778	108.948		

Variables in the Equation

Variable	B	SE B	Beta	T	Signif. T
RLI End	-2.258	1.217	-.1948	-1.856	.0671
Guilt Proneness	3.076	1.187	.2720	2.592	.0113
(Constant)	5.665	1.142		4.959	.0000

Multiple R	.3299
R Square	.1088
Adjusted R Square	.0868
Standard Error	10.4378

Table 37
Multiple Regression Model Predicting Male End-oriented Religiosity

Analysis of Variance

	df	Sum of Squares	Mean Square	F	Signif. F
Regression	2	12.121	6.060	6.5658	.0027
Residual	59	54.459	.923		

Variables in the Equation

Variable	B	SE B	Beta	T	Signif. T
Paternal Strictness	.117	.055	.250	2.121	.0382
Maternal Aggression	-.089	.031	-.344	-2.925	.0049
(Constant)	-.318	.323		-.985	.3285

Multiple R	.4267
R Square	.1821
Adjusted R Square	.1543
Standard Error	.9607

Table 38
Multiple Regression Model Predicting Female Quest-Oriented Religiosity

Analysis of Variance

	df	Sum of Squares	Mean Square	F	Signif. F
Regression	2	6.453	3.226	3.632	.0307
Residual	84	74.612	.888		

Variables in the Equation

Variable	B	SE B	Beta	T	Signif. T
Paternal Aggression	.090	.033	.367	2.694	.0085
Paternal Strictness	-.097	.054	-.244	-1.790	.0770
(Constant)	.014	.209		.065	.9481

Multiple R	.2821
R Square	.0796
Adjusted R Square	.0577
Standard Error	.9425

DISCUSSION

Hypothesis One: Shame Proneness and Perceived Parental Relations

The first hypothesis was not supported by the data. However, the data showed that participant perception of both maternal and paternal aggression toward the child are significantly related to participant shame proneness. Furthermore, when analyzed by gender, a son's shame proneness is directly related to maternal overindulgence and aggression toward the child. A daughter's shame proneness was directly related only to paternal aggression toward the child. A multiple regression analysis, which suggests paternal and maternal overindulgence and maternal aggressiveness toward the child predict shame proneness with maternal aggressiveness as the strongest variable, did not support the hypothesis. Even when analyzed by gender, the findings did not support the hypothesis. However, these findings, informative in their own right, are consonant with the hypothesis.

In this study, the measure used by Streit (1981) and Glenn and Nelson (1989) to operationalize the construct for "loving control" was unavailable. Thus, loving control was operationalized as the combination of parental affection and parental strictness scales of the CPCRQ. While it is understood, as mentioned above, that "loving" can be fairly well operationalized by the parental affection toward participant scales, "control" may be inaccurately operationalized by a parental strictness scale that does not represent optimal levels of strictness at one extreme. Thus it is possible that optimal levels, if they exist, of parental strictness on the scale may be found, for example, in the low moderate range.

The findings regarding the first hypothesis are in concordance with Baumrind's (1980) theory that parenting characterized by warmth and reasoned, firm control would tend to result in well-socialized children. Nor are they inconsistent with Lewis's (1981) suggestion from an attribution theory perspective that warmth in combination with minimal control necessary in parenting should result in better socialized children. Admittedly, it appears that each of these theories calls for differing results regarding perceptions of strictness, with Baumrind's theory likely calling for higher levels of strictness than attribution theory and a greater likelihood that strictness would be negatively related to shame proneness. Of course, no significant correlation was found. These findings could be seen as supportive of attribution theory to the extent that parental control, vis-a-vis parental strictness, is related to parental aggression toward the child, as operationalized in the CPCRQ. Notably, paternal aggression and strictness, $r\ (174) = .588, p < .001$, and maternal aggression and strictness, $r\ (174) = .618, p < .001$, are significantly correlated.

