INTRODUCTION
CHAPTER – I
INTRODUCTION

Parenting styles, self esteem and academic achievement exert a strong and perhaps a mutual causal influence on adolescents’ development. Perceptions of their parents’ child rearing styles, their own self worth and academic competence are predictors of development in adolescents.

Parents whatever the age of their offspring, consider them as children most of the time and studies as well as views of researchers on parenting styles in relation to self esteem and academic achievement have been mostly about non disabled children. Hence these results and views have been extrapolated to sensory impaired (SI) adolescents in this study.

Extensive research indicates that parents play an important role in the lives of children and adolescents (Parker and Benson, 2004; Henricson and Roker, 2000; Smetana, 1999; Liddle, Rowe, et. al, 1998; Maccoby, 1992). Parents have a major influence on the child’s cognitive, social, emotional and physical development (Bornstein, 1998; Bigner, 1994) Parents play a greater and more crucial role in shaping the lives of adolescents than anyone else. They have a lifelong and most intimate contact with their children which are especially significant in the case of SI adolescents as they are more dependent on their parents. Research in the area of parent child relationships has generally supported the notion that parents’ actions affect children in various ways (Amaro, 1986;
Parenting styles are collections of parental attitudes, practices, and nonverbal expressions that characterize the nature of parent-child interactions (Glasgow, Dornbusch, et. al., 1997). Parenting styles are groupings of behaviors that parents elicit to deal with their children. Parenting styles provide a robust indicator of parents functioning which predict the children’s well-being across a wide spectrum of environments and diverse communities (Darling 1999). Parenting style effects continue both indirectly through the long established patterns in the youth’s behavior and directly through persistent contact with parents.

Perception plays an important role in behavior. Parental attitudes toward the adolescents are reflected in behavior and perceived by the adolescents which in turn affects their self esteem. Parental behaviors such as support, participation and interest in the child reflect to the child positive connotations and therefore, have positive influences on the child’s self concept (Gecas and Schwalbe, 1986).

Research suggests that the adolescent’s perception of the parenting behavior may have greater influence on their behavior. Studies indicate that adolescent’s perception of the parent’s behavior is more valid and predictive of their behavior (Parker and Benson, 2004). Adolescents mimic, imitate and model what they observe; hence their perception of
the parenting style adopted by their parents is essential to their successful
development and transition.

Perception of the parenting style of their parents is an element in an
adolescent’s life which is constant and prominent. Adolescents’
perception of parenting styles is more important than their parents’ own
perception (Paulson, 1994). It has been argued that if an individual
experiences his or her parents as authoritative, regardless of how the
parents might describe themselves, then as far as the psychological
development of that individual is concerned, that is what the parents
indeed are (Steinberg, et. al., 1992; Buri, 1991).

“Self esteem has profound consequences for every aspect of our
existence” (Branden, 1990). Self esteem is an important concept since it
is shown to have a pervasive and powerful impact on human cognition,
motivation, emotion, and behavior (Campbell and Lavallee, 1993). The
most basic task for one’s mental, emotional and social health that begins
in infancy and continues until one dies, is the construction of his or her
positive self esteem (Macdonald, 1994). Psychologists regard the
maintenance and enhancement of self esteem as a primary motive of
human behavior (Sedikides and Strube, 1997; Brown and Dutton, 1995;
Baumeister, 1993; Taylor and Brown, 1988). Self esteem is of great
importance in psychological development since what one is in one’s own
eyes determines one’s attitudes towards life. It influences one’s
interpretation of the intention of others, the manner of interaction with society and the feelings of the individual (Reykowski, 1987).

According to Gegas (1982), Wylie (1974) and Rosenberg (1965) much of one's behavior is determined by how one assesses one's own sense of worth. The importance of self esteem can be considered from several perspectives as it is important for normal psychological development. To adequately cope with the various challenges of growing and developing, SI adolescents need to enhance their self esteem level. This could mean to believe that they have the capacity to achieve what they need, want and that they are as deserving of happiness and joy in life as any other adolescents.

Self concept and self esteem are sometimes used as synonyms. However, a difference exists between the two terms. Self concept is viewed as the body of self knowledge that individuals possess about themselves (Rosenberg, 1986). Self concept is a broader representation of the self that includes cognitive and behavioral as well as evaluative or affective aspects. Self esteem is a key component of self concept as it relates to the value that individuals place on oneself as a person (Harter, 1989), their own characteristics, qualities, abilities and actions (Griffin-Shirley and Nes, 2005). Self esteem is generally considered as the evaluative component of the self concept (Blascovich and Tomaka, 1991). Hence self esteem is an evaluative term and self concept is a
descriptive term. As self esteem is a part of self concept, both terms are used interchangeably in the existing literature hence both the terms are considered in this study.

Self esteem can be considered in multidimensional terms or in unidimensional term as global self esteem. Self esteem is global as it refers to the totalities of personal attributes rather than to a single dimension (Rosenberg, 1995; Rosenberg, Schooler, Schoenbach, 1989). Global self evaluation represents global characteristics of the individual and is considered to be more stable and depending fundamentally on the support offered by significant others (Bishop and Inderbitzen, 1995; Ryan, Stiller and Lynch, 1994; Harter, 1990a, 1993a). Domain-specific evaluation reflects an individual’s sense of competence across particular domains such as social competence or school competence and it is therefore considered to be more readily permeated by contextual and situational influences (Campbell and Lavallee, 1993). Several authors (Dubois et. al., 2000; Andrews, 1998; Pelham, 1995; Harter, 1985, 1988, 1993a, and b, 1996, 1998; Pelham and Swann, 1989) consider that global self esteem is the ideal one. Hence global self esteem is considered for this study.

