Chapter – I

INTRODUCTION
Behaviour is motivated and influenced by internal (psychological and biological) and external (environmental) forces and usually has regulatory or orderliness about it across time and space. The emotional need for positive response from significant others is a powerful motivator, and when children do not get this need satisfied adequately by their parents, they are predisposed to respond emotionally and behaviourally in specific ways (Boivin, Perusse, Dionne, Saysset, Zoccolillo, Tarabulsy, Tremblay & Tremblay, 2005, p.612). Thus, parents and caregivers are uniquely important to children’s healthy development, and adults’ sense of emotional security and well-being also reflect the perceived quality of relationship with attachment figures (Baumeister & Leary, 1995; Bjorklund & Pellegrini, 2002; Leary, 1999).

Parenting is an area that has been extensively studied so that the process in which parenting styles and behaviors affect children’s development may be understood (Belsky, 1984). The term 'parenting' can be traced back as far as 1663 and it began to become widely recognized as an important element in family relationships in the mid-1970s (Couchman, 1983) with a sudden increase of publications, with Baumrind (1966) leading the pack by offering three styles of parenting viz. authoritative, authoritarian, and permissive parenting, that has been fervently followed in researches that attempt to understand the whys and wherefores of human behaviour (e.g. Amato & Fowler, 2002; Aunola, Stattin, & Nurmi, 2000; Luster & McAdoo, 1996; Mackey, Arnold, & Pratt, 2001; Steinberg, Darling, & Fletcher, 1995).

Authoritarian parenting is linked with a subtle kind of control called psychological control. Children who are subjected to psychological control are robbed of their individuality. They exhibit both the anxious, withdrawn response and the defiant, aggressive behaviors which are linked to parental authoritarianism (Barber & Harmon, 2002; Silk et al., 2003). Teenagers who are permissively reared do less well academically, are more defiant of
authority figures, and display more antisocial behavior than teenagers whose parents communicate clear expectations (Barber & Olsen, 1997; Baumrind, 1991, 1997; Kurdek & Fine, 1994; Lamborn et al., 1991). The Uninvolved parent, so overwhelmed by many stresses in their lives that they have no energy for children, may be emotionally detached and depressed (Maccoby & Martin, 1983). Uninvolved parenting is another form of child maltreatment called neglect. Even if parental disengagement is less extreme, children and adolescents display many problems - poor emotional self-regulation, school achievement difficulties, and frequent antisocial behavior (Aunola, Stattin & Nurmi, 2000; Baumrind, 1991; Kurdek & Fine, 1994; Lamborn et al., 1991).

Many studies have found an association between parental styles and academic performance (e.g., Chen, Dong, & Zhou, 1997; Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Steinberg, Lamborn, Dornbusch, & Darling, 1992). Although it can be debated that children react to their environment (e.g., a particular and consistent parental style), it has also been confirmed that children elicit or “draw out” behaviors from their parents (Donnellan, Trzesniewski, & Robins, 2006). Quality of parenting is one of the major factors in children’s adjustment. An important conceptual feature of research on parenting is the emphasis on each individuals’ subjective perceptions of parenting behaviours (Arrindell et al., 1986 a & b; Dornbusch et al., 1987; Gerlsma et al., 1991; McCrae & Costa, 1994; Perris et al., 1980, 1988; Rohner & Khaleque, 2005; Steinberg et al., 1991, 1992). The key concepts of perceived acceptance and rejection are defined in terms of the interpretations that children and adults make of their major caregivers’ behaviors through their own cultural and personal lenses thus avoiding the possibility of misinterpreting the meaning of caregivers’ behaviors.

Early parenting research tended to apply to Western models of parenting to families from various backgrounds, despite the importance of nesting these processes within the social, cultural, and historical contexts in which they occur (Harkness & Super, 2002). In
contrast to this approach, Rohner (1986) developed parental acceptance-rejection theory (PARTheory) based on ethnographic research conducted in over 40 industrial and nonindustrial societies. According to this theory, parental warmth is a unidimensional continuum anchored by parental acceptance and parental rejection, which are recognized around four classes of behavior: warmth/affection, hostility/aggression, indifference/neglect, and undifferentiated rejection. They are similarly perceived by youth and adults transculturally, despite cultural differences in the specific words and behaviors used to express them (Rohner, Khaleque, & Cournoyer, 2005).