The findings are consistent with the results Pulakos (1996) obtained indicating that conflict, which would be congruent with perceptions of parental aggression against the child, is directly correlated with proneness to shame. They are also consistent with Hoglund and Nicholas (1995) who found that emotional abuse was related directly to shame proneness. In addition, the findings are similar to those of Lutwak and Ferrari (1997) who found that shame was directly related to maternal overprotection and control. In this study, maternal overindulgence was directly related to shame proneness in sons.[6]

The theoretical basis for the hypothesized relationship between loving control and healthy socialization was not weakened by the data. One issue may be the differential impact that relative amounts of perceived parental love and control may have had. A variant of this concern is the effect that inconsistent parenting, comprised of both affection and aggression shown toward the child, may have. In this regard, a Likert-type questionnaire forcing one to choose a point on the love/affection - hostility/aggression, love/affection - rejection-neglect, and freedom - control continua may have provided better data. Inconsistent parenting could approximate the construct of love withdrawal that Abell and Gekas (1997) found was positively related to shame proneness in sons. Additional related concerns include the effects of congruent/incongruent parenting and, if the participant has siblings, differential parenting (Volling & Elins, 1998). Also not considered in this study were the impact of birth order and number of siblings.

The impact of peer influence as an intervening factor on the relationship between perceptions of parent-child relations and current emotional functioning was not examined. The literature (e.g., Bogenschneider, Wu, Raffaelli, & Tsay, 1998; Chadwick & Top, 1993) shows that an adolescent's peers have an influence on the adolescent. Bogenschneider et al. note that peer influence on adolescents regarding their use of substances is four times that of parents. The literature (e.g., Bogenschneider, et al.) also shows the impact of parents on peer orientation.

Shame prone individuals also may have difficulty answering questions in a manner that portray their parents negatively. This problem was not addressed in the

study. Finally, difficulty may result from discrepancies produced by differing operational definitions of the same constructs. For example, religiosity can be operationalized, among other ways, in terms of frequency of certain behaviors (e.g., church attendance or membership, prayer, religious reading) or motivations (e.g., spiritual fulfilment, social benefits, or physical and mental health) or the types of questions one asks. So, too, with loving control.

Hypothesis Two: Perceived Parental Relations and Risk-Taking

The data did not support the hypothesis that participant's retrospective perceptions of good childhood parental relations would be negatively related to participant reported recent past frequency of risk-taking behavior. Indeed, no parental variables were significantly correlated with risky behaviors for all participants or for males. For females, however, father's aggression was significantly correlated with increased frequency of female aggressive behavior and female risky sexual behavior. Paternal overindulgence was significantly correlated with female risky sexual behavior. Paternal strictness was significantly correlated with female aggressive behavior, and maternal aggression was significantly correlated with female aggressive behavior and female drug use.

Again, instead of supporting the hypothesis that perceptions of positive parental relations were negatively correlated with risky behavior, the data indicated that perceptions of negative parental relations were directly correlated with risky behaviors, but only for daughters. Numerous expanations are plausible. First, as noted above, troublesomely low alpha coefficients were obtained for the risky sexual activities scale

(.17) and the aggressive and illegal behavior (.10) scale for this sample. Thus, the data related to these could be unreliable. Second, the data produced by this sample regarding risky behaviors by the CARE-PF are extremely skewed, as shown in Table 11. This may be a function of gathering data on college students, who are probably, on average, a select relatively well-socialized sample. Thus, the variance may be sharply reduced from what might be the case in a less homogeneous and restricted sample. This may be even more an issue regarding this college, which is highly selective in its admissions policies.

Third, as noted above, participants were not asked to rate the consistency of their parents' parenting. Although many may perceive their parents to be affectionate, they may also perceive them as aggressive toward them or overly controlling. In this regard, as noted above, a Likert-type questionnaire that forces a choice on the love/affection - hostility/ aggression, love/affection - rejection/neglect, and freedom - control continua, for example, may have provided better data. Also, as noted above, the other variants of inconsistent parenting— differential and incongruent parenting— were unanalyzed and may have affected data relationships.

As noted above, another problem may be that the parental strictness scales may not accurately represent appropriate levels of control in loving control. That is, appropriate amounts of control in "loving control" may be related to scores in the low to moderate range, for example, on the parental strictness scales. Since the hypotheses assume a linear relationship, this nonlinear relationship would not be detected. A transformation of the data could have been conducted, making the current midpoint on

the scale an endpoint. Another approach to obtaining significant results supportive of the first two hypotheses may be to create at least two groups of individuals, one group consisting of participants who score high on the perceived parental affection toward the child and low on perceived aggression toward the child and the other group consisting of individuals who score low on the perceived affection toward the child and high on perceived aggression toward the child. Another possible explanation, also listed above, is the intervening factor of peer influence. In this regard, it is notable that the data is consistent with the findings of Chadwick and Top (1993). They found that, with respect to religious behavior and delinquency, females are more influenced by parents than are males, who are more influenced by their peers.

