

## THE INTERRELATIONSHIP BETWEEN ADOLESCENTS' SELF-ESTEEM AND PARENTAL ACCEPTANCE

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**Summary:** *Adolescent development is determined by many factors that intertwine, sometimes complementing each other and sometimes negating or cancelling each other out. One of them is the self-esteem which is conditioned by various factors. At the same time, self-esteem significantly determines the ways an individual develops and the extent to which he develops his abilities. Previous research has confirmed the importance of the relation between self-esteem and parental acceptance. This study aims to investigate the relationship between parental acceptance and adolescent self-esteem. The study was conducted on a sample of 401 students from the University of Mostar. In the study, the following instruments were used: a socio-demographic questionnaire, the Quality of Family Interaction Scale - KOBİ and the Self-Esteem Questionnaire – SEI. In order to achieve the set research goal, the following methods were applied: descriptive statistics methods and Chi-square test. The obtained results confirmed the hypothesis that the higher the degree of parental acceptance is, the higher the level of adolescents' self-esteem is.*

**Keywords:** *acceptance, adolescents, parents, self-esteem*

### Introduction

Self-esteem understood as an individual's subjective evaluation of his or her worth as a person (Orth and Robins, 2014) is undoubtedly one of the most researched constructs in the social sciences. An extensive literature has been characterized by heated theoretical debates on the origins, causes, and consequences of self-esteem, although more recently there has been a more balanced view of its development (Gebauer, et al., 2015). A large number of studies have provided evidence that (a) men tend to have higher levels of self-esteem than women and that (b) self-esteem of men and women increases with age, from late adolescence to middle adulthood. Both effects are considered to be the most prominent findings in the literature on self-esteem (Orth and Robins, 2014).

Rosenberg's definition of self-esteem is the most widely cited one. He defines self-esteem as a "positive or negative attitude toward the self" (Rosenberg, 1965, p. 65), where self-esteem refers to an individual's affective or evaluative assessment of his or her personality. Self-esteem reflects the extent to which a person likes or dislikes himself or the extent to which a person thinks negatively or positively about himself. Gecas (1971) defines self-esteem as an assessment of one's own sense of accepting and evaluating oneself. It is an evaluation that individuals make about themselves, shaped by their own evaluation about how they are perceived by significant others (Harter et al., 1992). While Good (1973, p. 5) emphasizes "the individual's judgment and attitude about himself or herself," self-esteem for Baumeister (1993) refers to self-acceptance, self-regard and a sense of self-worth or a general feeling of self-worth (Bong and Clark, 1999). A study conducted in the Netherlands (Keizer et al., 2019) shows that, for both sons and daughters, changes in the perceived quality of the mother-adolescent emotional relationship and changes in the perceived quality of the relationship between adolescents' parents are

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positively linked with changes in self-esteem. Changes in the perceived quality of the attachment relationship with father were only significantly related to changes in daughters' self-esteem, but not to that of sons.

Parents have long been regarded as extremely important figures in child development. Mothers, in particular, have been the key factor and the backbone of important theories of child development and are often indispensable individuals included in research into child development and family life. Until the 1970s, fathers were "forgotten contributors" to child development, rarely appearing in the literature (Rohner and Veneziano, 2001). In recent decades, however, women's increased participation in the labour market, changes in the family structure and a shifting of gender roles have led to a deep regrouping of child-rearing practices and family life. In an increasing number of dual-earner families in which both parents are employed, the gender division of labour in the family is problematized and higher expectations are placed on men, i.e. the need for fathers to be more involved in raising children is emphasized (Li and Meier, 2017).

The family environment plays a key role in adolescent development. If the family environment is not warm, cohesive and if the parent-adolescent interaction is not satisfactory, the adolescent is likely to develop a hateful and hostile attitude towards the environment. This includes the cognitive, affective, and behavioural aspects of adolescent personality. The cognitive component consists of negative beliefs and attitudes towards others and is recognized through cynicism, mistrust, paranoia, and denigration (Divya and Manikandan, 2012). Parental interventions significantly contribute to the promotion of healthy children, healthy families and healthy societies, in ways that comprehensively affect the social, physical and mental dimensions of human well-being (Panter-Brick and Leckman, 2013). By developing cognitive and emotional capacities, adolescents also learn how to develop relationships with peers and romantic partners. Nevertheless, it is argued that trust relationships between parent and child continue to provide a reliable basis for adolescents to become more autonomous in order to explore the outside world, which boosts their self-esteem (Allen, 2016). Parental acceptance-rejection theory (PARTheory) is a theory of socialization that tries to predict and explain the causes, consequences, and other correlates of parental acceptance-rejection. In addition, the theory tries to predict and explain the consequences of acceptance-rejection in other primary interpersonal relationships, including close adult relationships. Empirical evidence strongly supports the main postulates of the theory, and in particular the PARTheory's personality subtheory, which predicts that perceived parental rejection is likely to be universally associated with some form of psychological maladjustment.