According to PARTheory, mental representations formed during childhood tend to be generalized to other close relationships, including intimate partner relationships (Rohner, Melendez, & Kraimer- Rickaby, 2008). If individuals have had experienced rejection as a child he will most likely suffer from the inability to trust others and can be oversensitive to the slightest sign of rejection due to their mental representations of emotional relationships as unpredictable, insecure, and potentially hurtful (Hughes et al., 2005; Parmar & Rohner, 2005; Rohner, 2004). In adulthood, the need for acceptance becomes more complex and differentiated to include the wish (recognized or unrecognized) for positive regard from people with whom one has an affectional bond of attachment. Children's sense of emotional security and comfort tends to be dependent on the quality of their relationship with their parents. Adults' sense of emotional security and well-being tends to be dependent on the perceived quality of relationship with attachment figures.

Children and adults appear universally to organize their perceptions of parental acceptance–rejection around the four same classes of behavior (Rohner, 2004a) which are warmth–affection (or its opposite, coldness – lack of affection), hostility–aggression, indifference–neglect, and undifferentiated rejection (Rohner, 1975, 1986; Rohner &
Warmth-Affection refers to the warmth, affection, care, comfort, concern, nurturance, support, or simply love that children can experience from their parents and other caregivers. Hostility-Aggression refers to feeling of hostility, anger, bitterness, resentfulness, irritability, impatience, or antagonism children can experience towards their parents. Indifferent-Neglect refers to when children feel that their parents are indifferent towards them, they perceive their parents as unconcerned and uncaring about them, or have a restricted interest in their overall well being. Undifferentiated rejection refers to individuals’ beliefs that their parents do not really care about them or love them, without necessarily having clear behavioral indicators that the parents are neglecting, unaffectionate, or aggressive.

Although culture and ethnicity shape the specific words and behaviors that carry meaning in these four classes of behavior, yet children and adults everywhere seem to recognize the classes even though they may not have a specific vocabulary denoting them (Rohner, 2004). In everyday American English the word rejection denotes bad parenting and sometimes even bad people. In cross-cultural and multiethnic research, however, it becomes very important to view the word as being descriptive of parents' behavior, not judgmental or evaluative as about 25 percent of the world's societies behave in ways that are consistent with the explanation of rejection (Rohner, 1975; Rohner & Rohner, 1980), but in the great majority of cases—including historically in the United States—these parents behave toward their children just the way they believe good, responsible parents should behave, as defined by cultural norms.

Evidence from a cross-cultural convergence-of-methodologies approach strongly confirms the conclusion that children and adults who perceive(d) their relationship with parents as being rejecting tend universally—regardless of differences in culture, ethnicity,
language, gender, race, and other such defining conditions—to self-report a specific form of psychological maladjustment that includes seven measurable characteristics (Khaleque & Rohner, 2002a; Rohner, 1975, 1986; Rohner, Khaleque, & Cournoyer, in press). These include (a) hostility, aggression, passive aggression, or problems with the management of hostility and aggression; (b) dependence or defensive independence depending on the form, frequency, duration, and intensity of perceived rejection; (c) impaired self-esteem; (d) impaired self-adequacy; (e) emotional unresponsiveness; (f) emotional instability; and (g) negative worldview. Additionally—according to parental acceptance–rejection theory (PARTheory) (Rohner, 1986; Rohner, Khaleque, & Cournoyer, in press; Rohner & Rohner, 1980)—individuals whose perception of themselves as being rejected by attachment figures (e.g., by parents in childhood or by intimate partners in adulthood) are expected to feel anxious and insecure.

