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The Consistency of Moral and Value Systems between Parents and Adolescents

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The Consistency of Moral and Value Systems between Parents and Adolescents

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Abstract

This study attempts to explain if the agreement/disagreement of parents morals and values, specifically the mother's versus the adolescent's, the mother's perceived beliefs of her adolescents versus the adolescent's actual beliefs, and the adolescents perceived beliefs of their mother's versus the mother's actual beliefs has a positive or negative effect on certain outcomes in the adolescent life. Ten families participated, all with biological mothers and one adolescent in grades sixth through tenth. Two equivalent questionnaires were used. It was predicted that if there were higher agreement levels between the mother and the adolescent, the outcomes would be positive. Results showed that as the mother's perceived beliefs of her adolescent versus the adolescent's actual beliefs increased, the adolescent's grades in school simultaneously increased.

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The Consistency of Moral and Value Systems Between Parents and Adolescents

Adolescents' interaction with parents or parent like figures provides them with their first exposure to morals and values. It is through these experiences and interactions in which their own morals and values begin to be formulated. Hartup & Laursen (1991) further believe that "parent-child relationships provide one of the most important environments in which children develop as individuals and as functioning members of their cultures" (as cited in Russell, Mize, & Bissaker, 2002, p. 205). However, these moral and value systems (MVS) may or may not have a lasting effect on adolescents. Parents and adolescents may agree on issues, however it is inevitable that disagreements will occur with certain issues. There are many variables that are involved in this consistent agreement or disagreement of morals and values. The lacking or salient quality of the relationship as well as the communication between the parents and the adolescent are two variables that play an important role in the formulation of the adolescents' morals and values. The purpose of this current study was to investigate the level of consistent agreement or disagreement of the MVS between parents and their adolescent. Another substantial factor in this study was whether this consistent agreement or disagreement affected the adolescent's academics, getting in trouble at school (fighting, detention, suspension, etc.), or other influential issues (theft, pregnancy, etc.).

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History of Moral Development

Undeniably, early adolescence is an important stage of an individual's life, because it marks the beginning of their moral development. Lawrence Kohlberg (1969, 1981) was one of the first psychologists who examined the aspect of moral development in adolescence (as cited in Perry & McIntire, 1995). Throughout his studies Kohlberg described six stages of moral development, focusing mainly on justice. Kohlberg (1969, 1981) argued "values are developed

from the interaction between the person and the environment; and that moral judgment is characterized according to how a person reasons-structure, rather than according to what the person thinks-content" (as cited in White, 1996, p. 460). In later studies, Kohlberg (1984, 1994) emphasized the form of moral judgment as the role of cognitive maturity (as cited in White, 2000). Another psychologist, Carol Gilligan (1989) differed with Kohlberg's view, in that she put an emphasis on equality, fairness, and universal principles (as cited in Perry & McIntire, 1995). Gilligan believed that adolescents, mainly females, used a mode centered on care, response to others, and interdependence. Gilligan argued that Kohlberg's view disregarded this mode of care and emotion and that his theory was culturally biased as well as solely based on Western ideology (White, 1996).

Adolescents Views on Moral Guidance

In the inaugural period of the transition into adolescence, normal progress is shaped with relatively superficial ideas, which develops into more profound or mature levels of interpersonal and societal sociomoral understanding (Gibbs, 2003). In the first stage of this model, according to the adolescent, if you do not get punished for what you did, and no one in a powerful position saw you, then whatever you did was okay. In turn, adolescents in this stage did not have a clear understanding of moral reasons for rules. In the second stage, adolescents believe that morality is an exchange of favors. In other words, adolescents in this stage have trouble understanding the idea of mutuality in a relationship. In the third and fourth stages, people can care about others, and should attempt to understand why a friend is acting hostile or selfish. Adolescents in this stage truly begin to selflessly care about others and their needs. Adolescents also believe that honoring your commitments is a sign of character, and that an individual should uphold consistent and fair standards. Adolescents in the fourth stage believe "thinking entails appeal to

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moral law and to respect for rights and responsibilities as the basis for society" (Gibbs, 2003, p.153-154). Two views of sociomoral delay with adolescents, which occur during these stages, are a lack of roles and their persistence of a strong egocentric bias.

White (1996) argues against this stage model and disagrees with past research, which has mainly focused on how adolescents develop according to their age. Instead, White proposes that moral development is not simply age-dependent or categorical-it is also family system-dependent. For example, not all adolescents who are fourteen-years-old believe that they should not drink until they are 21 or that they should rebel against their parents. Every individual, regardless of their age, has their own set of morals. Levesque (1997) also found that young children develop an individualized and complex moral consciousness early in their lives. He additionally claimed that the moral thinking of a 9-year-old does not considerably differ from those entering into adulthood at 21-years-old. White also argues that as a family structure becomes less consistent or cohesive, regardless of their age, or gender, the adolescent's morals and values become more independent of their parents. Levesque comparably concluded that gender differences could not be accounted for solely in the development of an adolescent's MVS. Overall, White believes that "when adolescents are satisfied with their parents' way of seeing the world and structuring interpersonal interactions, optimal individual functioning results" (White, 1996, p. 140).

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Zern (1997) conducted a longitudinal study, which examined 2,863 adolescents ranging from ages 12-22 years old. Over the 15-year study, with 5-year intervals, adolescents, defined as ranging in grades seventh to college seniors were asked whether they believed their moral guidance was influenced more by family, school, clergy, peers, and/or the individual himself or herself. Zern (1997) wanted to assess the extent to which adolescents believed that a variety of

cultural institutions, peers, and the individual are involved in the moral development of young people. Two different types of questions are addressed in this study. The first question asked the adolescent about the importance family had on the moral development of an elementary school aged child. The second question asked the adolescent what they believed to be the most influential factor to an elementary school aged child. The choices were: family, school, clergy, and the individual himself or herself. In general the results supported "there was a clear pattern in the ratings of the importance of each authority separately, of overall authority, of the individual himself or herself, and peers" (p. 85). Specifically, family ratings showed a reversal of perceived influence by the participants. The older adolescents perceived the family as having more of an influence than the younger adolescents. Clergy and school authorities, as well as peers yielded similar results however, showed no significant differences within the age or gender groups.

Overall, the participants seldom chose schools, peers, and clergy; the family scores were the first choice for the youngest groups and adolescents (Zern 1997). More precisely, 69%-77% of elementary-aged students marked family for having the highest influence, while 30%-48% of secondary-aged students, and 10%- 14% of college student's marked family. Contrary to White (1996, 2000) and Levesque (1997) depending on the age of the child, family was an extremely important factor. A consistent finding was as the age group increased; the less impact they felt was received from outside moral sources. However, regardless of the participants age or gender, or even if they did not think the family was the most influential factor, the majority of the participants believed that a person was influenced by some sort of an authority source at some point of their moral development stage.

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Influences of the Family: Parent-Child Relationship

According to White (1996), the adolescent is a product of their familial environment, mainly because this is their primary source of socialization. Families, specifically parents, play many fundamental roles including: aiding adolescents in the development of attitudes concerning moral issues and sustaining a stabilization of moral preferences. However, parent-child relationships are extremely complex and cannot be generalized. These relationships "vary over time, differ from the perspective of the parents and of the child, and differ from one situation to another" (Russell, Mize, & Bissaker, 2002, p. 208). There are a myriad of dimensions, when examining a parent-child relationship, including affection, conflict, intimacy, connectedness/closeness, independence, control, and communication. Yet, regardless of which dimension is more significant, one issue that has been consist across the literature is the notion that within the parent-child relationship there are differences according to the context or domain of the interactions.

Undoubtedly, young children are dependent on their parents and other adults for guidance, which they internally use as a reference for their moral sources. As children transition into adolescence, these influences further guide them in their own moral development. Theories, such as system theories realize that adolescents encounter their parents' as well as societal perceptions and evaluations of moral issues, which feed back into their family system White (2000). Therefore, each individual is exposed to, or has the potential of being exposed to a variety of sources, which aid in the development of their MVS. While one source is not seen as superior to another, the significance each source carries is different depending on the individual's family socialization environment. White believed that if any discrepancies existed within the

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MVS between parents and adolescents, it could be connected to the family system in which they reside.

Research has suggested that the parent-child relationship undergoes a period of realignment in early adolescence, accompanied by a temporary increase in parent-adolescent distance and conflict over everyday lifestyle issues (Carlo, et al., 1999). Because of these discrepancies, it has been argued that the influence of parents during this time on the adolescent's moral development can be questionable. However, regardless of the lack of research in this area, it is still a known fact that parents play a significant role in the moral development throughout an individual's adolescent stage.

White (1996, 2000) conducted two studies, which investigated certain family characteristics, which seemed to cause discrepancy between MVS. In addition, these two studies aimed to examine specific family processes that could predict what adolescents perceive and prefer as sources of moral influence. The results of these studies found that family adaptability, family cohesion, and family communication were the main factors involved in deciphering the severity of certain moral influences on adolescents. Specifically, family adaptability is defined as "a product of the processes of negotiation styles, role-relationships, and relationship rules" (White, 1996, p. 134). Family cohesion consists of processes such as emotional bonding, decision-making, and forming relationships among individuals. Lastly, family communication revolves around the ideas of open and uncritical communication approaches.