Parental acceptance refers to the love, affection, care, comfort, support, or nurturance that parents can feel and express toward their children. Parental rejection refers to the absence or withdrawal of warmth, love, and affection by the parents toward their children. Parental rejection can be subjectively experienced by the individual in the form of undifferentiated rejection, which refers to the feeling that one or both parents do not really love them and care about them, although they do not necessarily have objective indications that parents are cold and unattached, hostile and aggressive, or indifferent and neglecting (Rohner et al., 2007).

Extensive scientific literature proves that the quality of parent-child relationships is characterized by parental acceptance (love) and rejection (lack of love), which are major indicators of psychological functioning and development of children, adolescents, and adults in general (Rohner and Lansford, 2017).

### **Method**

#### **Research aim and research question**

The aim of this research is to investigate the interrelationship between parental acceptance and adolescent self-esteem. In line with our research goal, the following research question was addressed: Is the level of adolescents' self-esteem higher, the higher the level of parental acceptance is?

#### **Research hypothesis**

In line with aim and question, the hypothesis of this research is: the level of adolescents' self-esteem is higher, the higher the level of parental acceptance is.

### **Sample of respondents**

The study included a sample of 406 participants- students from the University of Mostar. The principles of cluster sampling were applied because the subjects were grouped into larger sampling units sharing some characteristics. This simplified the research and made it cheaper. The sample included 159 male (39%) and 247 female (61%) research participants, whose average age was 21, the youngest being 18 years and the oldest 42 years old.

### **Research instruments**

In line with the research objectives, the following instruments were used:

1. Socio-demographic questionnaire,
2. Quality of Family Interaction Scale - KOBI,
3. Self-esteem questionnaire - SEI.

#### *Socio-demographic questionnaire*

A closed-ended questionnaire was used to collect socio-demographic data, where respondents provided information on their age, gender, college they were attending and the year of study, place of birth (city/village), place of residence when not at college, whether they lived with one or both parents, their previous academic achievement, parental education, parental working status, number of siblings, number of family members, social status of the family, and study participants' social status during the study period.

#### *Quality of Family Interaction Scale - KOBI*

Quality of Family Interaction Scale - KOBI (Vulić-Prtorić, 2000) was used to test the quality of family interactions. This scale measures parent/child interactions in two dimensions most commonly described in the literature as *acceptance* (emotional warmth, intimacy) and *rejection* (control, emotional neglect). These two dimensions have been conceptualized in line with Ronald Rohner's (1986) Parental acceptance-rejection theory (PARTheory). According to this theory, acceptance refers to the positive emotional aspects of parent-child relationships such as closeness, support, trust and understanding, and relative symmetry in their relationships. Rejection refers to various parents' behaviours, ranging from misunderstanding and being over-demanding, to neglect and punishment. Neglect characterizes the adolescents' experience that parents are not interested in them, that they do not pay enough time and attention to them, especially to their emotional needs.

The scale has five subscales: *Satisfaction with one's own family*, *Maternal acceptance*, *Paternal acceptance*, *Maternal rejection*, and *Paternal rejection*.

According to a study by Vulić-Prtorić (2004), the scale showed satisfactory metric characteristics (Cronbach's alpha from 0.85 for the *Maternal rejection* subscale to 0.89 for the *Paternal rejection* subscale).

In our study, the scale also showed satisfactory metric values. Cronbach's alpha for the *Satisfaction with family interactions* subscale is 0.86, for the *Maternal acceptance* subscale 0.83, for *Maternal rejection* 0.87, *Paternal acceptance* 0.85, *Paternal rejection* 0.88, and the reliability of the scale as a whole is high (Cronbach's alpha 0.92).