Rohner (2004) reported that parental acceptance – rejection may predict the mental representation of the child. In other words, if an individual perceives rejection by attachment figures – especially parental rejection – they are likely to develop distorted mental representations of self, of significant others, and of the world around them. Studies inspired directly by parental acceptance – rejection theory (PARTheory) have confirmed that children everywhere need a specific form of positive response – acceptance – from parents and other primary caregivers. When this need is not met satisfactorily, children everywhere tend to report themselves to be hostile and aggressive, dependent or defensively independent, impaired in self-esteem and self-adequacy, emotionally unresponsiveness, emotionally unstable, and to have a negative worldview, among other responses. Many researches show that early warm, positive parent-child tie, sustained over time, promote many aspects of children’s development - a more confident and complex self-concept, more advanced emotional understanding, more favorable and supportive relationships with teachers and
peers, more effective social skills, a stronger sense of moral responsibility, and higher motivation to achieve in school (Thompson, Easterbrooks, & Padilla-Walker, 2003).

Parental attitudes and behavior towards the child have a long-term impact on parent-child relationship and child’s adaptive and maladaptive functioning (LeVine, Miller & West, 1988; Whiting & Edwards, 1988). Parental warmth and affection allows children to explore their environment and are related to the development of feelings of security, confidence, trust and positive orientation towards others (Bowlby, 1969; Baumrind, 1967,1971; Radke-Yarrow et al., 1983). Warm and responsive parenting rules in co-operative and affiliative behavior and social competence (Booth et al., 1994; Hart et al., 1992). Parental reaction to their children’s distress and need for help are found to be associated with pro-social behavior (Zahn-Waxler et al., 1979) and social competence (Roberts & Strayer, 1987). On the other hand, parental hostility and neglect are found to be associated with incompetent and deviant behavior such as aggression and other adjustment problems (Dishion, 1990; Hart et al., 1992; Russell & Russell, 1996). Physical punishments initiate hostility (Bandura & Walters, 1959; Lytton, 1980; Sears et al., 1957) and when it is used with rejection result in aggression and delinquency (Becker et al., 1962; McCord et al., 1959).

A central proposition of PARTheory (personality subtheory) argues that universally, youth who perceive parental rejection experience poorer psychological, behavioral, and cognitive outcomes than those who perceive parental acceptance (Rohner & Khaleque, 2010). A general trend for non-Western families is to report more perceived parental rejection but not necessarily more negative outcomes (e.g., Erkman & Rohner, 2006; Steely & Rohner, 2006). With respect to rejected status heterogeneity, aggressive–rejected children have less accurate perceived acceptance compared to nonaggressive–rejected children (Zakriski & Coie, 1996). It is possible that rejected children have fewer
social opportunities on which to base their perceived acceptance, making it difficult for these children to develop accurate perceptions (Cillessen & Bellmore, 1999); however, this doesn’t fully explain why aggressive–rejected children are less accurate than nonaggressive–rejected children. Hughes, Cavell, and Grossman (1997) hypothesized that aggressive children have an inaccurately high perception of acceptance as a defensive mechanism against feeling bad about rejection, thus impeding their motivation and ability to improve their aggressive behavior. On the other hand, an inflated perception of acceptance has consistently been found to relate to behavior problems in early and middle childhood (David & Kistner, 2000; Guerra, Asher, & DeRosier, 2004; Hughes, Cavell, & Grossman, 1997; Hymel et al., 1993).