Hypothesis Three: Religious Orientation and Risk-Taking

The data did not support the third hypothesis that a negative relationship exists regarding participant-reported end-oriented religiosity and frequency of recent past risk-taking behavior even though all four risky behavior variables were correlated in a negative direction. None of these relationships were statistically significant, even when analyzed separately by gender. Statistically significant relationships, however, were noted between means-oriented religiosity for all participants interested in religion (i.e., where interest is four or more on a scale of one to nine) for heavy drinking. When analyzed by gender, a statistically significant relationship was found between mean-oriented religiosity and heavy drinking by both males and females interested in religion and between means-oriented religiosity and illicit drug use by females interested in religion.

First, as noted above, troublesomely low alpha coefficients were obtained for two of the CARE-PF scales. Thus, the data related to these may be unreliable. Second, as noted above, the data produced by the CARE-PF regarding risky behaviors are extremely skewed by outliers, resulting in a distorted variance that is sharply reduced by a more homogeneous sample than would be expected. Notably, when the analysis was conducted disregarding their religious interest, end-oriented religiosity was significantly negatively correlated with both heavy drinking, r (172) = -.2587, p = .001, and drug use, r (173) = -.2243, p = .003. Negative, though statistically nonsignificant, correlations exist between end-oriented religiosity and aggressive behavior and risky sexual behavior.

The RLI was created with its intended use being with participants with at least a moderate level of religious interest (Batson et al. 1993). However, an analysis of the relationship between religious interest and risky behaviors showed that religious interest, when all participants are considered, is significantly correlated with illicit drug use, r (170) = -.1722, p = .025, and heavy drinking, r (171) = -.2133, p = .005, but when only participants with at least a moderate religious interest are considered, then the correlation drops substantially to r (148) = -.0211, p = .799 and r (149) = -.0586, p = .478, respectively. For risky sexual behavior, the correlation drops from r (171) = -.1290, p = .093 to r (149) = -.1035 , p = .209. It remains essentially the same for aggressive and illegal behaviors. This suggests that participants who are less interested in religion show less control in terms of some risky behaviors.

These data are consistent with Francis (1997), who found that personal religiosity, assessed by asking about religious behavior and strength of belief in God, predicted attitude toward substance use. It is also consistent with Chadwick and Top (1993), who found that religiosity, assessed by looking at private beliefs, religious behavior, spiritual experience, and integration into the religious community, was negatively correlated to delinquency.

Hypothesis Four: Shame Proneness and Risk-Taking

The data did not support the fourth hypothesis that shame-proneness is positively related to reported recent past frequency of risk-taking behavior. No significant relationships were noted for all participants or when analyzing the data by gender or order. Moreover, conducting a partial correlation analysis, no significant statistical relationships were noted when guilt was factored out.

However, the relationships between guilt proneness and risky behaviors then were analyzed using Pearson Product-Moment Correlation Coefficient and also Partial correlations to factor out shame. For all participants, significant negative correlations were noted between guilt proneness and aggressive behavior, drug use, and heavy drinking. When analyzing the data by gender, significant negative correlations were noted between guilt proneness and drug use and heavy drinking for males and between guilt proneness and aggressive behavior and heavy drinking for females.

The failure to find significant correlations between shame proneness and aggressive behaviors, as expected from an extrapolation of Tangney et al. (1992) may result from the possible existence of intervening variables not analyzed in this study

that substantially influenced the data. For example, including a significant number of religiosity questions may have impacted participant responses unexpectedly, similar, for example, to an order effect. Additionally, the limitations of the data generated by the CARE-PF, mentioned with regard to hypotheses two and three above, may have impacted the results. Also, as noted above, the CARE-PF produced heavily skewed data which, minus the outliers, is representative of a relatively homogeneous sample. As noted, statistically significant relationships are more difficult to establish with homogeneous samples. Also, some of the behaviors assessed may not be considered "risky" or out of the norm by some members of this sample. Instead, many college students may look at some of these behaviors as indicative of openness to experience rather than excessively risky. Thus, they would not be deemed psychopathological, and a correlation between them and shame proneness would not be expected.

