SLOVAK ADOLESCENTS' SELF-CONCEPT IN RELATION TO PERCEIVED PARENTAL ACCEPTANCE

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Abstract

Parental responsiveness is considered one of the significant sources of child and adolescent self-esteem. The present study aims to extend empirical knowledge in this area by focusing on the multidimensional self-concept of the Slovak adolescent population. The study aims to clarify the interrelationships between adolescents' self-concept in the Piers-Harris sense and perceived parental acceptance/rejection. The research sample comprises 1,013 Slovak adolescents (73% female, AMage = 17.00, SDage = 1.27). The research instruments used were the ASCSS/Adolescents' Self-concept Short Scale (Veiga & Leite, 2016) and PARQ-S/Parental Acceptance-Rejection Questionnaire Short Version (Rohner, 2005). The results of correlational analyses indicate moderate correlations between adolescents' overall Piers-Harris self-concept and perceived parental responsiveness for both mother and father. Subsequent linear regression confirmed both maternal and paternal overall rejection as a significant negative predictor of adolescent self-concept. Approximately 22% of the variability in adolescent self-concept in the Piers-Harris sense can be explained through these variables. Exploring adolescent self-concept in the context of perceived parental acceptance suggests its importance in forming self-concept even in mid-to-late adolescence. The results are interpreted and discussed in terms of both age and gender. Despite its limitations (self-report measures, sample characteristics, data collection), the study provides results that complement previous research and may be of interest to parents, caregivers, and educators, i.e., all who care about youth's mental health.

Keywords: Self-concept, adolescence, perceived parental acceptance/rejection.

1. Introduction

Parents play an important role in an adolescent's psychological adjustment. According to Cobham et al. (2016), parents' psychological and behavioural reactions, including parents' general emotional states, parental appraisal, coping, and support, have an impact on adolescents' mental health. Based on longitudinal research, Boudreault-Bouchard et al. (2013) also found the impact of parental emotional support on adolescents' well-being. Also, according to Cimino and Cerniglia (2021), poorer parent-child relationship quality is associated with increased levels of psychopathological symptoms in adolescents. Parental support has also emerged as a significant variable in longitudinal research focusing on adolescents' psychological adjustment during the COVID-19 pandemic (Li et al., 2023). Already, a study by Campo and Rohner (1992) showed significantly higher rates of perceived maternal and paternal rejection in childhood in young adult abusers (alcohol) compared to nonabusers. Higher perceived parental neglect is also associated with alcohol problems during emerging adulthood, according to a more recent study (Backer-Fulghum et al., 2012). The link between perceived parental neglect and the more recent problem of IGD (Internet Gaming Disorder) is, in turn, reported in a study by Zhu and Chen (2021). Also, current research by Shi et al. (2022) shows negative relationships between parent-adolescent relationships and emotional and behavioural problems in Chinese adolescents.

Low self-esteem predicts negative outcomes and mediates the relationship between childhood adversity and mental health problems during adolescence (Seim et al., 2021). The protective function of positive self-esteem against internalized symptoms (anxiety, depression) in adolescence is also supported by Schoeps et al. (2021). Self-esteem refers to the self-evaluation of one's worth and abilities and develops as a function of one's personal history, experiences, and cognitive abilities (Harter, 2012). Self-esteem is typically understood as a multidimensional construct with several domain-specific components, such as academic, physical, and social domains of self-esteem and global self-esteem (Harter, 2012; Rosenberg et al., 1995). For example, as a person may have high academic and low physical self-esteem, their global self-esteem then depends on how important academic and physical achievement is to them (intrapersonal

perspective) and how important these domains are to their perception of their social status (interpersonal perspective). In this sense, it is impossible to adequately understand a person's self-esteem without considering global and domain-specific components (Harter, 2012; Marsh et al., 2004; Rosenberg et al., 1995; Von Soest et al., 2016). The requirement of domain specificity is also met by E. Piers' construct, which defines self-concept as a relatively stable set of attitudes toward the self that includes descriptions and evaluations of one's behavior and qualities (Piers & Herzberg, 2002). The above is one of the most widely used self-concept assessment questionnaires in educational, clinical, and social psychology. For the purposes of the present study, we chose an abbreviated version of it (Veiga & Leite, 2016), in which the authors changed the response scale (from dichotomous responses to a 6-item Likert-type scale), which shows good psychometric qualities.