Among the different aspects of parenting, parental warmth has received the most attention from theorists and researchers (e.g., Baumrind, 1967, 1971; MacDonald, 1992). Parental warmth and affection may constitute a social and emotional resource that allows children to explore their environments and may consequently be related to the development of feelings of security, confidence, trust, and positive orientation towards others (Bowlby, 1969). The sensitive or hostile behaviors of parents may also serve as a model for children (Bandura, 1977). Therefore, it has been found that warm and responsive parenting styles predict cooperative and affiliative behavior and social competence in children (e.g., Booth, Rose-Krasnor, McKinnon, & Rubin, 1994; Hart, DeWolf, Wozniak, & Burts, 1992). On the contrary, parental hostility and neglect have been found to be associated with incompetent and deviant behavior such as aggression and other adjustment problems (Dishion, 1990; Hart et al., 1992; Russell & Russell, 1996). It is allegedly believed that parental warmth may have cross-culturally universal significance for child development (Rohner, 1986). Adolescents may have different perceptions of parental acceptance even though they may experience adequate acceptance by parents (e.g., Breton & McDonald, 1971; Jacobson, 1971).
Accepting–rejecting behaviors can be studied from either of two perspectives: as perceived or subjectively experienced by the individual (the phenomenological perspective), or as reported by an outside observer (the behavioral perspective). Very often the two perspectives lead to similar conclusions (Rohner et al., in press). Kagan (1978, p. 61) had mentioned that parental rejection is not a specific set of actions by parents but a belief held by the child. In effect, much of parental acceptance–rejection is symbolic. Even though parents everywhere may express acceptance (warmth, affection, support, care, concern) and rejection (coldness, lack of affection, hostility, aggression, indifference, neglect), yet the way they do is highly dependent on culture. Moreover, occupational choices adults make may be associated with childhood experiences of acceptance and rejection (Aronoff, 1967; Mantell, 1974; Rohner, 1986).

Literature on developmental patterns and processes of parental influences on the child is quite scarce. It is understood that parental attitudes and behaviors are guided and prescribed by socialization goals, expectations, and values in the culture (Darling & Steinberg, 1993). Investigation of parenting in different cultures is necessary for a comprehensive understanding of parental roles in child development and for the validation of Western-based socialization theories in different social—cultural contexts. A meta-analysis of 43 studies drawing from 7,563 respondents worldwide using the PARQ and PAQ, showed that regardless of culture, ethnicity, or geographic location, approximately 26% of the variability in children’s psychological adjustment and 21% of that in adults’ is accounted for by parental (paternal as well as maternal) acceptance-rejection.

Cultural differences is evident in Parental Acceptance-Rejection (PAR). Research has revealed that among European American populations increased perceived parental control is associated with greater perceived parental rejection whereas among Korean populations
increased perceived parental control is associated with greater perceived parental warmth (Rohner & Pettengill, 1985). Parents in the United States felt independent behavior as very important for their children; parents in less-industrialized countries such as Indonesia and Turkey placed lesser emphasis on independence and much more on conformity to their parents’ wishes (Kagitcibasi, 1984). A study on Indian family life (e.g., Gore, 1968) have reported that Indian parents use positive support to foster stronger emotional ties between parents and children than is customary in North American society.

Family theory and clinical observation suggest that the operation of the family system is influenced by individual development (Goldstein, 1990; Haley, 1959; Minuchin, 1974; Reiss, 1981; Sroufe & Fleeson, 1986). In this view, what is experienced by the child and what shapes his development is constructed conjointly with parents and the child himself and emerges from the environment created by the family process (Youniss, 1985). Parents who provide high levels of security and adequate levels of supervision to their adolescents are more likely to report higher levels of social competence (Kenny, 1987; Rice, Cunningham, & Young, 1997), college adjustment (Holmbeck & Wandrei, 1993; Kenny & Donaldson, 1991, 1992; Lapsley, Rice, & FitzGerald, 1990; Palladino-Schultheiss & Blustein, 1994; Rice & Whaley, 1994), and academic achievement (Anderson, Lindner, & Bennion, 1992; Hetherington, 1992; Melby & Conger, 1996).

Research on the important role that parents play in children’s development (Bornstein, 2006; Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000; Parke & Buriel, 2006), have shown that it is possible that parents contribute to the cultural differences found in children’s development. Indeed, research suggests the influence of parents’ practices on children’s responses to performance (e.g., Glasgow, Dornbusch, Troyer, Steinberg, & Ritter, 1997; Kelley, Brownell, & Campbell, 2000; Pomerantz & Ruble, 1998). It has been found
that, in most cultures, parental attitudes and behaviors toward the child may have a long-term impact on parent-child relationships and the child's adaptive and maladaptive functioning (Le-Vine, Miller, & West, 1988; Whiting & Edwards, 1988).