However, the negative correlations between guilt proneness and aggressive behavior, drug use, and heavy drinking are notable. Even given the problems with the data noted above, a finding of statistically significant negative relationships could be indicative of even a much stronger relationship than actually obtained. If the shame and guilt data were interpreted as accurate, however, reasonable explanations are still available. First, shame and guilt could be seen as cohort specific indicators. In the culture of the participant, some of the behaviors listed in the four "risky" behavior scales may be largely acceptable. Thus, the completion of these activities may no longer be relevant as an indicator of individual psychopathology. Participants who abstain from these activities may abstain out of an internal sense of responsibility to

others, which could include their faith. This reasoning does not logically explain the lack of a relationship between shame proneness and aggression, which, based on Tangney et al. (1992), should have been nearly assured.

Regression Models

As noted above, none of the parenting variables predict guilt proneness, which was the best predictor of aggressive behavior and illicit drug use. Additionally, paternal aggression and strictness were the best predictors of end-oriented religiosity, which, with guilt proneness, were the best predictors of heavy drinking. Nothing predicted risky sexual behavior. Again, excepting outliers, the behavioral homogeneity of this sample increases the difficulty of finding significant results related to behavior. Difficulty with conducting research of this kind includes several issues. First, reliance is placed on participant self-report. This is especially problematic when asking questions about participant problem behaviors, which are often underreported. Specific to this sample, however, appears to be its behavioral homogeneity, an unexpected and complicating factor. Notably, this sample also expressed a fairly high percentage of high religious interest, again leading to a more homogeneous sample than expected.

Second, in that this study includes retrospective data, it may be biased or affected by many temporal factors which may not have been considered. For example, a participant's opinions regarding parents may be colored by current mood or immediate concerns with parents. The relative effect of peers and peer relationships on current behaviors as well as past perceptions was not examined and may have played a role as

an intervening factor. Thus, although parenting factors may be important, the hypothesized relationships to current functioning may be too remote temporally to show statistically significant effects. The interaction of differential parenting effects (i.e., the effect of the differences or similarities of perceptions of maternal and paternal parenting) was not analyzed and may have been significant.

Issues related to measuring religion and its impact on functioning also crop up. Measures that allow examination of several aspects of religious behavior and thought appear to provide promise for research unbiased by specific religious perspective. Batson et al. (1993), however, point out well that the definition of religious thought and behavior are difficult. Even in the realm of western religious thought, or more specifically Judeo-Christian thought, one must be wary of the different meanings behaviors have across denominations. For example, in one Christian faith the Eucharist is merely symbolic and its importance as an outward manifestation of faith is minimally important. In another, it is an important outward sign of inward faith. In a third, it is the actual partaking of the body and blood of Jesus Christ, a holy sacrament, that is part of and leads to salvation.

Although none of the hypotheses were supported directly, these results have limitations. Several of these were listed above. The data were self-reported and, therefore, unverified. As self-reported historical data, it is subject to the participant's selective memory and to selective reporting, as well as fabrication. Second, the sample was limited to college students either taking a psychology course or active in religious groups, or both. Moreover, there are ethnic and educational limitations: most of the

participants are Caucasian (78%), and all of the participants had sufficient social and academic abilities to gain admission to a highly selective university. Finally, this university has a reputation for having a very religious student body (E. Rosen, personal communication, June 25, 1999). Together, these circumstances may have resulted in a more homogeneous sample than originally expected.

The importance of this research is clear. Understanding the correlates of troubled children, adolescents, and young adults, especially if these correlates have significant predictive power regarding dangerous aggressive and/or self-destructive behaviors, may result in improved ability to provide tools to prevent or decrease these behaviors.

In reviewing the hypotheses and results of this study, it is notable that, although the hypotheses were not directly supported, many of the significant findings are indirectly supportive. The hypotheses tended to focus on the beneficial effects of good parenting. The significant results highlight the negative effects of poor parenting.

CONCLUSION

In conclusion, then, the findings of this research generally support the theoretical underpinnings of the hypotheses, although not the hypotheses themselves. Shame proneness was associated with poor parenting. Cross gender effects were also noted: aggressive fathering was associated with shame proneness in females and aggressive mothering was associated with shame proneness in males. Additionally, poor parenting was associated with increased risk-taking behavior in females, but not in males. Means-oriented religiosity, often associated with maladaptive behavior, was associated with risky behavior in both males and females. Interestingly, shame proneness was not associated with increased risk-taking, but guilt proneness was associated with decreased risk-taking.