Self esteem is crucial for the optimum development of SI children and adolescents. “The most fundamental aspect of the blind child is his self concept. The manner in which the child learns to view himself has a
tremendous impact on his future ambitions, accomplishments and personal happiness” (Cook-Clampert, 1981). This is true of a hearing impaired (HI) child or adolescent too. As adolescents with SI are more likely to face stressful situations it is important for them to develop an adequate self esteem. Tuttle and Tuttle (2004) suggested that people with visual impairment (VI) may have lower self esteem due to a disproportionate number of negative reflections they may experience compared to their non disabled peers. This is applicable to the HI persons also.

Affective judgment and self regulation to respond appropriately in frustrating and stressful situations is regarded as the important principle for self esteem. Even with one’s best efforts one faces rejections, disappointments and failure. A positive self esteem can assist a person in “weathering the storm,” to look beyond immediate failures. Individuals with SI may receive feedback from others with inappropriate attitudes and actions. Individuals differ in how they accept their disability. In some cases, their inability to cope leaves these individual feeling detached from the general society. In other situations, individuals detach themselves because they feel they do not belong or are being pitied by others. Negative self esteem is usually associated with isolation, depression, mental and health problems (Lopez-Justicia, 2006).
Tuttle and Tuttle (2004) described two sources for the development of self esteem: externally oriented (reflections from others) and internally oriented (proof of one’s worth through competence, productivity, and responsibility). They noted that “someone who is visually impaired must view himself or herself first, as a person of dignity and worth, and second, as a person who, among many other attributes, happens also to be blind”. A similar view is needed for HI individuals too. A level of self acceptance that is consistent with the other characteristics of the self would help to overcome negative feedback. A positive self esteem is usually associated with the ability to cope and overcome the consequences of a disability. It gives the individuals with disability a positive outlook on life, satisfaction and commitment. A positive sense of one’s self stimulates “dissonance-reducing actions” (Gegas, 1982; Kaplan, 1975; Wylie, 1974 and Rosenberg, 1965).

Shavelson, Hubner, and Stanton (1976) defined self concept as a person’s perception of himself or herself that is formed through experiences with the environment and influenced especially by environmental reinforcements and significant others. Parents typically serve as mentors and as significant others for adolescents. The intimate, extensive, and relatively enduring parent-child relationships make it an important determinant for the self esteem of children as well as adolescents. Attitudes parents hold toward child rearing also have a direct
influence on the child’s self esteem (Anderson and Hughes, 1989). Attitudes of significant others primarily parents have the most significant impact on the blind individual’s self concept; families with positive attitudes help the blind person maintain a positive outlook (Versluys, 1980; Lukoff, 1972). These parental attitudes apply to HI adolescents too.

Several studies have found that positive and functional child rearing techniques as well as positive parent child relations during adolescence are associated with higher levels of adolescent self esteem (Bell, Allen et. al., 1996; Kashubeck and Christensen, 1995; Demo, Small and Savin-Williams, 1987; Barnes and Olson, 1985). Research indicates that children with high self esteem have a much closer relationship with their parents than do children with low self esteem (Kernis, et. al., 2000; Gecas and Schwalbe, 1986; Coopersmith, 1967).

Studies indicate parental styles have an impact on adolescents’ self esteem. It is not only the parenting style but the quality of the relationship between the parent and the child that influences the development of the child’s self esteem (Morvitz and Motta, 1982). These relationships are much stronger for the child’s perceptions of parental behavior and his or her self esteem than the actual parental behavior or reports of parents of their own behavior (Gecas and Schwalbe, 1986).

Parents through their actual or intended behavior play a key role in how adolescents perceive themselves. Wylie (1961) states that: “(a) The
self concept is a learned constellation of perceptions, cognitions, as well as values. (b) An important part of this learning comes from observing the reactions one gets from other persons. (c) The parents are the persons who are present earliest and most consistently.”

A person’s self values are very important in determining how he or she feels about himself or herself. The ‘perceived self’ and the ‘significance in the eye of the beholder’ (Rosenberg, 1979) are important aspects of self esteem. What one thinks about one self and what significant others that is ‘parents’ whose opinions one values, affects one’s self esteem. The primary source of self esteem is the opinions received from significant others. A similar view is shared by psychodynamic theorists (e.g., Kernberg, 1970) and attachment theorists (e.g., Bowlby, 1982).

Self esteem has the potential to affect many aspects of an adolescent’s life and an adolescent’s life circumstances have the potential to affect his or her self esteem. Adolescence is the transition from the highly dependent and controlled period of childhood into a period that is marked by an increasing sense of self exploration and autonomy (Wentzel and Battle, 2001). Specifically adolescents begin to develop their self concept (Harter, 1983) and explore their relationship and connection with family, friends, and the larger society (Simmons, et. al., 1987). It is believed (Panteleev, 1993; Stolin, 1985) that self esteem is partly a
product of how a person believes others see him or her and how he or she is compared with others. This is especially true in the case of adolescents.