The quality of parent–child relationships during infancy and early childhood has been considered to contribute significantly to later personality and the development of psychopathology (Dozier, Stovall, & Albus, 1999; Green & Goldwyn, 2002; Greenberg, 1999; Weinfield, Whaley, & Egeland, 2004). Several studies have found the association between insecure attachment and the primary caregiver(s) in infancy and poor social competence and peer relations, increased hostility and aggression, and lower ego resilience in the preschool and preadolescent years (Lyons-Ruth, Connell, Zoll, & Stahl, 1987; Shaw & Vondra, 1995; Sroufe, 1983; Sroufe, Egeland, & Kreutzer, 1990; Stams, Juffer, & van IJzendoorn, 2002; Urban, Carlson, Egeland, & Sroufe, 1991).

There is a change in family pattern globally with more and more mothers pursuing work and more fathers taking the traditional mothers’ role in the family. The influence of the mother and the father are not identical. Elkin and Handel (1978) explained that the father provides a basic model of masculinity for the son and that this model becomes a basis for developing their own male identity. For his daughter, the model provides a basis for developing images of male companions or perhaps a desirable husband. For children of both sexes, such images are not influenced by the father’s actual conduct only, but the mother’s evaluation of him as well. Leonard Benson had observed the mother as the primary parent. (Elkin and Handel, 1978, p.128). Fathers show more involvement with sons than with daughters (Amato, 1987; Cox et al., 1999; Harris & Morgan, 1991; NICHD ECCRN, 2000), and, as a result, fathers may have a greater impact on male children than on female children. On the other hand, mothers tend to be more involved than fathers (Pleck, 1997), and that
maternal control may be more vulnerable to pressuring factors because mothers’ role is a more active one (McBride, Schoppe, & Rane, 2002). Throughout childhood and adolescence, fathers spend significantly less time than do mothers in routine caregiving and interaction with children (Parke & Buriel, 1998; Russell & Russell, 1986). When fathers are more involved in children’s lives, children experience better friendships and more empathy, have increased educational achievement and a positive sense of self (Flouri 2005). Today’s fathers are being more involved in children’s lives (Gray 2006)

Various forms of psychopathology in adolescence and adulthood has been shown to be predict by attachment insecurity in infancy and early childhood (Ogawa, Sroufe, Weinfield, Carlson, & Egeland, 1997; Warren, Huston, Egeland, & Sroufe, 1997). Attachment security has also been observed to be associated with adolescents' social competence (Kenny, 1987). Disorganized attachment has been found to be a reliable predictor of later social and emotional maladjustment in childhood (Lyons-Ruth, Alpern, & Repacholi, 1993; Main & Cassidy, 1988; Moss, Rousseau, Parent, St-Laurent, & Saintonge, 1998; Munson, McMahon, & Spieker, 2001; Shaw, Owens, Vondra, & Keenan, 1996; Sroufe, Carlson, Levy, & Egeland, 1999; van IJzendoorn et al., 1999; Wartner, Grossmann, Fremmer-Bombik, & Suess, 1994) and into adolescence and adulthood (Carlson, 1998; Lyons-Ruth, 2003; Ogawa et al., 1997).

**Young adulthood** is the developmental period recognized as an important time for the learning, development, and maintenance of social skills (Buhrmester & Furman, 1986). In young adulthood individuals are exposed to a range of social situations and are expected to deal with these situations independently (De Armas & Kelly, 1989). According to Santrock (2006), young adulthood, the period which span from 18 to 40yrs. of age is the time for establishing long term, intimate relationships with other people, choosing a lifestyle and adjusting to it, deciding on an occupation, and managing a home and family.
Secure attachment facilitates psychosocial adjustment because it allows adolescents to maintain positive models of themselves and others and it also helps them to freely explore their physical and social environment (Bowlby, 1982). Attachment relationships continue to be an important factor throughout the lifespan (Ainsworth, 1989; Bowlby, 1982). Early attachment experiences with caregivers is crucial to the development and management of intimate relationships throughout adolescence and adulthood (Hazan & Shaver, 1987; Simpson & Rholes, 1998). Research has indicated the direct association between attachment security with coping responses in adolescents and adults (Kobak, Cole, Ferenz-Gillies, Fleming, & Gamble, 1993; Kobak & Hazan, 1991).