Although adolescents typically seek autonomy to disengage from parents, parents remain an important source of feedback. Both negative and positive feedback from parents can fundamentally shape adolescents' self-evaluations (Brummelman & Thomaes, 2017; Jacquez et al., 2004), and later in adulthood (Koepke & Denissen, 2012). Children with emotionally unavailable, rejecting, and unsupportive caregivers are prone to develop self-perceptions of themselves as incompetent, unlovable, and unworthy, which manifests as low global self-esteem (Harter, 2012). The direct influence of parental attachment on self-esteem in late adolescence was brought to light by a study by Laible et al. (2004). The reinforcing effect of parental emotional support on adolescent self-esteem was also confirmed in a longitudinal study by Boudreault-Bouchard et al. (2013).

The present study aims to confirm the hypothesized relationships between perceived parental acceptance/rejection and the self-concept of Slovak adolescents in the Piers-Harris sense. Furthermore, we are interested in the extent to which parental emotional support still explains self-concept in middle to late adolescence.

2. Methods

The research file comprised 1,013 Slovak adolescents aged 15 to 20, 73% female. The research involved a combination of cluster sampling (multiple random collection sites) and voluntary sampling (people using these specific sites responded to the online survey). The online questionnaire was distributed via official representatives of different secondary schools across Slovakia. The online form included:

Adolescents' Self-concept Short Scale/ASCSS (Veiga & Leite, 2016). A shortened 30-item version of the original PHCSCS - 2 / Piers-Harris Children's Self-Concept Scale 2 (Piers & Herzberg, 2002) was used. The original factor structure was retained. Each of the six dimensions (Anxiety, Physical Appearance, Behaviour, Popularity, Happiness, Intellectual status) is saturated by five items, and the respondent provides their opinion on the statements using a 6-point Likert scale (1=strongly disagree; 6=strongly agree). In addition to the raw scores in the individual dimensions, this questionnaire allows for the identification of the total self-concept score of the given adolescent. According to Veiga and Leite (2016), the internal consistency of the individual dimensions (Cronbach's alpha) of this questionnaire tested on a sample of 440 Portuguese adolescents varied from .70 to .79. The internal consistency of the individual dimensions in the adapted version of this instrument used in our research was satisfactory ($\alpha = .70 - .84$); the reliability of the research instrument as a whole was also satisfactory ($\alpha = .89$).

Parental Acceptance – Rejection Questionnaire Short Version/PARQ-S. A shortened version of the original 60-item PARQ. It is a self-reporting questionnaire designed for children and adolescents focusing on their current perception of parental acceptance/rejection (Rohner, 2005). Each parent is scored separately. This instrument consists of 24 items and four subscales: warmth (8 items), hostility (6 items), indifference (6 items), and undifferentiated rejection (4 items). For each item, the respondent comments on a 4-point scale (1 = almost never; 4 = almost always). The subscale items are added up to calculate the rough score. The internal reliability in all scales was satisfactory to excellent (Cronbach's alpha = .79 to .94). After recoding the warmth subscale, the instrument also permits calculating the total parental rejection score (α_{mother} = .95; α_{father} = .94).

3. Results

Tables 1 and 2 present the descriptive characteristics of the variables of interest according to the research instruments used. Considering the results of the Shapiro-Wilk normality test, the relationships between the variables were examined through the non-parametric Spearman's coefficient (Table 3). Linear regression confirmed parental rejection (both maternal and paternal) as significant negative predictors of adolescent self-concept (Table 4).

Table 1. Descriptive characteristics of adolescents' overall self-concept according to the ASCSS (N = 1013).

	Mdn	AM	SD	S-W	p (S-W)	Min.	Max.
TOTASCSS	3.933	3.935	0.760	0.997	0.033	1.100	5.900

 $\label{eq:Note: ASCSS} Note: ASCSS = Adolescents' Self-concept Short Scale, TOT_{ASCSS} = total self-concept score, Mdn = median, AM = mean, SD = standard deviation, S-W = Shapiro-Wilk test, p(S-W) = p-value of Shapiro-Wilk, Min. = minimum, Max. = maximum = maximu$

Table 2. Descriptive characteristics of the variables PARQ-S (N = 1013).