Perception of the parental style of one’s parents can directly and indirectly influence self-esteem. Some systematic reviews argue that differences in parental acceptance lead to individual differences in self-esteem (Emler, 2001). Adolescents’ perception of how their parents view them can be a great influence on how they feel about themselves. Children whose needs are satisfied and who experience parents as totally accepting, emotionally available, and loving will view themselves as absolutely good and loveable (Bowlby, 1982). If they feel their parents are disappointed in them or are not concerned about them, then they may feel that they are a failure or not worthy of their parents’ attention. This could have a negative effect on their self-esteem.

Academic achievement is a measure and mark of success. The terms academic achievement, school success, educational outcome, educational success and scholastic success are used interchangeably. Academic achievement is essential for adolescents’ successful development. Adolescents who do well in school are more likely to make a successful transition into their adulthood. Short term outcomes promoted by successful academic performance include attainment of a high school certificate, enhanced social and emotional well-being, and avoidance of unhealthy or unsafe behavior, while long-term outcomes
include attendance at higher secondary schools, the attainment of a college or higher degree and improved social and economic status in adulthood (Murnane, 1994). The socioeconomic importance of educational attainment cannot be overstated. Academic achievement is important by itself as it is one indication of social status. Young people's academic performance and educational attainment are strong predictors of the economic functioning they will experience later in life such as their income, employment and occupational status (Kane and Rouse, 1995; Miller, Mulvey and Martin, 1995; Entswisle, 1990).

Parents strongly influence an adolescent's academic achievement. Educational achievement has become the key factor for personal progress in the current competitive world. Parents desire that their adolescents climb the ladder of academic success to as high a level as possible. This desire for a high level of achievement puts a lot of pressure on adolescents to excel in academics. Effort and resources of many parents are used to compel their adolescents to achieve better in their scholastic endeavors.

Parents serve as a model for learning, determine the educational resources provided at home and may also influence adolescents' achievement through the messages they provide regarding their own abilities. Parents have an important role as mediators in their children's
motivation for school achievement. Parents exert a strong and perhaps a causal influence on their children’s achievement, attitudes and behavior.

Parents might set certain goals and hold certain aspirations for their adolescents. Parental values toward education represent the importance parents place on their children’s educational achievement (Eccles and Wigfield, 1995; Ford, 1992; Bandura, 1989). Parents recognize that schooling is the primary avenue to higher paying and physically less strenuous jobs for their adolescents. To get professional jobs parents demand high marks from their adolescents. Hence parents convey to their adolescents that school is important and provide positive emotional experiences in relation to school. Adolescents in turn internalize their parents’ positive expectations toward school in their own school attitudes. Adolescents’ motive for higher education is to get good jobs. To achieve this goal they want to do well at school and are strategic in their studies. They are examination oriented and study only the materials on which they would be examined (Gow, et. al., 1989). Parents and their children are driven by utilitarian pragmatism and consider scholastic success as a passport to high status (Ho, 1994).

Parents might communicate to their adolescents their values with respect to school such as the importance of education, intending that their adolescents should adopt these values and beliefs. Some studies suggest that parents seem to have a major impact by conveying their expectations
regarding their adolescents’ academic achievement. Parental goals and aspirations are best described as internal representations of desired states or outcomes that parents hold for their children. These in turn, organize and direct parents’ behaviors toward their children (Wentzel, 1997). In other words, parents influence their children’s competence beliefs by socializing them to expect different levels of achievement rather than by modeling achievement orientations (Eccles, 1993; Phillips, 1987; Parsons, et. al., 1982). Studies also indicate that children’s attitudes are influenced more by their parents’ attitudes about their abilities than by their own past performance.

Empirical evidence links parenting styles with adolescent’s academic achievement (Paulson, 1994; Dornbusch, Ritter, et. al., 1987). The way a child is generally treated in his or her home through behaviors expressed by parents can affect the child’s engagement in school (Steinberg, 1996). The VI and HI adolescents’ thoughts of how their parents view their abilities can greatly influence how they feel about their competency and their own achievement. Parents want their adolescents with SI to have high self esteem so that they can succeed in life. One way parents can help their adolescent succeed is through school work. When a SI adolescent does well in school, he or she feels good and has an increased sense of self esteem. Parental praise of their adolescent’s good performance in school is vital for SI individuals as they will know that
their parents are aware and proud of their achievement which will boost their self esteem.

A major determinant of one’s level of self esteem involves perception of achievement. An interrelationship exists between academic achievement and self esteem. Researchers have demonstrated that self esteem is vital for a variety of adolescent developmental outcomes (Rosenberg, Schooler and Schoenbach, 1989; Rosenthal and Simeonsson, 1989). Kashubeck and Christensen (1995) suggest that successful students have the propensity to feel a sense of personal worth and value about themselves. Self esteem develops through one’s feelings of competence (Higgins, 1991; Gecas and Shwalbe, 1983).

Individuals with high self esteem may set higher aspirations than those with low self esteem. They may be more willing to persist in the face of initial failure and less likely to succumb to paralyzing feelings of incompetence and self doubt (Baumeister, et. al., 2003). High self esteem may foster the confidence to tackle difficult problems and enable people to derive satisfaction from progress and success (Baumeister, et. al., 2003). Adolescents with a well developed sense of self esteem may have higher achievement because they develop an incentive to try harder and believe that the effort they put in their studies will yield good results.