#### *Self-esteem questionnaire*

Participants' self-esteem was measured using the *Coopersmith's Self-Esteem Inventory* (SEI). Coopersmith (1967) defines self-esteem as self-evaluation by which an individual expresses the attitude of accepting or not accepting himself. It refers to an individual's level of belief in his or her own abilities, importance, success or worth. The Coopersmith self-esteem questionnaire is very often used in child and youth surveys in relation to group status, parental child rearing practices, illness-induced stress, etc. The 1967 version of the SEI questionnaire (Coopersmith, 1967) consists of 58 items (50 items measure specific aspects of self-esteem, and a set of 8 items constitutes a lie scale). In this study, a shortened

version of the questionnaire was used comprising 25 items. The respondents selected one of the offered responses: T (true) or F (false). Items 2, 5, 7 and 13 are scored positive (with one point) if the selected response is true, while all other items are scored positive if the selected response is false. The range is from 0 to 25 points. An example of a positively worded item is *I'm easy to like*. An example of a negatively worded item is *I often feel ashamed of myself*. The total score is the sum of all positive responses and the higher the total score is the higher the self-esteem is. The reliability of the questionnaire in previous studies ranged from 0.77 to 0.79 Cronbach's alpha (Lacković-Grgin, 1994).

Factor analysis on our sample confirmed the one-factor structure of the questionnaire with some items excluded because they have no factor saturation (*I'm easy to like; I get upset easily at home; I would rather play with children younger than I am; My parents expect too much of me; No one pays much attention to me at home; Kids often pick on me*). A factor analysis was conducted with two factors assumed, which extracted only two pure items in the second factor (*I'm proud of my school work; I'm not doing as well in school as I'd like to*). Although these two items had the highest factor saturation (0.88 and 0.68), further analyses were conducted so that the questionnaire was treated as a general measure of self-esteem. Such a scale has satisfactory metric values:  $\chi^2$  test = 670.13; df = 251; p < 0.001, and Cronbach's alpha 0.79.

### Data analysis

In order to achieve the set research goal, the following methods and analyses were conducted:

1. Descriptive statistics methods (to calculate frequencies, percentages, average values, standard deviations).
2. Chi-square test (to test the differences between individual samples according to different criteria).

### Research results and discussion

#### Maternal acceptance

The assessment of acceptance by the mother was researched using the *Maternal Acceptance* subscale. This subscale has 10 items and its scores can range from 10 to 50. The values obtained on the *Maternal acceptance* scale are shown in Table 1.

**Table 1.** Descriptive summary of the results on the *Maternal acceptance* subscale

N	Min	Max	M	SD	Coefficient of variation	Cronbach's alpha
401	13	50	43.7	5.38	12%	0.83

The results on this subscale (table 1) indicate that a large number of study participants have a high degree of satisfaction (M = 43.7) with their maternal acceptance, which is indicated by the range of results from 13 to 50. A relatively small standard deviation (SD = 5.38) and the coefficient of variation (12%) indicate that most survey participants responded similarly to individual items in this subscale and that the internal consistency, i.e. the reliability of the data obtained is satisfactory (Cronbach's alpha = 0.83).

For this subscale, the data were processed for 401 survey participants, because 5 survey participants did not provide answers on this item (they do not have a mother or they do not live with her).

**Table 2.** Range of results, frequencies, and percentages of research participants' representation on the *Maternal Acceptance* subscale

Maternal Acceptance level	Low	Moderately low	Neither low nor high	Moderately high	High	Total
Range of results	13-19	20-27	28-35	36-43	44-50	
f	1	3	31	121	245	401
%	0	1	8	30	61	100

It is evident that the obtained results do not have the properties of a normal distribution, but the properties of a positive exponential distribution. Many studies have found a significant correlation between maternal warmth, care, love and support, and the socio-emotional development of the child (Doyle et

al., 2015). Amat's (1994) study on 497 adolescents found that mother's closeness to a child was significantly related to children's self-esteem (Li and Meier, 2017). Similarly, Doyle et al (2015) researched young African-Americans who grew up in different socioeconomic settings and family structures. Researchers found that maternal care is significantly correlated with the adolescents' well-being when family demographics are kept constant. Based on the report of 109 US adolescents, Laible and Carlo (2004) concluded that perceived maternal support was related to higher levels of self-esteem in adolescents. It was also found that maternal love and acceptance are related to a lower risk of developing mood disorders and greater chances of recovery and to the development anxiety symptoms in adolescents (Niditch and Varela, 2012).