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A sample of 271 adolescents and their parents were selected in order to further measure adaptability, cohesion, parent-adolescent communication, and the relationship between salient family processes and adolescent moral thought (White, 2000). Similar to the prior study

conducted by White in 1996, the adolescent's moral thought was measured by the influence of other sources on moral authority. The relationships between these three factors (adaptability, cohesion, communication) were then compared to the content of adolescent moral thought. Four years after the preliminary study the findings further supported that a strong relationship exists between family-socialization processes and the content of adolescent moral thought (White, 2000).

Family Adaptability

Role-taking opportunities offers individual's an explanation as to how parents and society influence the development of adolescents' origin of social relationships as well as their preferences for sources of moral authority (White, 1996). Specifically, family adaptability refers to factors such as power structure, role-relationships, and relationship rules. An example of negative family adaptability (high family adaptability) lies within a highly sensitive, chaotic family system. These types of families experience the greatest discrepancy in role-relationships, which led the adolescent to turn to other sources of moral authority, other than their parents. Some of these 'other' moral authorities are peers, grandparents, siblings, teachers, coaches, and religious leaders. Results from a study conducted by Walker and Taylor (1991) also supported that adolescent's who perceived their family as high in adaptability, (i.e. they were provided with more opportunities to experience different role relationships, and rules) attributed more significant influence to all other sources of moral authority than did adolescents who perceived their families as lower in adaptability (as cited in White, 2000).

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On the other hand, adolescents from firm and strong family systems (low family adaptability) might experience a limited change in role-relationships and are exposed to only one source of moral authority, namely, their parents (White, 1996). Put simply, family adaptability

could be said to have influenced the 'quantity' of sources of moral authority to which an adolescent ascribes.

Family Cohesion

Family cohesion, involves the forming of relationships between individuals. According to White (1996) if an adolescent spent an equivalent amount of time with the family and the larger society, these individual's would be expected to give equal weight to the parents and non-parents as their source of moral authority. On the other extreme, if families have strict boundaries, limitations would be created, putting a restriction on the number of influences an adolescent could experience. In this case, the parents would be the main source of moral authority for the adolescent. White pointed out that these restrictions and limitations could lead to an overidentification, which could generate the adolescent to under develop individuality. A disengaged family type promotes a low quality of connectedness, and family members are highly independent displaying little influence on one another. In this case, adolescents experiencing a lack of attachment to their parents and other family members, encounter an extreme sense of individuality. Therefore, family cohesion influenced the 'type' of sources of moral authority to which the adolescent ascribes.

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White (2000) further concluded that adolescents, who perceive their family systems as very connected, attribute greater influence to the family as a source of moral authority. As expected, adolescents who perceive their family as higher in cohesion, tend to rate the family as significantly more influential than did other adolescents who perceived their family systems as lower in cohesion. Not surprisingly, adolescents who lived in a disengaged family environment, attributed less influence to their family as a moral authority. White gave the explanation that

adolescents who perceived their family as disengaged had a higher degree of emotional detachment, leading them to look towards other sources for moral authority (White, 2000).

Family Communication

Positive family communication skills are empathy, reflective listening, and supportive comments (White, 1996). These skills allowed families to unconditionally share their needs and concerns with each other. Adolescents residing in families of this domain displayed similar preferences for a source of moral authority to that of their parents. According to many psychologists, "parents' encouragement for conversation pertaining to moral and values was one of the strongest determinists of moral advancement" (p. 139). On the other side of this argument, adolescents who reside in a family with negative communication, such as criticism, may have been influenced by other sources besides their parents.

White (2000) described the importance of parental discussion styles that involve supportive interactions. Negative communication; in contrast lead the adolescent to become reluctant to accepting their parents' moral views. White concluded that the "perceived level of positive family communication is significantly associated with the level of agreement on the amount of influence attributed to different sources of moral authority in moral decision-making among adolescents" (p. 81). White also concluded that depending on the quality of the parent-child relationship and the extent of positive communication between the two parties, this will demonstrate whether there is an agreement or disagreement of morals and values. Specifically, White found that "family members who perceived positive family communication as high were more likely to agree with one another on a variety of social issues"(p. 81).

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The internalization process between the parent and adolescent refers to the levels of agreement between parents and adolescents (White, 2000). In particular, this refers to when

there is a perceived high level of positive communication; there is a greater agreement or internalization of values. According to Newman and Murray (1983), they found that "an inductive-democratic style of communication is more likely to produce adolescents who strongly identify with their parents and have internalized their parents' rules and values (as cited in White, 2000, p. 82). On the other hand, if there were a lack of communication, then internalization of morals and values between the parties would be lacking. Newman and Murray added, adolescent's whose parents were authoritarian and coercive in their parenting styles would be more likely to adopt external, rather than internal morals and values.

According to Laible (2000) there are two distinct maternal styles that parents could take part. The first style is labeled 'elaborate' and is characteristic of parents who frequently discuss the past with their adolescent and tend to ask many questions and provide considerable background detail about the event discussed. The second style is 'repetitive' or 'practical,' which leads parents to provide few background details about the event discussed, do not refer to the past, and when they are, they tend to ask few and repetitive questions. Research done in this area has shown that adolescents of elaborative parents have a more comprehensive representation of their parents' past experiences, presumably as a result of their internalization of the parent's narrative form.

Interaction & Communication of Parents & Peers

In a study conducted by Walker, Hennig, and Krettenauer (2000), the nature of the parents and peer contexts and the relative impact each has on the adolescent's moral reasoning were examined. It was found that "affective support when combined with the noncompetitive sharing of perspectives was predictive of high levels of adolescent moral reasoning, whereas rejection, distortion, and affective conflict were associated with low levels" (p. 12). With this

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said, it supported the hypothesis that within a parent-child context, affective and supportive interactions will further moral development whereas conflict interactions will not (Walker, Hennig, and Krettenauer, 2000). Evidence from past studies have shown that parent and peer interactions will be predictive of adolescent's moral reasoning development, however the nature of the interactions and communication will differ between these two groups. The reasoning given by these authors is that "egalitarian peer relationships allow challenging interactions whereas hierarchical parent-child relationships require gentler interactions. Thus effective peer relationship should entail the operational style of interactions, whereas effective parental interactions should entail the representational and supportive style of interactions" (p. 12). In addition, it was hypothesized that if there was a relatively high discrepancy between the parent and the adolescent, this should promote moral development, while a low disparity between peers and adolescent's is expected if the two parties are relatively equal in developmental levels.

As mentioned before, the analyses examined parent versus peer interactions in relation to the rate of the target adolescent's moral development over a 4-year longitudinal interval (Walker, Hennig, & Krettenauer, 2000). Dealing with the communication between the parent and the adolescent, parents were more operational and representational in their interactions than were friends. Friends on the other hand were more informative and interfering than were parents. Therefore during this study, parents displayed a more cognitively stimulating discussion whereas friends engaged in simpler sharing of information and opinions, without dealing with what the other person was saying. While this shows that the interaction with their parents might be more informative, it does not necessarily mean that it is more influential. However, given that each of these relationships is different, the ways in which they influence an adolescent's moral development should also be expected to be different. Another consistent finding in this study

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was that highly representational interactions were predictive of high rates of moral development. This finding was consistent with past research done, showing "a gentler style of eliciting the other's opinions and checking for understanding can be effective within not only a parent-child context, but also a peer one" (Walker, Hennig, & Krettenauer, 2000, p. 17). It was evident from these results that the stimulation of higher-level moral reasoning within an appropriate interaction style was fundamental for adolescent moral development. According to Werner-Wilson (2000), and Engles, Dekovic, and Meeus (2002) parents have more influence on their adolescents than peers unless there is a problem in the quality of their relationship and the ways in which adolescents move around in friendships are affected by aspects within the parent-child relationship.

Sexual Intimacy

Many young people become involved in intimate sexual relationships before they leave junior high school; more than one-half of all teenagers do so before they leave high school (Santelli & Kirby, 1992). According to Santelli and Kirby more than a million American teens become pregnant each year. Almost 40% of teenage women in the U.S. become pregnant before they turn 20 years old. Shockingly, among sexually active people, teens have the highest rates of STD of any age group. However, in these adolescents defense, there has been research done, which has found that some family planning practitioners fail to recognize the large percentages of sexually abstinent teens. Therefore, all teens are not 'jumping on the band wagon' of sexual activity at a young age. However, there is an abundant amount of research on this topic, which questions the consistency of the MVS between parents and adolescents, dealing with issues such as sexuality.

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According to Davis (2001), growing up in a single parent, stepfamily, or cohabiting family has been suggested to have negative effects on adolescent sexual behavior. Miller et al. (1998) also concluded that the family context-more specifically the mother-child relationship, their level of interaction and communication, as well as the mother's attitudes toward and discussion of sex and other issues, is associated with what the adolescent believes and how they behave. Miller et al. (1998) also found that the father-adolescent relationship can play a significant role as well. As previously mentioned, the family provides structure and guidance to adolescents. It not only socializes the child, providing her or him with a system of morals and values, but different familial forms or disruption of the family unit are expected to have an effect on adolescent morals and behaviors (Davis, 2001). Two-parent families provide more guidance and a more stable environment, which is indirectly related to the transmission of more traditional sexual values. Two-parent families lead to higher levels of parental supervision and monitoring, which are related to later sexual initiation, while a lack of parental rules was related to increased sexual activity. According to Thorton (1991) the divorce of a couple effects the family structure in a series of ways. First, it decreases the number of adults in the household, thereby decreasing supervision (as cited in Davis, 2001). Secondly, it simultaneously, decreases the interaction and communication between the adult and adolescent. Additionally, Thorton theorized that divorce reduces parents' influence on children, decreasing the respect adolescents have for their parents, and increases the influence of peers. On the contrary, remarried couples are hypothesized to have higher levels of parental authority and control than single parents because of their increased ability to supervise and influence their adolescents.