It is evident that academic achievement is the basis of one’s self esteem and social status. Abraham Maslow’s (1987) theory of needs
indicates esteem, belongingness and achievement as categories of needs. Maslow asserted that esteem needs become salient after one has met physiological, safety and belongingness needs. Belongingness need includes a desire for high self evaluation from others. Esteem needs can be fulfilled through competence or achievement in academics. The theory of Maslow illustrates the interrelationship between how adolescents feel about themselves and their academic achievement, both these are influenced by the parenting style adopted by their parents.

1.1 Purpose of the Study:

The primary goals of this study were to identify:

A. The parenting style perceived by the VI and HI adolescents.

2. The level of self esteem in the VI and HI adolescents.

3. The level of academic achievement in the VI and HI adolescents.

4. The difference in perception of parenting styles between the VI and HI adolescents.

5. The difference in self esteem between the VI and HI adolescents.

6. The difference in academic achievement between the VI and HI adolescents.

1.2 Hypotheses of the Study:

A. The major hypotheses were:

1. The VI and HI adolescents do not perceive a particular parenting style.
2. The VI and HI adolescents do not perceive a high level of self esteem.

3. The VI and HI adolescents do not perceive a high level of academic achievement.

4. There is no difference in perception of parenting styles between the VI and HI adolescents.

5. There is no difference in perception of self esteem between the VI and HI adolescents.

6. There is no difference in perception of academic achievement between the VI and HI adolescents.

B. The following associations were hypothesized in the VI and HI adolescents:

1. There are no associations between perception of parenting styles and the chosen socio demographic variables (SDV).

2. There are no associations between self esteem and the chosen SDV.

3. There are no associations between academic achievement and the chosen SDV.

C. The following relationships were hypothesized in the VI and HI adolescents:

1. There is no relationship between perception of parenting styles and self esteem.
2. There is no relationship between perception of parenting styles and academic achievement.

3. There is no reciprocal relationship between self esteem and academic achievement.

D. The following impacts were hypothesized in the VI and HI adolescents:

1. Perception of parenting styles has no impact on self esteem.

2. Perception of parenting styles has no impact on academic achievement.

3. There is no reciprocal impact of self esteem and academic achievement.

1.3 Need and Importance of the Study:

Parenting styles and adolescents' perceptions of them are associated with their self esteem and academic achievement. Parents would benefit from understanding how they are perceived by their adolescents so as to modify their child rearing methods for the optimum development of their adolescents. Adolescents need to have a high self esteem and academic achievement for their well being.

While there is substantial literature on perception of parenting style by non disabled adolescents along with their self esteem and academic achievement, research has not concentrated on these aspects from the VI and HI adolescents’ perspective especially in India.
One important limitation in the existing literature relating to parenting styles, adolescent self esteem and academic achievement is that investigators have typically studied "normal" or non disabled adolescents. Unfortunately, it is difficult to generalize the results from studies conducted on the non disabled populations to SI adolescents. Hence very little is understood of how these constructs mutually affect VI and HI adolescents. Therefore it is imperative for researchers to explore these aspects in the SI individuals.

Research in parenting styles, self esteem and academic achievement in non disabled samples is limited to relationship between any two variables: effects of parenting styles on self esteem, effects of parenting styles on academic achievement and the interrelationship between self esteem and academic achievement. Research with the three variables in a single sample even in the non disabled has been rare.

Most research with regard to the SI has focused on one or the other variable but has not usually combined any of the two variables taken for this study. Even taking the variables individually, research on these constructs has been minimal among the VI and HI. Findings regarding the effects of the perception of parental styles on the development of self esteem and educational achievement in the VI and HI adolescents remain sparse and inconsistent.
Establishing that certain parental styles can be predictive of self esteem and academic achievement, self esteem and academic achievement can be predictive of each other in SI adolescents is knowledge that can be utilized in many different ways for intervention purposes.

Unfortunately, there is still little information available as to how the VI and HI adolescents perceive the parenting styles adopted by their parents, their implications on their self esteem and academic achievement. There is hardly any relative research to establish the relationship between self esteem and academic performance amongst the VI and HI adolescents. This provides the impetus for the present study. This research is also an important contribution to parenting studies as it investigates the relationship and impact of parenting styles with positive developmental outcomes in the Indian cultural context especially with regard to the SI adolescents.

1.4 Scope of the Study:

This study on parenting style, self esteem and academic achievement in relation to VI and HI has both theoretical significance for the understanding of human development and practical implications for the rehabilitation of such individuals. Positive parental child rearing methods are vital for the self esteem and academic achievement of SI adolescents.
The effects of a child’s special needs on parenting can vary depending on the specific nature of the child’s disability (Pelchat, Ricard, et. al., 1998). The impact of an adolescent’s disability on parenting is influenced by socioeconomic and cultural circumstances. Coping with the extra demands of an adolescent who has special needs may mean that parents are unable to move through ‘normal’ stages of parenting if their adolescents remain dependent on them for longer periods of time than would be typically expected, which could affect their child rearing practices.

Delafield (1976) held the conviction that understanding the development of self esteem is fundamental for the professional who works with blind persons. To shape strong personalities, feelings of self worth, the ability to establish interpersonal relationships, the ability to cope with high levels of stress and failure in people who are VI a more guided direction for psychological efforts in professional rehabilitation (Sekowski, 2001) is needed. This holds good for people who are HI too. This study intends to provide a framework towards such an endeavor.