	M-tot	M-W	М-Н	M-I	M-R	F-tot	F-W	F-H	F-I	F-R
Median	3.542	3.250	3.833	3.500	3.750	3.292	2.875	3.833	3.333	4.000
Mean	3.319	3.112	3.498	3.305	3.485	3.155	2.739	3.516	3.117	3.503
Std. Deviation	0.627	0.810	0.640	0.652	0.676	0.662	0.936	0.677	0.717	0.709
Shapiro-Wilk	0.885	0.900	0.785	0.892	0.773	0.934	0.935	0.746	0.924	0.740
P-value of Shapiro- Wilk	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001	< .001
Minimum	1.083	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Maximum	4.000	4.000	4.000	4.000	4.000	4.000	4.000	4.000	4.000	4.000

Note: PARQ-S = Parental Acceptance - Rejection Questionnaire Short Version, M-tot = total mother rejection, M-W = mother-warmth, M-H = mother-hostility, M-I = mother-indifference, M-R = mother-undifferentiated rejection, F-tot = total father rejection, F-W = father-warmth, F-H = father-hostility, F-I = father-indifference, F-R = father- undifferentiated rejection

Table 3. Relationship (Spearman's correlation) between adolescent self-concept and parental acceptance/rejection factors (N=1013).

	M-tot	M-W	М-Н	M-I	M-R	F-tot	F-W	F-H	F-I	F-R
TOTASCSS	424***	.392***	358***	378***	354***	392***	.349***	314***	341***	314***

Note: TOT_{ASCSS} = total self-concept score, M-tot = total mother rejection, M-W = mother-warmth, M-H = mother-hostility, M-I = mother-indifference, M-R = mother-undifferentiated rejection, F-tot = total father rejection, F-W = father-warmth, F-H = father-hostility, F-I = father-indifference, F-R = father-undifferentiated rejection, *** p < .001

Table 4. Regression model and estimation of regression coefficients for total self-concept in terms of Piers-Harris as explanatory variable (N = 1013).

Model	R	\mathbb{R}^2	adj. R ²	F	p	
$\mathbf{H_1}$.463		.215	.213	137.990	<.001	
\mathbf{H}_1		В	Beta	t	р	
(inter	cept)	1.925	-	15.657	<.001	
M-tot		356	294	-8.663	<.001	
F-tot		262	228	-6.736	<.001	

Note: M-tot = total mother rejection, F-tot = total father rejection, R = multiple correlation coefficient, $R^2 = determination$ index, adj. $R^2 = adjusted$ determination index, F = F-test result, P = F-test significance, P = multiple unstandardised coefficient, P = T-test significance

4. Discussion and conclusion

The study aimed to add to the current state of knowledge and to verify the assumed negative relationships between perceived parental rejection and the self-concept of Slovak adolescents in the Piers-Harris sense. The results of both correlation and regression analyses yielded a negative association between these variables. Statistically significant moderate negative correlation coefficients are interpreted to mean that maternal/paternal rejection, hostility and indifference distort the adolescent's overall self-concept. Conversely, maternal/paternal warmth acts as a protective factor in its formation and strengthens it. These results are consistent with previous research (Boudreault-Bouchard et al., 2013; Brummelman & Thomaes, 2017; Harter, 2012; Jacquez et al., 2004; Koepke & Denissen, 2012; Laible et al., 2004), although different research instruments were used. Our resulting statistically significant regression model explains approximately 22% of the variability in adolescents' overall self-concept through maternal and paternal rejection. In the case of our study, these are mid-to-late adolescents, where the range of sources of self-concept is already expanding, but parents nonetheless remain one of the significant ones.

There were no gender differences in the factors or the overall perceived parental rejection in our sample. However, there were differences in some dimensions of self and the overall self-concept (in favor of males). Clearly, other variables besides gender enter into the formation of self-concept. Future research could focus in this sense, for example, on peer acceptance, adolescent socio-demographic characteristics, school performance, extracurricular activities, personality traits, and the like. A suggestion for further research could also be to explain the self-concept of early adolescents through parental rejection and to compare the results.

Despite some limitations (self-report measures and online data collection), our research complements the previous one. It confirms the importance of parental emotional support for forming the adolescent's self-concept. The adolescent's psychological adjustment and subjective well-being go hand in hand with a favorable self-concept. Thus, our results may interest all who care about and are co-responsible for adolescent mental health, such as parents, educators, teachers, and others.

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