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Research has also suggested that the quality or the closeness of the parent-child relations plays a role in moral development (Davis, 2001). However, this has led to some mixed results.

Some researchers have shown that close relationships with mothers led adolescents, especially girls to be less sexually active, while other researchers have shown that the quality of the relationship does not affect an adolescent's sexual behavior. Along with this, parents' morals and values are more likely to be transmitted in interactive families. Thorton (1991) argued that the ability of the parent to influence and control adolescent behavior is mediated by the parental relationship (as cited in Davis, 2001). Along with this involvement, communication is apparent as the principal method through which sexual knowledge and attitudes are transmitted. Research has revealed that there are substantial differences in the sexual beliefs and attitudes of parents and adolescents (Miller, et al., 1998). Even though, the morals and values of adolescents are more liberal, the attitudes of parents are nonetheless reflected in the attitudes of their adolescents. However, research done on communication between parent and adolescent is mixed. Some research has shown that parental communication decreases sexual activity, while others found no consistent effects or differences (Davis, 2001). Parental monitoring and supervision, parent-child communication, and parental attitudes are found to have a greater impact on adolescent behavior than the actually family status does.

Interestingly, it has been found that mother's influence on when their children initiate sexual intercourse appears to be greater for daughters than for sons (Remez, 2003). The five variables that affect adolescent female's risks of becoming sexually active are: mothers impression that their daughters had already kissed, mothers' education, disapproval of their daughters having sex, satisfaction with the mother-daughter relationship, and the frequency of conversations with the parents of their daughter's friends. The only factor of the above mentioned that plays a role in the son's sexually active behavior was the mother's impression that her son had kissed. Also concluded in this study was that mothers of daughters discussed

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sexual issues more often. These findings could have occurred because the messages, which were verbal and nonverbal, may have been presented more clearly to the daughters than to their sons. Remez concluded this study by pointing out the importance "parents need to be clear about their values and then clearly articulate them to their son or daughter" (Remez, 2003, p. 56).

Miller et al. (1998) stated that parents and peers are most often considered to be the primary influence on adolescents' values and attitudes about sexual intimacy. However, even though this has been considered to be true, research has shown that adolescents are frequently unaware of their parent's beliefs and attitudes about sex-related issues. More so, it was found that adolescents and parents often disagree about the types of sex-related conversations they have had with each other. Inazu and Fox (1980) found that mothers and adolescents communicate their feelings about sexual intimacy, however they feel uncomfortable and confused about their roles in these discussions (as cited in Miller et al., 1998). A relevant piece of information was found, which indicated that when high levels of parent-adolescent communication exists, there is moderate correlations between communication and adolescent attitudes. However, when the communication between the parent-adolescents is low, it is found to be weakly correlated with adolescent sexual attitudes. Other research done in this area shows that there must be a focus on parents' own values and the content as well as the quality of communication in order to successfully understand the relation between parent-adolescent communications dealing with important issues such as sexual intimacy. In this study the quality of the parent-adolescent communication did not have a direct affect on the sexual behaviors of their adolescent, however because the communication was related to the adolescents' sexual values and intentions, it appears to indirectly affect their sexual behaviors.

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Substance Abuse

The family environment in which the adolescent lives, including the level of stability, level of consistency, and quality of the parent-child relationship plays a prominent role in the beliefs and behaviors an adolescent implement towards drug use (Davis, 2001). The use and severity of drug use is associated with weak relationships as well as a perceived lack of support, supervision, encouragement, less cohesion in their families, and more family problems. According to past researchers, they have found that "family attachment was more important than family structure in influencing both minor and serious delinquency among adolescents and in explaining their cigarette, alcohol, and drug use (p. 673).

There are many attributions to adolescent's substance abuse, however the factor of the parent-child communication has received little attention. This factor of communication is fundamental to understand how parents influence their adolescent and children's decisions about substance abuse (Ennett et al., 2001). As previously mentioned, communication is the most efficient and direct way of projecting feelings and concerns about an issue. In this case, being substance abuse and the expectations for behavior.

The purpose of Ennetts' et al. (2001) study was to examine the content of parent-child communication about substance abuse, investigate the interrelationships between parent-child communication and other aspects of the family environment, and examine the timing of parent-child communication relative to adolescent behavior. It was found that other factors, including the timing and content might play a role in the decisions of the adolescents regarding substance abuse. This multidimensional model is important when looking at the influences on the beliefs of adolescents. Ennett et al. also found that parents use a direct approach less often, which could lead to a miscommunication of beliefs. Another important point revolves around the issue of

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parents and their behavior. "Parents who smoked tended to talk more frequently about rules than did nonsmoking parents, whereas parents who drank tended to talk les frequently about rules than did those who drank. Perhaps parents who drink are less sure about what should be an appropriate message for their children" (Ennetts' et al., 2001, p. 58). Despite the values of communication, the models used in this study showed little support for the role of parent-child communication as a deterrent of substance use. However, the actual behavior of the parent was found to be influential. Parental smoking predicted the beginning use of the adolescent to smoke and drink, and parental drinking predicted an increase of tobacco use. This suggests that nonverbal communication is just as, if not more important than verbal communication. A final point recommended is parents should possibly avoid being too directive in what they say to their adolescents because of the chance they will do the complete opposite. Also, the message for parents should be to "initiate communication early when they believe their children have not experimented with smoking and drinking because waiting may be counterproductive" (p. 59).

Among other research conducted, it is a growing fact that the influence of parents is the most underutilized mechanism in preventing youth substance abuse. Influencing and communicating parental morals and values, as well as monitoring and enforcing these beliefs is a difficult process (Kelly, Comello, & Hunn, 2002). Several studies have reported that adolescents from families with open and positive communication are less likely to become involved with drugs. Adolescents from families with closed communication have the opposite effect. Harbach and Jones (1995) found that the success of parents in communicating values about family, religion, education, and work was associated with lower risk of drug use (as cited in Kelly, Comello, & Hunn, 2002). This study suggested that overall; parent-child communication is a strong resiliency factor with respect to adolescents use with substance. Furthermore, parents

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may be more of a significant influence than they perceive. In the current study, only 12-15% of adolescents reported that their parents had talked to them in the past year about the dangers of drug use. In another study conducted by Kelly (1995), it was found that most parents reported that they had conversations with their children about the dangers of drugs, however less than half of the adolescents reported having these discussions with their parents. The final points of this study implies that parents need to have frequent, deliberate discussions about the dangers of drug use with their adolescents as well as communicate early and clearly the sanctions against drug use.

Future Goals

According to Givvin (2001) adolescents develop their goals in environments filled with other people's goal orientation. In an academic domain it has been shown that goals and behaviors of significant adults are related to adolescents own goals and behaviors. "Evaluation processes, reward structures, and adult expectations establish a motivational climate that is related to adolescents' responses in achievement settings" (p. 230). One aspect of this study attempted to discuss the goal-related values of adults and how they are conveyed onto adolescents through the affect and behavior of adults. In addition, how goals of the adolescent was related to what adolescents perceive the adults to value. It was found that parent ratings of their expectations for adolescent academic performance was less predictive of academic outcomes than were the adolescent perceptions of these expectations. An explanation given for this finding was the possibility that adolescents projected their own goals onto their significant others. Another important assumption for the fact that there was a lack of significant between adolescent's perceptions of the goals of adults and the self-reported goals of adults is that adults might not be making their goal-related values clear to adolescents. Also, adults may be

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miscommunicating their values tainting the message, which is affecting the adolescent. This problem deepens when the adults are 'unaware of or unwilling to admit' the message they are sending (Givvin, 2001, p. 241).

It has been found that various aspects of the family and home environment have a significant influence on the future goals and education of an adolescent (Dubois, Eitel, & Felner, 1994). Research has supported that the socioeconomic status as well as the employment status and educational backgrounds of the parents or caregivers play a significant role. Specifically, the adolescent's dyadic relationship with family members is extremely important to this educational motivation. According to these authors "significant predictors of academic adjustment in this area include the youth's ratings of positive and negative dimensions of his or her relationship with each parent" (p. 406). Another factor to these predictors is the social support this adolescent feels from their immediate family members. Facets of the family environment, which were seen to be influential, however not directly, were whether the adolescent described the quality and supportiveness from the family as positive.

This is an area where there have been few prospective studies, which have examined family experiences and influence on academic achievement and goals. Little is known about the extent to which 'systematic family variable,' such as the parent-child relationship are related to the educational goals and adjustment of an adolescent (Dubois, Eitel, & Felner, 1994, p. 406). Therefore, these authors conducted a study, which examined the degree to which parent-child relationships, family social support, and experiences of dimensions of family environment related to school adjustment.

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A prospective relationship was seen between certain experiences within the family and school adjustment (Dubois, Eitel, & Felner, 1994). Across this two-year study, the influence of

familial experiences to academic outcomes was further supported. The family support aspect of this study did not show any significance to school adjustment. However, the nature of the parent-child relationship did show significance. Therefore, it can be assumed that this relationship is strong and supportive in order to facilitate positive academic outcomes. "Positive parent-child relationship may provide a valuable source of adult help with school assignments. Strong bonding with parents also may facilitate success in school through other, less direct mechanisms, such as by serving as a deterrent against the emergence of delinquent behavior patterns" (Dubois, Eitel, & Felner, 1994, p. 410). Based on this study, it could be further assumed that the adolescent's experiences in the relationship with their parent is influential and plays a significant role when looking at the academic goals.