The extra demands of an adolescent with special needs are likely to be facilitated by harmonious parental relationships and social support. Therefore, interventions must be targeted for families where these factors are problematic or absent and should take into account the contextual factors that affect particular parents. Making parents realize their
therapeutic role in shaping their disabled adolescent’s self esteem and academic achievement constitutes grounds for the scope of this study. Adolescence is a period of struggle to gain a positive role identity (Gross, 1987; Rasmussen, 1964; Erikson, 1963) which brings about the deepest identity crisis (Van der Zanden, 1990). A hallmark of an achieved identity is positive self esteem (Gross, 1987) which comes by associating with friends and peers who help the individual to create a feeling of belonging, identification and self esteem.

Adolescence is the most difficult period for individuals with disabilities. A situation of passive behavior is created in the VI which causes them to become dependent on others. Communication difficulties in the HI produce social isolation. In some cases these two disabilities can cause stigmatization, which can affect the adolescents’ self esteem and thereby identity formation. Parents and professionals need to address this issue together as it affects the transition of the SI adolescents into a fulfilled adulthood.

Academic achievement of students with disabilities is the result of a complex interplay of many factors (Blackorby, et. al., 2004). Studies show that some factors are intrinsic to youth themselves (e.g., disability and functioning) and some are characteristics of their family environment (e.g., parental support). Most of the factors are interrelated and a study of this interrelationship will help in appropriate intervention.
The results of this study can have a positive practical implication. This research highlights the importance of parental child rearing practices in relation to self esteem and academic achievement in the SI adolescents. This information might encourage more positive family interaction and more parental support, as well as evolve and encourage programs to help parents in their functioning. The information in this study may also provide a more guided direction for psychologists and rehabilitation professionals dealing with SI adolescents.

It is possible that this research can show social workers, special educators and rehabilitation specialists and parents some insight into the importance of parenting styles in the development of the SI adolescent’s self esteem and academic achievement. The information from the study could be used to help parents’ with appropriate child rearing styles so that their perceived effects in their adolescents can result in a positive parent child relationship. Seminars, workshops, parent training programs and counseling sessions would be appropriate for such endeavors. Policy makers and school authorities can be convinced through this study to devise measures to increase the SI adolescents’ self esteem and enhance their academic achievement.

1.5 Definition of Key Terms:

Defining key concepts is an essential and normal part of academic research which is necessary if a study is to be valid and reliable. It is not
always possible to arrive at agreed definitions. There are good research studies using ‘working definitions’ rather than well developed ones. Unless working definitions are relatively similar it is not possible to draw firm conclusions from international literature. Hence the well developed and operational definitions of key terms used in this research are provided.

1. Perception: The Oxford Advanced Learners Dictionary (2006) defines perception as a belief or an image one has as a result of how one sees or understands something.

2. Parenting style: Darling and Steinberg (1993) define a parenting style as the emotional climate in which parents raise their children.

3. Self esteem: Sedikides and Gregg (2003) define self esteem as a person’s subjective appraisal of himself or herself as intrinsically positive or negative to some degree.

4. Academic achievement: Academic achievement refers to success in academic tasks as measured by an external referent such as teacher ratings, self reported grades, grades from school records, or standardized achievement tests.

5. Visual impairment: The Persons with Disabilities (PWD) Act (1995) defines VI in terms of blindness and low vision (LV) as: “Blindness” refers to a condition where a person suffers from any of the following conditions, namely total absence of sight; or visual
acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or limitation of the field of vision subtending an angle of 20 degrees or worse.

“Person with low vision” means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device.

6. Hearing impairment: According to the PWD Act (1995) hearing impairment is defined as:

“Hearing impairment” means loss of sixty decibels or more in the better ear in the conversational range of frequencies.

7. Adolescents: According to the American Psychological Association (2002) there is currently no standard definition of “adolescent.” Chronological age is one way of defining adolescence. There is wide spread agreement that those in the age range of 10 to 18 years should be considered adolescents.

1.6 Operational Definitions:

An operational definition is a more detailed, fuller definition that explains key elements and how they work, singly and collectively, to create the quality or element being defined. The operational definition
directs us to what we should observe in order to know we have achieved an outcome (Lezin, Rolleri, et. al., 2004).

Operational definitions of major terms used in this study are:

1. **Perception**: A belief, impression or understanding based on what is observed or thought.

2. **Parenting style**: A pattern of attitudes and child rearing practices adopted by parents towards their children.

3. **Self esteem**: The extent to which a person feels positively or negatively about himself or herself.

4. **Academic achievement**: The overall performance of the individual on tests conducted by the teacher.

5. **Visually impaired adolescents**: Individuals of 14 to 20 years of age whose visual acuity and visual field is so restricted that they need to use Braille and primarily aural methods for academic purposes.

6. **Hearing impaired adolescents**: Individuals of 14 to 20 years of age whose auditory loss primarily necessitates the use of visual cues and manual communication for academic purposes.

1.7 **Objectives of the Study**:

A. Major objectives of the study were to identify and ascertain:

1. The perception of parenting styles and the difference in the VI and HI adolescents.
2. The level of self esteem and its difference in the VI and HI adolescents.