As noted, the results showed that gender differences are prominent in parenting. Females seem to be more affected than males by their parents, which is consistent with other studies showing that males seem more affected by their peers.

This study might be improved in several ways. First, subjects were solicited in two distinct ways. An analysis should have been conducted to determine whether differences existed between these groups that may have resulted from the confounding selection process. In addition, a small number of participants were not from a Judeo-Christian heritage. Because the RLI was designed for particpants from a Judeo-Christian heritage, it may have been beneficial to remove these subjects from the data pool or to analyze their data as a group. Second, an order effect resulting from the RLI's placement in relation with the CPCRQ and the CARE-PF may have occurred.

Thus, the study would be redesigned to permit this possibility to be analyzed. Third, it would be wise to use a risk-taking measure that would be more sensitive to risk-taking behavior on the low end. Some of these measures may be available in the sensation-seeking literature.

This study points to some areas of research for the future. Importantly, the literature review indicated that researchers of self-conscious emotions, parenting, religion, and risk-taking have yet to agree upon the best instruments to measure the constructs they are investigating. As a result, numerous measures are still used for each of these constructs. It would be useful for researchers to begin to settle on measures that could then be used more broadly in this meaningful research. Thus, research in which parenting, religiosity, and risk-taking measures were compared would be useful. This type of research is ongoing in the area of self-conscious emotions.

In addition, continuing research regarding the usefulness of past perceptions of parenting to current maladaptive emotions and behavior should be done, especially with adolescents in light of current events (e.g., Littleton, CO). Making connections between these constructs may provide additional assessment tools that may prove useful in curbing our society's roll toward violence.

ENDNOTES

1. Regarding the four related religious typologies, Richards renamed the "non-religious" typology "nontraditionally religious," since most of the individuals in his sample who belonged to this typology professed to believe in a Supreme Being.

2. The gender of each participant was verified using class rosters, student ID numbers, and sign up sheets which required participants to note their gender.

3. In all, 56 participants (32.2%) marked "mainline," 13 (7.5%) marked "Evangelical Christian," and 30 (17.2%) marked "other" with respect to religious preference. Of these, 17 indicated preference for what are commonly considered mainline protestant denominations, and two indicated preferences for evangelical Christianity.

4. SPSS Graduate Pack, Advanced Version, Version 6.1.4 was used for all data analysis. An alpha level of .05 was used for all statistical tests.

5. Of 174 participants, 43 (24.7%) failed to answer this question but met other criteria suggesting that they would have answered the religious interest question above the cut point. This criteria consisted of three questions from Part I of the RLI. Participants were required to agree with question 12 (score above 5), disagree with question 18 (score below 5), and disagree with question 35 (score below 5) to be considered interested enough in religion to be included in the RLI analyses. Only three failed to answer the question and failed to meet other inclusion criteria.

6. It should be remembered that Paitich and Langevin (1976) found that the internal consistency of the overindulgence scales, which consist of only four items, of the CPCRQ was weak.

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APPENDICES

APPENDIX A: INFORMED CONSENT

INFORMED CONSENT

I understand that this research study is being conducted by Peter Lielbriedis as part of his doctoral dissertation requirements at the Virginia Consortium Program in Clinical Psychology, under the direction of W. Larry Ventis, Ph.D., Professor, Department of Psychology, The College of William & Mary. The general nature of this study, which concerns the relationship between our perceptions of how we were parented and our current emotions and behavior, has been explained to me.

In this study, I understand that I will be asked to answer several sets of questions using pencil and paper, in a manner that will preserve my anonymity. The study should take me no longer than about 1 hour and 30 minutes to complete. I understand that there are no known risks involved with participating in this study. However, I understand that I can call for an appointment at the W&M Counseling Center if I feel I need to after completing this study.

I understand that all of the information I provide will be held in strict confidence (in accordance with the law), including my participation in this study except to the extent necessary to process any credit I may receive as a result of my participation. I understand my name will not be reported along with my responses. I understand that at the conclusion of the study, I will be able to receive a report of the results, if I wish.