Aggressive & Rebellious Behavior

According to past self-reports and victimization data, it is ambiguous as to whether adolescents have been fighting more now than in the past (Fraser, 1996). Recent research has suggested that a small percentage of families actually account for an excessively large amount of aggressive acts. Throughout an adolescent's life, a successful family and school experiences will enable the individual to further their social opportunities as well as formulate attachments with other adolescents and adults. From a family perspective, research has suggested that children living in a certain environment at home are unintentionally trained to respond to authority with aggression. Parallel to this indirect training of aggression, is an inconsistent parental supervision, failure to set limits, neglect in rewarding prosocial behavior, and a coercive style of parent-child interaction.

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Research has shown that when an adolescent displays aggressive behavior, the parent does not consistently intervene (Fraser, 1996). However, when they do intervene, it is with

negative affect and tremendous force causing the adolescent to become isolated. On occasion, parents will become aggressive themselves also sending a negative message to their adolescent. In turn, this modeling and aggressive environment in which the adolescent lives will become generalized to other places of interactions, mainly school. From this perspective the indirect training of their child to use aggression to achieve social goals will cause them to get into fights at school and talk back to their teachers. Many times, parents do not realize that this behavior was rooted at home, from the modeling of their own aggressive behavior and coping styles (Fraser, 1996). A final point made in this article is when dealing with family-based service programs; parents should make their own prosocial-morals and values explicit to their adolescent. They suggest that the family might select settings and activities where children are likely to avoid trouble or lessen their aggressive behavior. Fraser believes that peers play an important role in the amount of aggressive behavior an adolescent takes part in, therefore the parents should be fully aware of who their child hangs out with and identify the appropriate and inappropriate behavior. Analogous to the issue of peers and their influence on aggressive behavior comes from Keltikanga-Jarvinen (2002) who states "feedback in terms of social acceptance that peers attribute to an adolescent is an important source of self-validation information" (p. 280).

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There has been a limited amount of research done, attempting to describe the ways in which the quality of parent-child attachment might be related to the adolescent's aggressive tendencies (Simons, Paternite, Short, 2001). These authors attempted to examine the association between adolescents' perceived quality of parent/adolescent attachment and aggression and prosocial behavior among young adolescents. It was expected "adolescent's perceived secure parent/adolescent attachment would be more adaptive working models of self and others" (p.

196). One important finding of this study was the aspect of supportive parenting, in relation to family hardship and their ability to reduce the effects of difficulty on aggression and delinquent behavior problems. In this study, the adolescents' apparent quality of the current mother-adolescent attachment relationship was predictive of adolescent views of the self and other, which affects behavioral dispositions toward other individuals. This finding supports the argument that secure attachment facilitates a positive working model of self and others and reduces aggressive behavior. A final point made is that secure attachment with parents, involving open communication and the expression, understanding, and acceptance of feelings, are important aspects for adolescents to sense (Simons, Paternite, Short, 2001).

In studies conducted in the early 1980's, it was found that youth rebellion is not as common as society believes it to be (Comer, 1988). Also, rebellion was an aspect that was not displayed in families with close ties. However, as these individuals go through the transitions, rebellion, being conflict and resistance, is almost a necessary step. Furthermore, during this transition adolescents feel as if they have limits put on them by adults, especially their parents, causing a dissonance to occur. Yet adolescents are fearful and are convinced that they know best for themselves. They feel they must show their independence away from their parents and one way they do this is to belittle their parents, say, and do the exact opposite. Strong family ties are important to abate this rebellious behavior.

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There are programs in the community which are focused on reducing behavior in adolescents, mainly alcohol and other substance abuse, adolescent pregnancy, violence and the reduction of developmental risks, such as poverty, neighborhood violence, family dysfunction (Leffert et al., 1998). It is important to note that these programs exist in order to show that these issues are recognized as ones that affect adolescents and their families. Typically, health care

and social service professionals have directed these programs and practices, to focus on their main goal of promoting positive development in adolescents. However, a down side to a few of these programs is that some alcohol and/or other drug prevention programs have documented the inability of classic prevention programs to sustain behavior changes among adolescents (Leffert et al., 1998). In other words, these programs help these adolescent's while they obtain the treatment, but they do not guarantee the effectiveness for after the leave the facility. Therefore, it is evident that these issues need to be examined from another angle in order to lessen the effect they has on adolescents.

Hypothesis

The main goal through this study is to investigate the level of agreement of consistency between MVS between parents and their adolescent. The MVS that are being examined in this study are sexual intimacy, substance abuse, future goals, aggressive behavior, and rebellious behavior. The positive and/or negative agreement of consistency between these five subgroups will most likely vary, causing the groups of morals and values parents and adolescents agree and/or disagree upon to be different. There may be a positive agreement in only two or three of these subgroups, and a negative agreement on the others. There may also be no positive agreements in any of these categories, or an agreement in all of the categories. However, the point of this study was to examine the level of agreement and/or disagreement as a whole.

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If there is a positive agreement, this shows that the parent and adolescent agree on the moral being discussed. This does not mean that their belief is good or bad; it solely means that there is a consistent agreement. For example, both parent and adolescent believe that individuals, including themselves, should wait to have sex until they are married. If there is a negative agreement, this shows that the parents and the adolescent have a consistent

disagreement on the moral being discussed. For example, the parent believes that their adolescent should wait to have sex until they are married, and the adolescent does not.

Following this examination, this existing or lacking of agreement between the MVS was compared to the effect it has on three outcomes in the adolescents' life, including: the adolescent's academics, getting in trouble at school (fighting, detention, suspension, etc.), and other influential issues that could arise (crimes, theft, pregnancy, etc.). The quality of the relationship as well as the communication between the parents and the adolescent played a fundamental role in determining whether the parents significantly influenced the MVS of their adolescent.

There are four parts to the hypotheses. The first hypothesis is if the adolescent and the parents have a consistent positive moral and value system this will lead the outcomes to be positive. Families in this category will display a frequent communication line and a quality relationship. Hypothesis Two: if the adolescent's negative moral and value system were consistent to their parents negative system, this will lead the outcomes to be negative. Families in this category may display a frequent communication line, however the quality of the relationship will be negative. Hypothesis Three: if the adolescent has a negative belief system and the parents have a positive belief system, then the outcomes will be negative. Hypothesis Four: if the adolescent has a positive belief system and the parents have a negative belief system, this will lead the outcomes to be positive. However, since these adolescents have a positive belief system, they will have other positive influences in their lives, which have a large affect on their beliefs. Families in both of these categories will communicate less and have a low quality relationship.

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Method

Participants

One adolescent from a total of ten families were used in this study. The criterion for the adolescent was they must be enrolled as a junior high student, ranging from sixth to tenth grade. A total of three males and seven females, with a mean age of 13.9 participated. The youngest age for the adolescents was 12 years of age, and the oldest was 16 years of age. The biological parents of each adolescent were used in this study, however, the fathers of three families did not participant. The criterion for the parents was that they had to be male or female and each had to have legal custody of the adolescent. A total of ten females, with a mean age of 40.5 and seven males, with a mean age of 45.7 participated. The youngest age for the biological mother was 32, and the oldest age was 49. The youngest age for the biological father was 32 years of age, and the oldest was 55 years of age. The families were taken from a convenient sample of the faculty members at Albright College. Dr. Brenda Ingram-Wallace, the head advisor of this study, sent out a massive email in order to obtain the names of families. Families from churches and community centers were contacted, however were not included in this study, due to a lack of time and cooperation.

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Materials

Adolescent Questionnaires.

The questionnaire contained five parts covering issues based on their morals and values. The first section consisted of general questions about the adolescent's relationship with their parent, how often they conversed on a monthly basis, a list of possible activities they participated in together, and who they respected and believed to influence their morals and values. The adolescents' typical grade in school and how often they get in trouble was also recorded.

Participants were asked to rate each question using a scale system of 1 to 4 in this section. Each scale displayed an anchor of severity (i.e. 1-poor, 2-fair, 3-good, 4-excellent). The second section asked questions specifically pertaining to the adolescent's own beliefs. The MVS were based on five specific subgroups including sexual intimacy, substance abuse, future goals, aggressive behavior, and rebellious behavior. The third section asked the adolescent their perceived notions of the beliefs their parents hold. These questions were based on the identical morals and values discussed in the second section except aimed at their parent's beliefs. The fourth section specifically asked questions pertaining to the communication patterns with the parent on the moral and value issues discussed prior. A scale of 'yes' and 'no' was used in these three sections with a scoring system of 0 for 'yes' and 1 for 'no.' Adolescents also completed a checklist of behaviors they have or have not participated in (drinking, drugs, sex, fighting, getting bad grades, dating, disobeying rules of the house, and disrespecting parents/caregivers). These questions were asked in order to obtain descriptive information of the adolescent's behavior. When administered, the adolescent questionnaire was printed on yellow paper in order to discriminate between the two questionnaires (This questionnaire can be found in Appendix A).