3. The level of academic achievement and its difference in the VI and HI adolescents.

B. Specific objectives of the study were to investigate:
1. In the VI and HI adolescents the association between perception of:
   a. Parenting styles and the selected SDV.
   b. Self esteem and the selected SDV.
   c. Academic achievement and the selected SDV.

2. In the VI and HI the relationship between perception of:
   a. Parenting styles and self esteem.
   b. Parenting styles and academic achievement.
   c. Self esteem and academic achievement.

3. In the VI and HI adolescents the impact of perception of:
   a. Parenting style on self esteem.
   b. Parenting style on academic achievement.
   c. Self esteem on academic achievement.
   d. Academic achievement on self esteem.

1.8 Theoretical Background of the Study:

A. Theory of Parenting Styles:

Parenthood is a multifaceted role that requires the implementation of many specific behaviors that work individually and together to
influence one's psychosocial success. Over time, investigators have grouped parenting behaviors into related clusters and labeled them as parenting styles (Steinberg, Elmen, et. al., 1989; Dornbusch, Ritter, et. al., 1987; Baumrind 1973; Becker 1964). Diana Baumrind in 1968 postulated a parenting style typology in which she identified three primary parental typologies: authoritarian, authoritative and permissive.

Baumrind (1971; 1989) identified two broad dimensions of parenting style: The first was demandingness, which relates to the amount of parental control exerted over children’s activities and behavior. Parents who score high on this dimension establish high standards and expect their children to meet these standards. Parental demandingness refers to “the claims parents make on children to become integrated into the family whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys.” Aspects of parental demandingness include the extent to which parents hold maturity demands for their children, provide supervision, and enact disciplinary efforts when needed (Baumrind, 1991).

The second dimension was responsiveness, which is determined by the amount of warmth and nurturance displayed by parents towards their children. Parents who score high in this area are highly accepting and responsive to their children. Parental responsiveness refers to “the extent to which parents intentionally foster individuality, self regulation, and
self assertion by being attuned, supportive, and acquiescent to children’s special needs and demands.” Aspects of parental responsiveness include the extent to which parents are sensitive toward and supportive of their children (Baumrind, 1991).

In addition to differing on responsiveness and demandingness, the parenting styles also differ in the extent to which they are characterized by a third dimension: psychological control. Psychological control “refers to control attempts that intrude into the psychological and emotional development of the child” (Barber, 1996). Through the use of parenting practices such as guilt induction, withdrawal of love, or shaming control is exercised. Two aspects of demandingness which have been identified are: (1) restrictiveness which is a form of psychological control and (2) firm control which is a form of behavioral control (Baumrind, 1989).

Baumrind used these dimensions in various degrees and combinations to identify three basic parental styles:

1. Authoritarian Parenting Style (APS): Authoritarian parents are characterized by high levels of demandingness and low levels of responsiveness. They exercise firm control over their children, expecting conformity, obedience and allow less room for personal autonomy and independence (Baumrind, 1971; 1989). Baumrind (1978) suggested that authoritarian parents are neither warm nor responsive to their children. They have high maturity demands
from their children primarily because they are intolerant of selfishness or inappropriate behavior. These parents are strict, expect obedience, and assert power when their children misbehave. When socializing their children, authoritarian parents express their maturity demands and expectations through rules and orders, but do not communicate to their children the rationale behind these rules. “They are obedience and status oriented and expect their orders to be obeyed without explanation” (Baumrind, 1991). These parents provide well ordered and structured environments with clearly stated rules.

Authoritarian parents score high on measures of maturity demands and control but low on measures of responsiveness, warmth, and bidirectional communication (Maccoby and Martin, 1983). Other characteristics attributed to the authoritarian style of parenting are such parents try to shape, control, and evaluate the behavior and attitudes of their children in accordance with set rules, emphasize obedience, respect for authority, work, tradition and order over compromise. Verbal exchanges between parent and child which entail give-and-take are discouraged (Dornbusch, Ritter, et. al., 1987). These parents may believe there is a danger in “spoiling” a child by being too loving or nurturing (Steinberg, Lamborn, et. al., 1994).
Other psychologists found authoritarian parents instruct and order, do not consider the children’s opinion, and discourage verbal give-and-take (Gonzalez-Mena, 1993). Such parents show little affection and “seem aloof from their children” (Berger, 2001). Obedience, respect and tradition are highly valued. Rules are non-negotiable, parents are always right, and disobedient children are punished often physically. However, these parents “do not cross the line to physical abuse” (Berger, 2001). As children obey their parents in order to avoid punishment, they become passive.

Authoritarian parents also expect a level of maturity higher than the norm for their child’s particular age group: “The authoritarian parents assign the child the same responsibilities as adults” (Scarr, Weinberg and Levine, 1986). Responsiveness is low as the approach is parent-centered and stresses the parent’s needs.