In a study conducted in Croatia (Petani, 2015) on a slightly larger sample of adolescents (N = 860), similar results were obtained on the *maternal acceptance* subscale. In comparison to that research, our results show a slightly higher degree of maternal acceptance (M = 43.7 vs. M = 41.9) with a slightly lower dispersion of the results (SD = 5.38 vs. SD = 7.09).

The occurrence of depression, anxiety, and aggression in adolescents has, in a large number of studies, been shown to be positively related to maternal rejection (Gomez and McLaren, 2007; Laible and Carlo, 2004). Maternal love is the simultaneous acceptance, tenderness, understanding, and most often naturally intuitive manifestation of caring for posterity (Pašalić Kreso, 2012).

*Paternal Acceptance*

Respondents rated paternal acceptance on a subscale containing 10 items and its scores range from 10 to 50 points. The results obtained are shown in Table 3.

**Table 3.** Descriptive summary of the results on the *Paternal Acceptance* subscale

N	Min	Max	M	SD	Coefficient of variation	Cronbach's alpha
388	12	50	41.1	6.53	16%	0.85

The results on this subscale (table 3) indicate that the majority of study participants had a moderately high level of satisfaction (M = 41.1) with paternal acceptance. The range of results obtained is from 12 to 50. The relatively small standard deviation (SD = 5.38) and coefficient of variation (16%) indicate that most survey participants gave similar responses to individual items in this subscale, and the internal consistency or reliability of the data obtained is satisfactory (Cronbach's alpha = 0.85). The number of survey participants whose data were processed for this subscale is 388 because 18 did not provide answers on this item (they do not have a father or do not live with him).

**Table 4.** Range of results, frequencies, and percentages of research participants' representation on the *Paternal Acceptance* subscale

Paternal Acceptance level	Low	Moderately low	Neither low nor high	Moderately high	High	Total
Range of results	13-19	20-27	28-35	36-43	44-50	
f	5	7	49	167	160	388
%	1	2	13	43	41	100

In comparison to the results of a similar study in Croatia (Petani, 2015), our results show greater paternal acceptance and smaller dispersion of the results (M = 41.1; SD = 6.53 vs. M = 37.62, SD = 8.46) as evidenced in Table 3.

DiMaggio and Zapulla (2014) researched how acceptance and rejection are related to adolescent problem behaviours and life satisfaction in Southern Italy and found that only paternal (not maternal) acceptance was negatively related to internalized and externalized girls' problems. Similar research results were obtained by Caughy et al. (2012) who found, on a sample of low-income adolescents from California, Alabama, and Texas, that paternal care was negatively related to youth aggression.

Significant evidence in various studies (Rohner and Veneziano, 2001) indicate that paternal love is often as strongly as maternal love related to the development of behavioural and psychological problems, as well as with the development of a sense of an individual's health and well-being. A study, based on observing fathers and children socializing in natural situations in 23 different cultures, found that within each culture, there was clear evidence that men loved, cared for, played with, and are willing to protect and nourish their children. When they are with children, men treat them the same way mothers do. These data suggest that (regardless of culture) there is an independent affective relationship between fathers and children (Mackey, 2001). The influence of paternal acceptance or non-acceptance has been shown in some studies to be more important than maternal acceptance (Anno et al., 2015).

*Parental acceptance and adolescent self-esteem*

To investigate the interrelationship between parental acceptance and adolescent self-esteem, the  $\chi^2$  test for contingency tables was used to cross-check the values obtained for each parent individually on the *Maternal Acceptance* subscale and the *Self-esteem* scale (Table 5) and on the *Paternal Acceptance* subscale and the *Self-esteem* scale (Table 6). In order to get a better insight into the interrelationship between parental *acceptance-rejection* and *adolescent self-esteem* constructs, the  $\chi^2$  – test for contingency tables was used, which crossed the values obtained for each parent individually on the *Maternal rejection* subscale and the *Self-esteem* scale (Table 7) and on the *Paternal rejection* subscale and the *Self-esteem* scale (Table 8).

*Maternal acceptance and adolescent self-esteem*

The relationship between maternal acceptance and adolescent self-esteem was researched using the  $\chi^2$  – test for contingency tables, which crossed the values obtained on the *Maternal Acceptance* subscale and the *Self-esteem* scale (Table 5).