Every theory of personality implicitly or explicitly includes a conceptual model of dependency. Although the concepts of dependency and attachment are very similar, research makes clear that these constructs are not one and the same (Livesley, Schroeder, & Jackson, 1990). Without doubt, dependency is an important component of certain forms of attachment behavior (e.g., insecure attachment), both in childhood (Waters & Deane, 1985) and during adolescence and adulthood (Livesley et al., 1990; Sperling & Berman, 1991). However, Sroufe, Fox and Pancake (1983) found that individual differences in attachment and dependency in children have different antecedents and correlates (Ainsworth, 1969; Maccoby, 1980) and predict different aspects of adult behavior (Kaul, Mathur, & Murlidharan, 1982; Livesley et al., 1990). Furthermore, the behaviors that characterize dependency and insecure attachment show only moderate overlap, both conceptually and empirically (Ainsworth, 1969, 1972; Waters & Deane, 1985; Sears, Rau, & Alpert, 1965; Sroufe et al., 1983; West, Livesley, Reiffer, & Sheldon, 1986).

In an attempt to integrate the concepts of dependency and attachment, Gewirtz (1969), suggests that attachment is focused and directed toward one or a few specific figures,
whereas –dependency is generalized toward a class of persons. Ainsworth (1972), Livesley et al., (1990), and others propose that dependency and attachment differ in two important respects. First, attachment behavior is displayed primarily by proximity seeking, whereas dependent behavior is displayed primarily by help seeking. Second, attachment behaviors are object specific which are consistently directed toward the same person. On the contrary, dependent behaviors may be directed toward any number of people who represent, in the eyes of the dependent person, potential nurturers, protectors, or caretakers.

There is a consensus among all authors in their assumption, that dependency as a drive, need, or trait is first acquired in relation to the mother, and generalizes later to other figures. Dependency was defined at first as a learned drive, acquired through its association with the reduction of primary drives. Dependency could become a generalized personality trait, in regard to which there were individual differences, presumably reflecting different experiences. On the other hand, dependency has been considered by learning theorists as a class of behaviors, learned in the context of the infant's dependency relationship with his mother, and reinforced in the course of her care of him and interaction with him. In any case, although the first dependency relationship is a specific one-with the mother or mother substitute dependency is viewed as generalizing to other subsequent interpersonal relations and to be commonly nonspecific in its implications. Dependence denotes a state of helplessness. Behavior described as dependent suggests seeking not only contact with and proximity to other persons but also help attention, and approval; what is pursued and received is significant, not the person from whom it is pursued or received.

Dependence indicates immaturity which may also be considered the antonym of independence. The opposite of high independence is conformity to expectations or dependence on parents for making decisions. Although normal in the young child,
dependence should gradually give way to a substantial degree of independence with the growth of the child. And yet it may be observed that relationships to specific persons—whether termed "object relations," "attachments," or "dependency relationships"—develop alongside with the development of the competencies upon which independence is based.

The recent upsurge in the study of dependent personality can be traced to the work of Rohner (1986), Bornstein (2002) and Rohner, Khaleque & Cournoyer (2005). According to PARTheory, the term dependence refers to the internal, psychologically felt wish or yearning for emotional (as opposed to instrumental or task-oriented) support, care, comfort, attention, nurturance, and similar behaviors from attachment figures. Dependence is understood in the theory as a continuum, with independence defining one end of the continuum and dependence the other. In order to be free from frequent or intense yearning or behavioral bids for succor from significant others some people who always have their need for positive response met sufficiently are considered as independent people. On the other hand, some people who have a frequent and intense desire for positive response, and are likely to make many bids for response are considered as very dependent people. According to the theory, much of the variation in dependence among children and adults is based on the extent to which they perceive themselves to be accepted or rejected.