2. Democratic Parenting Style (DPS): is also known as authoritative style so both these terms are used interchangeably in this study. Democratic or authoritative parents display high levels of both demandingness and responsiveness. They control their children’s behavior in an age appropriate manner and create a warm and affectionate environment where the children are encouraged to express their point of view and participate in family decision making (Baumrind, 1971 and 1989) and support their explorations.
and pursuit of interests (Baumrind, 1979). These parents have high maturity demands (e.g., expectations for achievement) for their children but foster these maturity demands through bidirectional communication, induction (i.e., explanations of their behavior), and encouragement of independence. When socializing their children (e.g., to do well in school), these parents might provide their children with a rationale for their actions and priorities (e.g., “it will allow you to succeed as an adult.”). They monitor and impart clear standards for their children’s conduct. They are assertive, but not intrusive and restrictive. Their disciplinary methods are supportive, rather than punitive. “They want their children to be assertive as well as socially responsible and self regulated as well as cooperative” (Baumrind, 1991).

Democratic parents score high on measures of warmth and responsiveness as well as high on measures of control and maturity demands (Maccoby and Martin, 1983). Barakat and Clark (1999) report these parents are firm, consistent, children are given alternatives, encouraged to decide, accept responsibility for their actions and decisions where the end result is self empowerment.

Authoritative parents discipline through rational and issue-oriented strategies in order to promote their children’s autonomy while ensuring conformity to group standards they use reason,
negotiation, and persuasion not force to gain their children's cooperation (Marion, 1999).

As authoritative parenting provides a balance between control and independence it produces competent, socially responsible, self assured, and independent children (Gonzalez-Mena, 1993). In authoritative homes “Family rule is democratic rather than dictatorial” (Berger, 2001). The parents listening-demanding ratio is roughly equal. When the children’s opinions are valued and respected both children as well as parents benefit (Marion, 1999; Gonzalez-Mena, 1993).

Democratic parents set developmentally appropriate limits and standards for behavior. They make it clear that they will help their children. If their demands are not met, they are forgiving and understanding rather than punitive (Berger, 2000; Glasgow, et. al. 1997). These parents establish and enforce behavior standards and stay in control hence children are more likely to develop high self esteem, positive self concept, and greater self worth, less rebellion and generally are more successful in life. Overall, this parenting style is high on mutual understanding and is based on reciprocity so it is considered as the ideal parental style. In India too authoritative parenting has been associated with positive child outcomes (Carson, Chowdhury, Perry and Pati, 1999).
One key difference between authoritarian and democratic parenting is in the dimension of psychological control. Whilst both democratic and authoritarian parenting styles encompass firm control only authoritarian parents incorporate restrictiveness. Both authoritarian and democratic parents place high demands on their children and expect their children to behave appropriately and obey parental rules. Authoritarian parents however, also expect their children to accept their judgments, values and goals without questioning. In contrast, democratic parents are more open to give and take with their children and make greater use of explanations. Thus, although authoritarian and democratic parents are equally high in behavioral control, democratic parents tend to be low in psychological control while authoritarian parents tend to be high in psychological control.

3. Permissive Parenting Style (PPS): Permissive parents are characterized by high levels of responsiveness and low levels of demandingness towards their children. As such they exercise minimal control and authority over their children and fail to define appropriate limits and standards of acceptable behavior (Baumrind, 1971 and 1989).

Baumrind (1978) suggested that permissive parents are moderate in their responsiveness (i.e., some parents are high and
some are low) toward their children’s needs. These parents, however, are excessively lax in their expectations for their children’s level of maturity and their tolerance of misbehavior. When socializing their children, permissive parents are usually dismissive and unconcerned. They “are more responsive than they are demanding, they are nontraditional and lenient, do not require mature behavior, allow considerable self regulation, and avoid confrontation” (Baumrind, 1991). These parents score moderately high on measures of responsiveness and low on measures of maturity demands and control (Maccoby and Martin, 1983).

Permissive parents are nurturing, warm and accepting. Their main concerns are to let children express their creativity and individuality and to make them happy (Neal, 2000) in the belief that this will teach them right from wrong (Berger, 2001). These parents make few demands, administer little punishment, set no guidelines, have little structure and avoid asserting authority (Pike, 1996). Permissive parents take orders and instructions from their children, are passive, endow children with power (Gonzalez-Mena, 1993; Garbarino and Abramowitz, 1992), have low expectations, use minimal discipline and do not feel responsible for how their children turn out. Their children’s unmet psychological needs make them “vulnerable to being easily discouraged by everyday
problems and turns the child away from full and satisfying participation in the world” (Garbarino and Abramowitz, 1992). Children of permissive parents turn out to be the unhappiest of all (Neal, 2000).

Baumrind’s typology consisting of three parenting styles: authoritarian, authoritative and permissive has dominated the field as a conceptualization and method of describing parental characteristics (Newcomb and Loeb, 1999; Steinberg, Lamborn, et. al., 1992; Dornbusch, Ritter, et. al., 1987; Hess and McDevitt, 1984). Hence this theory was chosen as a basis for this study.

B. Theory of Self Esteem:

Psychologist William James (1890) developed the concept of self esteem. The study of self and self esteem originated from a psychosocial perspective. James was the first social scientist to develop a clear professional definition of the self (Turner, 1998). He was one of the first writers to use the term self esteem. James (1890) even provided a formula for self esteem showing that how individuals feel about themselves depends on the success with which they accomplish those things they wish to accomplish.

According to his formula self is determined by the ratio of one’s actualities to one’s supposed potentialities; a fraction in which one’s pretensions are the denominator and the numerator is one’s success: thus,
Self Esteem = Successes/Pretensions. Such a fraction may be increased as well by diminishing the denominator as by increasing the numerator. This ratio depicts one’s behavior (or successes) as the numerator and one’s values and goals (pretensions) as the denominator (Mruk, 1995). According to this definition, the concept of self esteem is dynamic; thus, the outcome can be manipulated (Mruk, 1995).