**Table 5.** Interrelationship between maternal acceptance and adolescent self-esteem

		Maternal acceptance		
		1+2+3	4	5
Self-esteem	1+2	20%	8%	4%
	3	37%	31%	26%
	4	40%	54%	60%
	5	3%	7%	10%
	Sum	100%	100%	100%

The first three categories (1 + 2 + 3) of maternal acceptance and the first two categories (1 + 2) of the level of adolescents' self-esteem were summarized and put into one column, as they were in the presentation of the results of adolescents' satisfaction with family interactions and self-esteem, for the same reasons.

The results obtained (Table 5) indicate that the level of adolescents' self-esteem increases as the level of maternal acceptance increases, i.e. that the level of adolescents' self-esteem decreases as the level of maternal acceptance decreases. This is evident from the fact that 40% of the study participants assess their maternal acceptance as low, moderately low or neither low nor high (1+2+3) report moderately high self-esteem. In addition, 3% of research participants in this category have a high degree of self-esteem. In contrast, 54% of those who assess their maternal acceptance as moderately high and 60% of those who assess their maternal acceptance as high are classified as having moderately high levels of self-esteem (4). In addition, 7% of research participants assess their maternal acceptance as moderately high and 10% assess it as high and are classified as having high self-esteem. In contrast, 20% of research participants who assess their maternal acceptance as low, moderately low, neither low nor high (1+2+3) are classified as having low or moderately low self-esteem (1+2). In contrast, 8% of those who assess their maternal acceptance as moderately high (4) and 4% of those who assess it as high are classified as having low or moderately low levels of self-esteem (1+2). The results of the  $\chi^2$  – test indicate that there

is a statistically significant correlation between maternal acceptance and adolescents' self-esteem ( $\chi^2 = 81.0449$ ;  $p < 0.01$ ; degrees of freedom: 6).

Maternal acceptance, as an independent predictor of the level of self-esteem, has been researched in numerous studies around the world. A significant positive relationship between these two variables (maternal acceptance and adolescent self-esteem) was confirmed in the study by Doyle et al. (2015). The results of a study conducted on Korean youth (Kim et al., 2013) also showed that maternal rejection and the adolescent's self-esteem are positively correlated. A study conducted on African-American adolescents found that maternal care and nurturance were significantly positively correlated with youth well-being, regardless of sociodemographic characteristics and socio-economic status of families.

The results of a study (Keizer et al., 2019) that investigated the quality of mother-adolescent and father-adolescent interrelationship, and the impact of those interrelationships on adolescents' self-esteem, found that the level of self-esteem increased for both sons and daughters as the quality of their interrelationship with their mother increased. The results of our research are in line with the results of the aforementioned studies.

### *Paternal acceptance and adolescents' self-esteem*

The interrelationship between paternal acceptance and adolescents' self-esteem was researched using the  $\chi^2$  – test for contingency tables, which crossed the values obtained on the *Paternal Acceptance* subscale and the *Self-esteem* scale (Table 6).

**Table 6.** Interrelationship between paternal acceptance and adolescent self-esteem

		Paternal acceptance		
		1+2+3	4	5
Self-esteem	1+2	8%	11%	2%
	3	43%	26%	24%
	4	44%	57%	60%
	5	5%	6%	13%
	Sum	100%	100%	100%

The first three categories (1+2+3) of paternal acceptance and the first two categories (1+2) of adolescents' self-esteem were summarized and put into one column, as they were in the presentation of the results of the interrelationship between maternal acceptance and adolescent self-esteem, for the same reasons.

The results obtained (Table 6) indicate that adolescents' level of self-esteem increases with the increase of paternal acceptance, i.e. that their level of self-esteem decreases with the decrease of paternal acceptance rate. This is evident from the fact that 44% of the study participants who assess their paternal acceptance as moderately high (4) and 5% of those who assess it as high are classified as having moderately high (4) and high (5) levels of self-esteem. In comparison, 57% of the study participants who assess their paternal acceptance as moderately high (4) and 60% of those who assess it as high (5) are classified as having moderately high self-esteem (4). In addition, 6% of those who assess their paternal acceptance as moderately high and 13% of those who assess it as high (5) are classified as having a high degree of self-esteem (5). In contrast, 8% of study participants who assess their paternal acceptance as low, moderately low, or neither low nor high (1+2+3; the categories were merged for the conditions imposed by the  $\chi^2$  – test), and 11% of those who assessed it as moderately high and 2% of those who assessed paternal acceptance as high are classified as having low or moderately low self-esteem (1+2; Table 6). The results of the  $\chi^2$  - test indicate that paternal acceptance and adolescents' self-esteem are statistically significantly correlated ( $\chi^2 = 21.8298$ ;  $p < 0.01$ ; degrees of freedom: 6).