I understand that my participation in this study is completely voluntary in nature, and that I can refuse to answer any question asked or withdraw at any time, without penalty. I may also remove any data that I have contributed at that time. I also understand that any grade, payment, or credit for participation I get will not be affected by my responses or by my exercising any of my rights. I also understand that I may report dissatisfactions with any aspect of this experiment to the Psychology Department Chair. For completing the study, I understand that I will receive credit for _____ Hour(s) of research participation.

I _____, acknowledge that I: 1) am at least 18 years of age, 2) understand the nature of the study, 3) am freely participating in this study, and 4) understand how much credit I will receive for participating and completing the study.

Signed_____

Date_____

Print Name Clearly _____

APPENDIX B

INSTRUCTIONS

Thank you for volunteering to participate in this research study.

Please provide the information requested on each page in the order requested. Please answer all of the questions, and please mark all of your answers on the answer sheets provided. Do not sign your name or make any marks in the booklets. Instead, at the top of the Answer sheets, first write the number found on the top right hand corner of the front page of the booklet on the answer sheet in the right top corner. Follow this number with the last four digits of your ID number. Answer all of the questions on the first page **before** proceeding to the next page. Please take all of the time you need to provide the information as accurately as you can and as honestly as possible. When you are finished, please hand the completed booklet to me (or my assistant). When you have completed the booklet, I will be glad to provide you with a more detailed explanation of this study.

It is very important that you follow these instructions carefully. Thank you very much for your participation in this study.

Please turn to the next page.

APPENDIX C

PARTICIPANT DEMOGRAPHICS QUESTIONNAIRE

Please provide the following information on the ANSWER SHEET marked PDQ.

1. I am _____ years old.

2. My racial heritage is: _____ (Choose the one that describes you the best.)

a. Hispanic
b. African American
c. African
d. Native American
e. Eastern Asian or Pacific Islander
f. Middle-Eastern
g. Caucasian
h. Other (Please specify: _____)

3. My religious preference is: _____ (Choose the one that describes you the best.)

a. Atheist or Agnostic
b. Catholic
c. Charismatic or Pentecostal Christian
d. Evangelical Christian
e. Mainline Protestant Christian
f. Muslim
g. Universalist
h. New Age/ New Consciousness
i. Hindu
j. Buddhist
k. Other eastern religion
l. Orthodox or Conservative Jewish
m. Reform Jewish
n. Other (Please Specify:_____)

4. When I was a child, my family usually

a. Was in financial need.
b. Had enough money to provide for all our needs.
c. Had enough money so that we could have and do whatever we wanted.

5. hen I was a child, my family household was ____ it is now.

a Poorer than
b. About the same financially as
c. Wealthier than

6. I am (have) _____.

a. Single and not dating
b. Single and dating
c. Currently dating some one 6 months or longer.
d. Married
e. Ended a dating or marital relationship with someone within the last 6 months.

7. I am a _____.

a. Freshman b. Sophomore c. Junior d.Senior

8. Counting this course, I am taking/have taken ____ psychology courses in high school and college.

a. One
b. Two
c. Three
d. Four or more.

9. My high school grade point average was ___ when I graduated.

a. Below 2.0
b. 2.0 - 2.49
c. 2.5 - 2.99
d. 3.0 - 3.49
e. 3.5 or above

10. I was ____ when I was in high school.

a. A member of several school clubs or teams
b. A member of one or two school clubs or teams
c. Not active in or a member of any school clubs or teams

11. With respect to arrests and/or convictions for misdemeanors or felonies,
a. I have never been arrested for any reason.
b. I have been arrested but never convicted of anything.
c. I have been convicted once.
d. I have been convicted more than one time.

VITA

Peter O. Lielbriedis graduated from Allegheny College with a B.A. in Psychology (1977), Gordon-Conwell Theological Seminary with an M.T.S. in theology (1979), and The Washington College of Law with a J.D. (1982). He recently earned his Doctorate in Clinical Psychology from the Virginia Consortium Program in Clinical Psychology (August 1999). The Virginia Consortium Program in Clinical Psychology is a consortium program consisting of Old Dominion University, The College of William and Mary, Norfolk State University, and Eastern Virginia Medical School. It is located at Pembroke Two/Suite 301, 287 Independence Boulevard, Virginia Beach, VA 23462.

Mr. Lielbriedis practiced law in Washington D.C. from 1982 to 1994. He was with Gaylord, Hekman-Lielbriedis, Hannibal & Dalzell until 1989. He was a Senior Attorney with the Legal Services Corporation until 1994.