In his typology of self, James’ description of the social self recognized that people’s feelings about themselves arise from interaction with others. He recognized that humans have the capacity to view themselves as objects and to develop self feelings and attitudes toward themselves. Many of James’ original ideas remain theoretically and methodologically relevant to social psychologists even today. James argued that self esteem may be raised either by succeeding in endeavors or in the face of failure, by lowering one’s sights and surrendering certain aims.

Rosenberg (1965) with his ‘Society and the Adolescent Self Image’ helped to bridge a disciplinary gap with his self esteem theory and his self esteem scale. Rosenberg’s theory of self esteem relies on two essential factors: (1) reflected appraisals and (2) social comparisons.

Regarding reflected appraisals, Rosenberg (1965) acknowledges that human communication depends on seeing matters from other people’s perspectives. In the process of ‘taking the role of the other,’ one
becomes aware that one is the object of others’ attention, perception and evaluation. One thus come to see oneself through the eyes of others. Social comparisons emphasize that self esteem is “in part a consequence of individuals comparing themselves with others and making positive or negative self evaluations” (Hughes and Demo, 1989).

According to Rosenberg (1965) there are two connotations of one’s self esteem. One way of looking at self esteem is to say that a person with high self esteem considers himself to be “very good.” Another view of self esteem is to say that a person with high self esteem believes he is “good enough” (Rosenberg, 1965). A person with high self esteem believes that he is “good enough,” has self respect, and “feels that he is a person of worth” (Rosenberg, 1965). A person with high self esteem “simply feels that he is a person of worth; he respects himself for what he is... he does not necessarily consider himself superior to others” while a person with low self esteem is someone who “lacks respect for the self he observes” (Rosenberg, 1965). One important thing to notice, however, is that “we are not completely free to choose our self values” (Rosenberg, 1979).

An individual’s self values are learnt from his or her family at a very young age. This is significant because when self values are set they are difficult to change and sometimes they may affect how individuals feel about themselves. They may excel in one area but if they fail to excel
in the area which they value most, it may have a detrimental effect on their self esteem. A person is constantly judged by his or her significant others and so “he must seek to excel in terms of their values, not his own” (Rosenberg, 1979). Conflicts may arise between one’s self values and the values of others, which may affect one’s self esteem.

Another view takes the position that what influences self esteem is different for each individual. The symbolic interaction theory suggests that a person’s self concept arises out of social interaction with others, primarily their parents (McRoy, et. al, 1982).” Symbolic interaction theory posits that children’s feelings about themselves depend on their perceptions of how their parents view them. The phenomenological theory posits that children’s self perceptions are affected by the way significant others treat them” (Zervas and Sherman, 1994).

C. **Theory of Academic Achievement:**

Academic achievement is essential to develop an adequate self esteem. One of the first persons to point out that students’ level of achievement might be related to the perceptions students have of themselves as learners was Prescott Lecky (1945). Lecky observed that students with high self esteem tended to have high academic achievement; students with low self esteem tended to have low academic achievement. The first wave of self esteem studies conducted in the 1950’s found that peoples’ self concept had a direct bearing on their
academic achievement. Since then, thousands of studies have been conducted on this topic most them indicating a significant correlation between academic achievement and self esteem.

Covington (1989) stated the “one main, even preeminent, reason that students achieve in school is to protect a sense of worth, especially in competitive situations”. The value of a person is typically measured in terms of ability and performance relative to others, “it is not surprising that the student’s sense of esteem often becomes equated with ability - to be able is to be valued as a human being, but to do poorly in school is evidence of inability and reason to despair of one’s worth” (Covington, 1992).

The chief means by which an individual comes to equate ability with worth stems from the assumption that one’s worth in society is measured through a valued criteria such as academic success (Beery, 1975). As a result, people feel the need to excel academically so as to gain the respect of others. Achievement related bases of self worth begin very early in life when young children are aware of the brightest student in the class, have the belief that ability is the best predictor of success and see that success is the basis upon which people are rewarded (Covington and Beery, 1976).

“The individual’s sense of worth is threatened by the belief that his value as a person depends on his ability to achieve and that if he is
incapable of succeeding, he will not be worthy of love and approval” (Covington and Beery, 1976). According to Covington and Beery (1976) it is important to also recognize that ability comes to be valued not only because self worth is associated with it but also because it is instrumental in bringing about success.

The best way for a child to sustain a sense of confidence is to acquire and demonstrate competence (Conrath, 1986). “The self attribution theory suggests that people evaluate themselves largely in terms of their own behavior or its outcomes” (Rosenberg, 1979). According to the theory of self attribution, achievement is an important factor in determining the self esteem of children, adolescents and adults.

1.9 Presentation of the Thesis:

The thesis is presented in five chapters. The first chapter gives the introduction of the study, its purpose, importance, scope, definitions, objectives, and theoretical background of the study. Review of relevant and available literature is presented in the second chapter. The third chapter deals with the methodology and materials used for the study. Results of the study with discussion are presented in the fourth chapter. A summary of the study with its limitations, suggestions for future research, recommendations and conclusion are given in the last chapter followed by the appendices.