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Parent Questionnaire

The parent and adolescent questionnaires were of equivalent content and value. The sections were analogous to the questionnaire given to the adolescent. However, the first section in the parent questionnaire also contained questions about their educational level, their relationship to the adolescent, how their adolescent was doing in school, who they believed to influence their adolescent, and various questions asking them to rate their perceived level of the quality and strength of their relationship with their adolescent. The identical scale system of

anchors was used in this section. The next three sections contained the same 'yes' or 'no' format, however pertained to their own MVS, their perceived notions of their adolescent beliefs, and issues they have or have not communicated with their adolescent. Finally, parents completed the same checklist of behaviors they believed their adolescent had or had not participated in (drinking, drugs, sex, fighting, getting bad grades, dating, disobeying rules of the house, and disrespecting parents/caregivers). These questions were asked in order to obtain descriptive information of the perceived behaviors participated in by the adolescent. When administered, the parent questionnaire was printed on white paper in order to discriminate between the two questionnaires (This questionnaire can be found in Appendix B).

Design and Procedure

The ten families from Albright College in the Reading area in the southeastern city in Pennsylvania volunteered to participate in this study. All participant families contained an adolescent in junior high grades sixth through tenth. The mother of the adolescent and the instructor met at a neutral public place and was given a general letter explaining the nature of the study (See Appendix C). If the mother agreed to participate in the study, a packet of information as well as a detailed description of instruction was given to them. Each packet consisted of a letter explaining the color coordinated questionnaires (See Appendix D), the informed consents (See Appendices E and F), the appropriate questionnaires for the parents and the adolescent, and two envelopes for the participants to put in their completed questionnaire and informed consent. The envelopes were the means used to assure their privacy. Once everything was completed, which took about one week per family, the informed consent as well as the questionnaire was returned to the instructor. Once returned, each family was given a letter, debriefing them of the purpose of the study as well as contact information (See Appendix G).

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Results

Within each family, data from all ten mothers was collected, while fathers had a lack of participation in three families. On account of this inconsistent participation from all ten fathers they were excluded from the statistical analysis.

First Dependant Variable

The first dependent variable was the actual beliefs of the mother versus the actual beliefs of the adolescent. The beliefs of the mother and adolescent were calculated by marking a 'yes' or a 'no' on the checklist. Each score between the mother and adolescent was compared and a total number of agreement scores were calculated. For all questions, 'yes' signified an agreement to the question and 'no' signified a disagreement. The first dependent variable was analyzed by running a repeated measures ANOVA. No significant relationship was found, $F(1, 9) = .213$, $p = .656$ (See table 1 for means and standard deviations of agreement scores).

Second Dependent Variable

The second dependent variable was the existing agreement or disagreement of what the mother perceived their adolescent to believe versus the adolescent's actual beliefs. The mother's perceived beliefs of her adolescent was calculated by the using the same scale of 'yes' or 'no.' Each score between the mother's perceived beliefs and the adolescents actual beliefs were compared and a total number of agreement scores were calculated. The second dependent variable was analyzed by running a repeated measures ANOVA. A significant relationship was found, $F(1,9) = 6.698$, $p = .029$ (See table 1 for means and standard deviations of agreement scores).

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Third Dependent Variable

The third dependent variable was the existing agreement or disagreement of what the adolescent perceived their mother to believe versus the mother's actual beliefs. The adolescent's perceived beliefs of his or her mother's beliefs were calculated by using the same scale of 'yes' and 'no.' Each score between the adolescent's perceived beliefs and the mothers actual beliefs were compared and a total number of agreement scores were recorded. The third dependent variable was analyzed by running a repeated measures ANOVA. No significant relationship was found, $F(1,9) = .507$ $p = .494$ (See table 1 for means and standard deviations of agreement scores).

Outcome Variable

Once these three dependent variables were separately analyzed, they were compared to how they affected certain outcomes in the adolescent's life (i.e. getting in trouble at school, getting good grades, and other influential issues that may arise). It was predicted that the stronger the three relationships, meaning the more positive agreement between the morals and values, the more positive the outcomes. In other words, because of the positive agreement between the belief systems, the more likely the adolescent would not get in trouble at school, receive good grades in school, and would not have other significant factors (theft, pregnancy) affecting their life.

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A Pearson *r* correlation was used in order to calculate the effect the three dependent variable had on the adolescent's outcomes. The only relationship where a significant effect was found was between the agreement scores for what the mothers perceived their adolescent believed and the adolescent's actual beliefs and the typical grade the adolescent received in

school, $r = +.04$, $n = 10$, $p < .01$, two tails. No other agreement score was found to have a significant relationship with adolescent's outcome scores.

Descriptive Statistics

Both parents and the adolescent in seven out of ten families were examined in order to obtain descriptive statistics.

Quality and Strength of Relationship Descriptives

The quality of the relationship between the adolescent and their mother's was stronger than with the fathers. The seven fathers who responded out of the ten total families were more likely to put a lower anchor mark than the mother's when referencing to the quality and strength of the relationship. Seldom did any of the father's articulate that the relationship with their adolescent was 'excellent' or 'very strong.' Father's also rated lower when asked how often they spoke to their adolescent on a monthly basis. Most mothers recorded that they spoke with their adolescent everyday, while the fathers mostly put at most 'five times a week.'

Communication Descriptives

Dealing with this issue of communication in the first section, when the adolescent was asked if they felt comfortable talking to their parents about a problem, half of them rated that they were 'usually uncomfortable,' while the other half rated that they were 'sometimes uncomfortable.' None of the adolescent's recorded that they 'never felt uncomfortable' parents rated that they were 'sometimes' or 'never uncomfortable.' None of the parents recorded lower than 'sometimes.'

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Moral and Value System Descriptives

For the second section, five mothers marked a 'yes' for all responses, meaning they have a positive belief system. Out of the five mothers who indicated having a positive belief systems-

three of the adolescents had a agreement of all 'yes' responses, and two only marked one 'no' response. Adolescents and their fathers had more disagreements with beliefs than with the mothers; however not many. For the third section, most parents, specifically fathers perceived their adolescent to put more 'no' responses for questions (negative belief system). Inversely, most adolescent's perceived their parents to put more 'yes' responses for questions (positive belief system).

Specific Moral and Value Descriptives

Three out of the ten adolescent's recorded that they had discussed all issues with their parents; however one father recorded that he had discussed none of the issues with his adolescent. The topics that were not discussed most frequently were: safe sex, sexual activity, pregnancy, and sexually transmitted diseases. The youngest participant, who was 12 years old, marked for most issues that were not discussed with their parents, while the two eldest participants who were 15 had the most marked 'yes'. Coincidentally, the parents of the 12-year-old adolescent who marked that they had talked about only five of the fifteen issues listed, marked that they had talked about thirteen of the fifteen issues.

Behavior Descriptives

In the final section, there was a consistent agreement between the behaviors the parents believed their adolescent was involved in with what the adolescent recorded. In addition, in the first section when the adolescent was asked to mark how often they got in trouble at school or the typical grade they receive in school, most of the families were in an agreement, whether the grade was low or high. Most interesting is that the parents, as well as the adolescent marked that 'getting good grades was important in school,' 'they should set high goals for themselves,' and 'going to college will brighten their future.' Dealing with fighting in school, all parents and

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adolescent's marked that 'people should use words and not fists to solve problems,' and people should go to an adult if there was a problem at school.' In contrast, when asked how often they got in trouble at school, half of the adolescents marked 1-3 times.

Discussion

The purpose of this study was to examine the level of agreement or disagreement between the MVS between parents and their adolescent. Since complete data was only collected from the mothers, fathers were excluded in the analysis. Two other relationships were examined including the mother's perceived belief of what her adolescent believed versus what the adolescent actual believed, as well as the adolescent's perceived belief of what their mother believed versus what the mother actually believed. Following this examination, the existing or lacking of agreement between the MVS was compared to the affect it had on three outcomes in the adolescents' life, including: the adolescent's academics, getting in trouble at school (fighting, detention, suspension, etc.), and other influential issues that could arise (theft, pregnancy, etc.).

It was hypothesized that the stronger the positive agreement ('yes' or 'no' responses) between the mother and the adolescent's beliefs, whether actual or perceived, the more positive the outcomes in the adolescent's life (i.e. the adolescent would be getting higher grades in school, not fighting in school, and not have other influential issue, such as pregnancy occurring in their lives).

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Three Dependent Variables

The first dependent variable examined the mother's and adolescent's actual beliefs were found to be significantly different. This nonsignificance shows that mother's and adolescents are not consistent in their MVS. This could be due to a myriad of factors, including a lack of communication or a low quality relationship. The second dependent variable comparing the

mother's perceived beliefs and her adolescent's actual beliefs was found to be significant. It could be assumed that the adolescent is more open to their mother about their thoughts and feelings, or that they communicate more often. In addition, the mother could be attentive to her adolescent while they are conversing. This does not necessarily mean that the mother agrees with her adolescent, as significantly shown in the results, however she is able to properly identify the beliefs of her adolescent. The third dependent variable examining the adolescent's perceived beliefs and their mother's actual beliefs was found to be significantly different. This nonsignificance may be attributable to two explanations. The mother and the adolescent may not communication often, leaving the adolescent unable to identify what their mother believes. The mother also may not feel comfortable talking about her beliefs with her adolescent. Even though, the questionnaire showed that the mother did feel comfortable, this could have been in reference to general issues. Contentiously, the mother may in fact communicate her opinions and attitudes to her adolescent, however the adolescent does not listen. The adolescent may disagree with their mother causing them to be unsure about what their mother believes.