Decades of increasingly sophisticated studies that include longitudinal psychosocial studies and brain research have revealed consistent relations between fathers' positive parenting behaviours with children and cognitive, social and emotional development of children as well as children's mental health (Pruet et al., 2017; Cabrera and Tamis-Lemonda, 2013). In studies conducted in many Western countries, fathers who are warm and responsible but able to set boundaries and make appropriate demands of maturity have children who progress better in terms of their cognitive, social and emotional development (Larzelere et al., 2013).

It is well-known that the father-child relationship has changed over time and across cultures and has had different effects on families and children (Cabrera and Tamis-Lemonda, 2013). Men's parenting styles (e.g. authoritarian, authoritative, permissive, indifferent, protective, negligent) that are different and more nuanced than commonly thought (Selin, 2014) have also changed over time and across cultures. Like mothers, fathers exert their influence and play roles that prove to be positive and negative for the well-being of children and family functioning. Fatherhood is, therefore, undoubtedly an important aspect of a child's development (Lamb, 2010).

Children with fathers who are highly involved in their upbringing, i.e. with fathers who have a warm and supportive relationship with their child, are more empathetic, develop better friendships with better-adjusted children, exhibit fewer behavioural problems, have more self-esteem and function better in school. At a later age, they are less likely to get into trouble with the police or drug/alcohol abuse. This effect is particularly strong in disadvantaged families (Panter-Brick and Leckman, 2013).

Based on the aforementioned research results, it can be concluded that the answer to the research question is yes. The self-esteem of young people is higher the higher the level of parental acceptance is.

### **Conclusion**

The research results confirm the research hypothesis: the higher the level of parental acceptance is, the higher the adolescents' self-esteem is. Obtained results are in line with other research in this area, which highlight the importance and role of parental acceptance in building, developing, promoting, and maintaining young people's self-esteem.

For the sake of scientific correctness, some limitations should be noted. As any research, this has its constraints and limitations. An important limitation of this study is the sample, which is not random but cluster sampling was applied, which limits the generalization of the conclusions. Only students at the University of Mostar were included in the study, and they cannot fully represent the adolescent population. Although they share some characteristics, they still have their own specificities, which make them different from the rest of that population. Another limitation is the fact that the data were collected by the self-report method. This method, as well as others, has its advantages and disadvantages. One important disadvantage is the fact that the actual behaviour and self-report responses are sometimes inconsistent. Yet this research can be seen as a contribution to the study of family relationships and their effects on the holistic and healthy development of adolescents.



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### MEĐUODNOS SAMOPOŠTOVANJA ADOLESCENTA I RODITELJSKOG PRIHVAĆANJA

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*Sažetak: Razvoj adolescenata determiniran je mnoštvom čimbenika koji se međusobno isprepliću, nekad dopunjujući jedan drugog, a nekad negirajući ili poništavajući se međusobno. Jedan od njih je i samopoštovanje uvjetovano različitim čimbenicima, a istodobno, značajno određuje načine i dosege razvoja pojedinca. Dosadašnja istraživanja potvrdila su značaju povezanost samopoštovanja i roditeljskog prihvaćanja. Ovo istraživanje ima za cilj provjeriti međusobni odnos prihvaćanja roditelja i samopoštovanja adolescenata. Istraživanje je provedeno na uzorku 401 studenta Sveučilišta u Mostaru. Za provedbu istraživanja korišteni su upitnik socio-demografskih podataka; skala kvalitete obiteljskih interakcija - KOB i upitnik samopoštovanja – SEI. U svrhu ostvarenja postavljenog cilja istraživanja primijenjene su: metode deskriptivne statistike i Hi-kvadrat test. Dobiveni rezultati potvrdili su hipotezu prema kojoj je stupanj samopoštovanja mladih veći što je veći stupanj roditeljskog prihvaćanja.*

*Ključne riječi: adolescenti, prihvaćanje, roditelji, samopoštovanje*