Outcome Variable

The results supported my hypothesis that a consistent agreement between the mothers perceived MVS of her adolescent and the actual adolescent MVS were positively related to the adolescent's grades in school. This significance would be expected since the dependent variable was found significant. In other words, when this agreement score increased, the typical grade received by the adolescent in school also increased. As previously mentioned, this shows that mother's were aware of their adolescent's beliefs on certain issues. The results did not however, support my hypothesis that a consistent agreement between the actual MVS between mothers and adolescent or the adolescent's perceived beliefs of their mother's versus the mother's actual

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beliefs increased the adolescent's grades in school. All three of these relationships also did not show any significance that the agreement scores decreased the likelihood the adolescent would get in trouble at school or affect other influential issues.

Quality and Strength of Relationship Descriptives

Descriptive information was examined for both parents in this study, in order to give indication for more concise reasons as to why certain results were found. The quality of the relationship as well as the communication between the parents and the adolescent played a role in determining whether the parents significantly influenced the MVS of their adolescent. The quality of the relationship between the adolescent was stronger with the mother than the father. It was found in all seven families that the father's participated in, recorded a lower anchor mark. Father's also did not speak with their adolescent as frequently as the mother's. This descriptive information supports the results found between the mother and the adolescent because there was significance among what the mother's perceived with what the adolescent actually believed. However, results may have differed if data was collected from all of the fathers.

Communication Descriptives

Overall, adolescents did not feel completely comfortable talking to their parents. This shows that many of the adolescents in the sample did not always go to their parents with a problem they were having. This further shows that the adolescents do not have a complete strong-quality relationship with their parents enabling them to feel this comfort. Since none of the adolescent's recorded that they 'never felt uncomfortable' when talking to their parents about a problem they are having, this further supports the above assumption. On the other hand, with the same question, parents rated that they 'sometimes' felt uncomfortable or 'never felt uncomfortable.' None of the parents recorded lower than 'sometimes,' which may be because

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parents are naturally in more authority than their adolescents. These feelings of authority could have been reflected onto the adolescent, which was why they responded the way they did in the questionnaire.

Moral and Value Descriptives

In the third section, most parents, specifically fathers perceived their adolescent to put more 'no' responses, implying a negative belief system. In opposition, most adolescent's perceived their parents to put more 'yes' responses for questions, implying a more positive belief system. This is a pattern that would most likely be found within most families and the parents' answers could have been reflecting more of their observations of their adolescent's behaviors rather then what they perceive them to actually belief.

Specific Moral and Value Descriptives

For the fourth section, one of the father recorded that he had discussed none of the issues with his adolescent. This supports the assumption that the adolescent was referring to only one parent because the mother from the same family had marked 'yes' for most of the responses in this section. The questionnaire did not give the adolescent a distinct place to differentiate whom they spoke to about certain topics. Aside from the one father marking 'no' for discussing any of these issues with his teen, the topics that were not discussed most frequently were: safe sex, sexual activity, pregnancy, and sexually transmitted diseases. Coincidentally, the parents of the 12-year-old adolescent who marked that they had talked about only five of the fifteen issues listed, marked that they had talked about thirteen of the fifteen issues. However this was a pattern found throughout this section; the adolescent recorded talking about fewer issues with their parents, then the parents recorded about talking with their adolescent. This shows that the adolescent is either unaware that their parents have discussed these issues with them, or they

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have a lack of interest in hearing their parents' opinions. Parents could also be recording that they had discussed these issues because of society's expectations when indeed they have not.

Behavior Descriptives

In the final section, there was a consistent agreement between the behaviors the parents believed their adolescent was involved in with what the adolescent recorded. Yet these were general topics, which could have led the parents to make generalization of their adolescent's behavior. However, it seems as if the behaviors of the adolescent is being projected to the parents more clearly. However, because of the fact that adolescent's and parents marked more positive beliefs then behaviors, it can be assumed that the adolescent's behavior (outcomes) is saying more than their actual beliefs because their grades were lower or they marked 'getting bad grades,' on the behavior checklist. What they said they believed was not consistent with their behavior. Another assumption is that the adolescent may be expressing what they think they should believe, and not what they believe in actuality. Because regardless of whether the adolescent marked a 'yes' or a 'no,' implying that they had a positive or negative belief system, the recorded behavior from the adolescent and the parents in fact said differently.

Comparison to Past Research

The results were consistent with Whites' (1996, 2000) findings. White's study concluded that adolescents who perceived their family as higher in cohesion tended to rate the family as significantly more influential than did other adolescents. Though not all adolescents rated their parents as the number one and two influential people in their lives, they were always rated in the top three. The top five responses for influential people recorded by both the adolescent and the parents were: mom, dad, siblings, grandparents, and best friend. Only one of the adolescents said that their peers significantly influenced their morals and values. My results are also

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consistent with the finding from Zern (1997) and Russell, Mize, and Bissaker (2002). Zern found that 30%-48% of adolescents marked family for having the highest influence on their belief system. These authors found that parent-adolescent relationships are extremely complex and differ from the perspective of the parents and of the adolescent. There was not one family who all agreed on the same issues or who correctly perceived the beliefs of the other party. It is possible to generalize findings, however it must be realized that not all families are able to fit into one category. Walker, Hennig, and Krettenauer (2000) also found that within a parent-adolescent context, affective and supportive interactions would further moral development. This was support from the results and the descriptives.

White (2000) also stressed the importance of parental discussion styles and that positive family communication causes an increase in the agreement between the adolescents and the parents beliefs. If the communication is high, then the agreement will also be high. This was not supported in my study; whether the issue was discussed or not, did not seem to have an effect on whether the adolescent believed it or not. Also, the literature showed that an increase in agreement would increase the adolescent's grades in school, however this was not found in my study. Even if the adolescent and the mother believed that getting good grades was important, it did not deter whether they received good grades or not. Carlo et al. (1999) also found that in order for parents to influence their adolescent's morals and values, the must provide information about desirable ways to behave and encourage appropriate behavior. Supportive parents, combined with parental practices and discipline technique also promote moral development.

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The issues that were not discussed most frequently throughout all ten families were the issue of sexual intimacy. This is consistent with the research conducted by Miller et al. (1998) who found that adolescent's are frequently unaware of their parent's beliefs and attitudes about

sex-related issues. It was also found that mothers and adolescents communicate their feelings about sexual intimacy, however they feel uncomfortable and confused about their own roles in these discussions. The results were also consistent with the findings from Dubois, Eitel, and Felner, (1994) who found that positive parent-adolescent facilitates positive academic outcomes. They found that aspects of the family have a significant influence on the future goals and education of an adolescent. The literature supported the results, because it was significantly found that as the mothers perceived beliefs of her adolescent and the adolescent's actual beliefs increased, the grades in school also increased. This implies that there is a high level of communication and quality of the relationship because this bridge is necessary in order for this agreement to exist.

Limitations

Much of this research provided results that were based on the mother-adolescent relationship because the mothers were more willing to participate. Having a lack of all the fathers was one of the main limitations of this study. It was difficult to obtain cooperation from the fathers because they were unavailable or uninterested in filling out the questionnaire. Therefore, analyzed data could only be compiled using the mothers because there would have been discrepancies if the father's information were used. Another major limitation to the study was the process of how the sample was obtained and the small sample size. It was difficult to gain significant data because of the small n. Unsuccessful attempts were made to obtain a random sample size, however for the purpose of this study, a convenient sample was used.

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Another limitation is that there are many other variables that could contribute to an individual's moral and value development, such as the family's environment, number of siblings, teachers, and peers that were not accounted for in this study. It seems that even if there is a

quality relationship and high communication between the parents and the adolescent, there are still these other variables in the adolescent's life that must to be taken into consideration. There is also the possibility that the participants did not take the study seriously, therefore, they did not read the questions carefully and give honest answers. Also, since the instructor was not there to collect the data, the participants, mainly the adolescents were not guaranteed full privacy. For this reason, they may have altered some of their responses in fear that their parents would see their answers. Dealing with the questionnaire itself, it was difficult to decipher which parent the adolescent was referring to when answering the questions. There was no way of knowing, which parent the adolescent had in mind when answering the questions in sections three and four. Since there was one adolescent used, it was evident whom the parents were referring too.

Future Research

Suggestions for future research may include analyzing a larger and more diverse sample size. Possibly contacting churches, community centers, and schools would be beneficial for this type of research. It would be interesting to examine whether there are differences within rural, suburban, and urban areas, within different religions, or differences within different family dynamics (i.e. grandparent household, stepfamilies, single parents families). There could also be further research, which examines the different influences of mothers versus fathers or parents versus peers. Future research should take the limitations of the questionnaires into consideration and develop one, which allots space to differentiate either parents or other caregivers. Other questions could also be developed such as the satisfaction each individual has with their parent and or adolescent relationship and the type of environment in which they reside. Finally, the difficulties of examining the relationship of parents affect on adolescents' moral development must be taken into account because there are a myriad of variable, as previously mentioned, such

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as peer influence and societal factors that significantly affect the adolescent's moral development.

Conclusion

Overall, there has been limited research, which was attempted to examine the parent-adolescent relationship and the effects the consistent morals and values have on certain outcomes in the adolescent's life. This study as examined the MVS as well as the quality and the communication of the parent-adolescent relationship in order to see the effect they have on the adolescent's outcomes. It has been shown from previous research that a quality relationship and high levels of communication can assure this agreement, however there are numerous other factors that must be examined. Also, as seen in the results, certain behaviors the adolescent takes part in, may answer further questions in this area because as previously mentioned, the behaviors of the adolescents were not parallel with their recorded beliefs. There are many different avenues this study could take, and it is my hope that this is only a stepping-stone to more beneficial to adolescent outcomes.

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Table 1

Mean and Standard Deviations of Agreement Scores

	Mean	SD	N
Mothers and Adolescents Actual Beliefs	9.3	1.567	10
Mothers Perception of Adolescents' Beliefs and the Adolescents' Actual Beliefs	8.7	2.163	10
Adolescents Perception of Mothers' Beliefs and the Mothers' Actual Beliefs	9.5	1.650	10

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Appendix A

Questionnaire for the Adolescent

Age: _____ Gender: M: _____ F: _____

Grade Level in School: 6th grade ___ 7th grade ___ 8th grade ___ 9th grade ___ 10th grade ___

1. Describe your relationship with your parents/caregivers?

1	2	3	4
poor	fair	good	excellent

2. How strong is your relationship with your parents/caregivers?

1	2	3	4
very weak	weak	strong	very strong

3. How comfortable are you with talking to your parents/caregivers about a problem you are having?

1	2	3	4
very uncomfortable	usually uncomfortable	sometimes uncomfortable	never uncomfortable

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4. How often do you and your parents/caregivers talk on a monthly basis?

1	2	3	4
once a week	three times a week	five times a week	everyday

5. What are some activities that you have done with your parents/caregivers over the past month? Please check **all** that apply.

Shopping/going to the mall _____ Attending religious services _____
Going/watching movies _____ Talking about school _____
Playing sports _____ Going on a small trip/vacation _____

Other (explain) _____

6. How many times have you gotten into trouble in school (i.e. detention, suspension in principal's office) over the past month? Please check **one** answer below.

None _____ 7-9 times _____
1-3 times _____ 10-12 times _____
4-6 times _____

7. What is the **typical** grade you get in school? Please check **one** answer below.

A _____ D _____
B _____ F _____
C _____

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8. Rank in order of 1-10 the people in **your** life that you respect and look up to. (**1** being the **most** influential and **10** being the **least** influential).

Mother/female caregiver _____ Best Friend (s) _____
Father/male caregiver _____ Other Friends/Peers _____
Grandparents _____ Athletic Coaches _____
Siblings _____ Religious Leaders _____
Family Members (cousins, etc) _____ Other _____

The next section contains questions about <u>your</u> beliefs. Please answer the following questions 'Yes' or 'No'.

Yes ____ No ____ Drinking is wrong until you are 21, the legal age to drink

Yes ____ No ____ Doing any kind of drug is illegal and dangerous

Yes ____ No ____ I should wait to have sex until I am married

Yes ____ No ____ I should not date until I am in high school

Yes ____ No ____ Getting good grades in school is important to me

Yes ____ No ____ I should set high goals for myself

Yes ____ No ____ Going to college after I graduate high school will brighten my future

Yes ____ No ____ People should use words and not fists to solve a problem

Yes ____ No ____ People should go to an adult if there is a problem at school

Yes ____ No ____ I should respect my parents/caregivers and the rules of the house

Yes ____ No ____ I must deal with the consequences if I do something wrong

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The next section contains questions about <u>your parents/caregivers</u> beliefs. Please answer the following questions 'Yes' or 'No'.

Yes ____ No ____ My parents/caregivers believe that I should use words and not fists to solve a problem

Yes ____ No ____ My parents/caregivers believe that I must deal with the consequences if I do something wrong

Yes ____ No ____ My parents/caregivers believe that I should wait to have sex until I am married

Yes ____ No ____ My parents/caregivers believe that I should not drink until I am 21, the legal age

Yes ____ No ____ My parents/caregivers believe that my grades in school are important

Yes ____ No ____ My parents/caregivers believe that I should go to an adult if there is a problem at school

Yes ____ No ____ My parents/caregivers believe that it is important that I have respect for adults and the rules of the house

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Yes ____ No ____ My parents/caregivers believe that I should not do drugs

Yes ____ No ____ My parents/caregivers believe that I must go to college in order to have a bright future

Yes ____ No ____ My parents/caregivers believe that I should not date until I am in high school

Yes ____ No ____ My parents/caregivers believe that I should set high goals for myself

The next section contains questions covering important topics in your life. Please answer the following questions 'Yes' or 'No.'

WHICH OF THE FOLLOWING ISSUES HAVE YOUR PARENTS/CAREGIVERS DISCUSSED WITH YOU IN THE **PAST YEAR**?

Yes ____ No ____ The importance of doing well in school and getting an education

Yes ____ No ____ Pregnancy and sexually transmitted diseases

Yes ____ No ____ The dangers of alcohol use

Yes ____ No ____ Going to an adult if I have a problem at school

Yes ____ No ____ Safe sex

Yes ____ No ____ Dealing with the consequences of my actions

Yes ____ No ____ The dangers of drug use

Yes ____ No ____ Going to college

Yes ____ No ____ Listening and obeying rules

Yes ____ No ____ Not fighting in school

Yes ____ No ____ Peer pressure

Yes ____ No ____ Using my words and not my fists to solve a problem

Yes ____ No ____ Needing a good job when I get older

Yes ____ No ____ Sexual activity

Yes ____ No ____ Respecting my elders and other adults, including them

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Please check all of the behaviors in which you have participated. Remember that your parents/caregivers will not see your responses.

Drinking

Drugs

Sex

Fighting

Getting Bad Grades

Dating

Disobeying rules of your home

Disrespecting parents/caregivers

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Appendix B

Questionnaire for the Parent

Age: _____ Gender: M: _____ F: _____

1. Please check **one** item which best describes your relationship with your adolescent.

Biological Mother ____	Grandmother ____	Step Mother ____
Biological Father ____	Grandfather ____	Step Father ____
Aunt ____	Uncle ____	

Other (explain) _____

2. Describe your relationship with your adolescent?

1	2	3	4
poor	fair	good	excellent

3. How strong is your relationship with your adolescent?

1	2	3	4
very weak	weak	strong	very strong

4. How comfortable are you with helping your adolescent through a problematic situation?

1	2	3	4
very uncomfortable	usually uncomfortable	sometimes uncomfortable	never uncomfortable

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5. How often do you and your adolescent talk on a monthly basis?

1	2	3	4
once a week	three times a week	five times a week	everyday

6. What are some activities that you have done with your adolescent over the past month? Please check **all** that apply.

Shopping/going to the mall _____ Attending religious services _____
Going/watching movies _____ Talking about school _____
Playing sports _____ Going on a small trip/vacation _____

Other (explain) _____

7. How many times has your adolescent gotten into trouble in school (i.e. detention, suspension in principal's office) over the past month? Please check **one** answer below.

None _____ 7-9 times _____
1-3 times _____ 10-12 times _____
4-6 times _____ I do not know _____

8. What is the **typical** grade your adolescent receives in school? Please check **one** answer below.

A _____ D _____
B _____ F _____
C _____ I do not know _____

9. Rank order the following people who **you** believe have the most influence on your adolescent's morals and values: (**1** being the **most** influential and **10** being the **least** influential).

Mother/female caregiver _____ Best Friend (s) _____
Father/male caregiver _____ Other Friends/Peers _____
Grandparents _____ Athletic Coaches _____
Siblings _____ Religious Leaders _____
Family Members (cousins, etc) _____ Other _____

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10. Highest degree or level of school you have completed. Please mark **one** space below.

Did not complete High School ____ Bachelor's degree (BA, BS) ____
High School Graduate ____ Master's degree (MA, MS) ____
Some College Credit ____ Professional degree (MD, DDS) ___
Associate degree (AA, AS) ____ Doctorate degree (PhD, EdD) ____

The next section contains questions about <u>your</u> beliefs. Please answer the following questions 'Yes' or 'No'.

Yes ____ No ____ Drinking is wrong until you are 21, the legal age to drink

Yes ____ No ____ Doing any kind of drug is illegal and dangerous

Yes ____ No ____ My adolescent should wait to have sex until he or she is married

Yes ____ No ____ My adolescent should not date until he or she is in high school

Yes ____ No ____ Getting good grades in school is important

Yes ____ No ____ My adolescent should set high goals for himself or herself

Yes ____ No ____ Going to college will brighten my adolescents' future

Yes ____ No ____ My adolescent should use words and not fists to solve a problem

Yes ____ No ____ My adolescent should go to an adult if there is a problem at school

Yes ____ No ____ My adolescent should respect the adults and the rules of the house

Yes ____ No ____ My adolescent must deal with the consequences if he or she does something wrong

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The next section contains questions about <u>your adolescent's</u> beliefs.
Please answer the following questions 'Yes' or 'No'.

Yes ____ No ____ My adolescent believes that he or she should use words and not fists to solve a problem

Yes ____ No ____ My adolescent believes that he or she must deal with the consequences if he or she do something wrong

Yes ____ No ____ My adolescent believes that he or she should wait to have sex until he or she is married

Yes ____ No ____ My adolescent believes that drinking is wrong until he or she is 21, the legal age

Yes ____ No ____ My adolescent believes that his or her grades in school are important

Yes ____ No ____ My adolescent believes that he or she should go to an adult if there is a problem at school

Yes ____ No ____ My adolescent believes that having respect for the adults and the rules of the house is important

Yes ____ No ____ My adolescent believes that he or she should not do drugs

Yes ____ No ____ My adolescent believes that he or she must go to college in order to have a bright future

Yes ____ No ____ My adolescent believes that he or she should not date until he or she is in high school

Yes ____ No ____ My adolescent believes that he or she should set high goals for himself or herself

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The next section contains questions covering important topics in your adolescent's life. Please answer the following questions 'Yes' or 'No.'

WHICH OF THE FOLLOWING ISSUES HAVE YOU DISCUSSED WITH YOUR ADOLESCENT IN THE **PAST YEAR**?

Yes ____ No ____ The importance of doing well in school and getting an education

Yes ____ No ____ Pregnancy and sexually transmitted diseases

Yes ____ No ____ The dangers of alcohol use

Yes ____ No ____ Going to an adult if he or she has a problem at school

Yes ____ No ____ Safe sex

Yes ____ No ____ Dealing with the consequences of his or her actions

Yes ____ No ____ The dangers of drug use

Yes ____ No ____ Going to college

Yes ____ No ____ Listening and obeying the rules

Yes ____ No ____ Not fighting in school

Yes ____ No ____ Peer pressure

Yes ____ No ____ Using his or her words not fists to solve a problem

Yes ____ No ____ Needing a good job when he or she gets older

Yes ____ No ____ Sexual activity

Yes ____ No ____ Respecting their elders, including us

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Please check all of the behaviors in which your adolescent has participated. Remember that your adolescent will not see your responses.

Drinking

Drugs

Sex

Fighting

Getting Bad Grades

Dating

Disobeying rules of your home

Disrespecting parents/caregivers

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Appendix C

General Letter Explaining the Nature of the Study

My name is Christina Hatt and I am a senior at Albright College. As an honor's student, I have been given the opportunity to conduct an honor's thesis, which will allow me to graduate with college and departmental distinction. As a psychology major, I decided to take this prestigious opportunity to further my interests in this field.

My project will compare the moral and value systems of teens and their parents. I believe that this comparison affects an adolescent's academics, behavior (such as getting in trouble at schools (fighting, detention, suspension, and other influential issues that could arise (crimes, thefts, pregnancy, etc).

In addition, I plan to examine the quality and the communication of the relationship between the parents/caretakers and the adolescent. Specific questions I am interested in examining are: are there any consistent similarities for what adolescents are saying, with what their parents are communicating? Are adolescents properly interpreting what their parents are in fact communicating to them and does this consistency positively or negatively affect certain outcomes in their lives? Furthermore, are adults verbally projecting their own accurate morals and values onto their adolescents?

Two questionnaires of equivalent content will be used; one for the parent/primary caretaker and one for the teen. A consent form will be given to each participant. Your agency can also receive copies for your records if you like. Then the questionnaires will be administered. It will only take 20-30 minutes to complete. Upon completion of the questionnaires the family will be brought back together where they may ask questions and receive further information regarding the study. Each questionnaire is confidential and the only information that will be released is the overall results in the final paper. I will happy to share the results with you as well.

I hope to obtain a total of twelve families in the Reading area for this study. I am writing to solicit your assistance in finding families who have adolescent children, male or female, in grades seventh, eighth, or ninth.

My advisor, Dr. Brenda Ingram-Wallace has helped me through this entire process with her knowledge and feedback. She is willing to provide you with any further information that you may need in order to make a decision. She may be reached at 610-921-7585 or bingramwallace@alb.edu. Please fell free to call me at your earliest convenience. I will also attempt to contact you in the next few days. I would like to meet with the families very soon. Thank you for your immediate attention.

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Sincerely,

Christina L. Hatt

hattch@excite.com
610-929-6734 (home)
484-794-5187 (cell)

Appendix D

Letter Explaining the Color-Coordinated Questionnaires

March 12, 2002

Albright College

PO Box 15234

Reading, PA 19612

Dear Sir or Madam:

Thank you for your participation in this study. At the completion of the study, please return the informed consent and both questionnaires to me. Just as a reminder, the yellow copy is for the adolescent and the white copy is for the parents/caregivers.

Sincerely,

Christina Hatt

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Appendix E

Informed Consent for Adults and Adolescents Under 14 Years of Age

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The study in which you are about to participate in is experimental research that is being conducted as a part of a senior honor's thesis at Albright College. This study has been approved by the Institutional Review Board of Albright College.

In this study you will be asked to complete a questionnaire that will ask you various questions based on your moral and value beliefs as well as your relationship with either your adolescent or your parents or caregivers. Please be assured that the questions are simple and will not harm you. Some of the questions may take longer than others to answer; however you are given enough time to complete them.

Complete privacy of your answers is guaranteed. Your names will not be associated with your responses or with this study. Data will be reported in group form according to your families assigned number and the only results available to you is the final paper. No individual data will be available to family members. At the conclusion of the study, you may contact your experimenter if you would like a copy of the results (Christina Hatt, 610-929-6734) or the advisor (Brenda Ingram-Wallace, 610-929-7585).

Please understand that your participation in this research is completely voluntary. Feel free to withdraw at any time without penalty or to remove any data that you have contributed. Thank you very much for your time and consideration in this study.

I acknowledge that I have been informed of and understand my rights and what I am expected to do for this study. I feely consent to participate. I acknowledge that I am at least 18 years of age and if I am not at least 14 years of age I acknowledge that I need my parent or guardian to sign this informed consent form.

Signed (by adolescent) _____

Signed (by parent or caregiver is child is under 14)

_____

Date _____

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Appendix F

Informed Consent for Adolescents 14 Years of Age or Above

The study in which you are about to participate in is experimental research that is being conducted as a part of a senior honor's thesis at Albright College. This study has been approved by the Institutional Review Board of Albright College.

In this study you will be asked to complete a questionnaire that will ask you various questions based on your moral and value beliefs as well as your relationship with your parents or caregiver. Please be assured that the questions are simple and will not harm you. Some of the questions may take longer than others to answer; however you are given enough time to complete them.

Complete privacy of your answers is guaranteed. Your name will not be associated with your responses or with this study. Data will be reported in group form according to your families assigned number and the only results available to you is the final paper. No individual data will be available to family members. At the conclusion of the study, you may contact your experimenter if you would like a copy of the results (Christina Hatt, 610-929-6734) or the advisor (Brenda Ingram-Wallace, 610-921-7585).

Please understand that your participation in this research is completely voluntary. Feel free to withdraw at any time without penalty or to remove any data that you have contributed. Thank you very much for your time and consideration in this study.

I acknowledge that I have been informed of and understand my rights and what I am expected to do for this study. I feely consent to participate. I acknowledge that I am at least 14 years of age.

Signed _____

Date _____

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Appendix G

Debriefing

The purpose of this study was to compare the agreement level between the moral and value systems of teens and their parents. I believe that this comparison affects the outcome of the adolescent's academics, behavior (such as getting in trouble at schools (fighting, detention, suspension, and other influential issues that could arise (crimes, thefts, pregnancy, etc). The moral and value systems you were asked about in sections two, three, and four were broken down into five subgroups: substance abuse, sexual intimacy, future goals, aggressive behavior, and rebellious behavior. The quality and the communication of the relationship between the parents/caretakers and their teens were examined in the first section. I believe that these two factors are important when looking at the existing or lacking of consistency of agreement between the moral and value systems between these two parties.

There are four parts to my hypothesis. 1.) If the teen and the parents have the same positive belief system-the outcomes will be positive. Families in this category will communicate often and have a quality relationship. 2.) If the teen and the parents have the same negative belief system-the outcomes will be negative. Families in this category may communicate often, however the quality of the relationship will be negative. 3.) If the teen has a negative belief system and the parents have a positive belief system, then the outcomes will be negative. 4.) If the teen has a positive belief system and the parents have a negative belief system, then the outcomes will be positive. However, since these teens have a positive belief system, they will have other positive influences in their lives, which have a large affect on their beliefs. Families in both of these categories will communicate less and have a low quality relationship.

Because these issues have been brought up, and the teens and parents may not agree on these issues, this may or may not cause a discussion between family members. Therefore I want to repeat that none of your individual data will be disclosed to those other than myself or the instructors involved in this study.

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It was important not to tell you before the experiment as to what was being measured, because it was believed that if I disclosed the fact that the consistency of agreement or disagreement was being measured that you might not be completely honest with your answers. By not revealing the purpose of the study, you were more likely to answer the questions honestly. I also did not want to give you any feedback that would affect you personally. Please keep in mind that:

- No one is judging your morals and beliefs in any of these categories
- No one will have access to your individual answers
- The feelings you may be having are normal and expected due to the type of questions asked during this study

This research is scientifically useful because it deals with how parents/caregivers and their teens communicate about these issues. This research may be applicable in family dynamic settings. Additionally, a study of this nature has not been done and will benefit other research done in this field. On a more personal level, this study will open the doors to how adults and adolescents look at belief systems and how this difference affects their academics, behavior in school, and other influential issues. It will also give them an opportunity to discuss these issues with the adults in their lives and become more honest and open about their thoughts and feelings. If any situations arise, a number of a counseling center will be made available to your family.

Your contribution to this research as a participant has been extremely useful. It is important that you do not discuss the nature of this study with other individuals in the community who may be participating because this may invalidate the results. Thank you for your participation and cooperation. You may contact me (Christina Hatt) at 610-929-6734 or hattch@excite.com or the head advisor (Dr. Brenda Ingram-Wallace) at 610-929-7585 or bingramwallace@alb.edu

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