Because of all this psychological hurt, some rejected individuals become defensively independent. Defensive independence in PARTheory is very similar to healthy independence in that individuals make relatively few behavioral bids for positive response. However, unlike healthy independent people, defensively independent people continue to crave warmth and support—positive response—though they sometimes do not recognize it. With its associated emotions and behaviors, defensive independence sometimes leads to a process of counter rejection, where individuals who feel rejected reject the person(s) who reject them. It is no
wonder that this process sometimes escalates into a cycle of violence and other serious relationship problems.

In recent years, researchers have described the underlying structure of interpersonal dependency and examined links between dependency and a variety of other traits (Bornstein, 1993; Pincus & Gurtman, 1995). As a result of these efforts, Bornstein (Bornstein et al., 2002), conceptualized that the converse of dependency is dysfunctional detachment (DD) which is characterized by an inability to cultivate social ties and engage in adaptive affiliative behaviors (Kantor, 1993; Millon, 1996). Moreover, researchers have found it useful, both conceptually and empirically, to distinguish destructive overdependence (DO) which is characterized by rigid, inflexible dependency from healthy dependency (HD) which is characterized by flexible, situation-appropriate help and support seeking (Bornstein, 1998; Pincus & Wilson, 2001) and the ability to delay short-term gratification so as to strengthen long-term supportive relationships (Bornstein & Languirand, 2003).

Detachment results from an array of underlying factors, including early socialization experiences that emphasize independence and self-sufficiency at the expense of social connectedness, intrapsychic conflicts regarding closeness and intimacy and biologically based differences in temperament that elicit detachment-promoting responses from parents and peers (Clark & Ladd, 2000; Colgan, 1987; Birtchnell, 1996; Coolidge, Thedy & Jang, 2001). A detached person is unable to cultivate social ties or engage in situation-appropriate affiliative behaviors (Birtchnell, 1987, 1996). Studies suggest that it can result from a range of underlying factors, alone or in combination like early learning and socialization experiences that emphasize independence and self-sufficiency at the expense of social connectedness (Clark & Ladd, 2000; Colgan, 1987), intrapsychic conflicts regarding closeness and intimacy (Birtchnell, 1996; Bornstein, 1998b), and biologically based
differences in temperament that elicit detachment-promoting responses from parents and peers (Coolidge, Thedy, & Jang, 2001).

Some studies have also documented the early childhood factors that lead to healthy dependency (HD) later in life. HD is rooted in (a) a history of authoritative parenting, which instills a sense of confidence and self-directedness in the child (Cross & Madson, 1997; Lee & Robbins, 1995), and (b) consistent messages from parents and other authority figures of the acceptability to ask for support when needed (Clark & Ladd, 2000; Lang-Takac & Osterweil, 1992). Consequently, the child learns that looking to others for help is not a sign of weakness or failure. Kobayashi (1989), Singelis (1994), Wang, Bristol, Mowen, and Chakraborty (2000) have pointed out that only when authoritative parenting is coupled with active encouragement of situation-appropriate help seeking is an individual likely to develop a healthy-dependent personality style.

HD may seem to be overlapping to some degree with connectedness (Clark & Ladd, 2000), mature dependency (Baumeister & Leary, 1995), and mature object relations (Sundin, Armelius, & Nilsson, 1994), yet close examination of the empirical literature confirms that HD differs from these neighboring constructs in several ways (Bornstein, Languirand, West, Creighton, & Geiselman, 2001, 2002). Main, Kaplan and Cassidy (1985) have pointed out that secure attachment is rooted in internal working models of self-other interactions that lead to positive expectations regarding relationship outcomes. HD is expressed differently in different settings, with the healthy-dependent person exhibiting a range of relationship-specific self-presentation styles (Pincus & Wilson, 2001) and adjusting his or her behavior in response to situational cues and external demands (Bornstein & Languirand, in press).

Bornstein (1995, 1998a), Cross, Bacon and Morris (2000), and Kobayashi (1989) have distinguished destructive overdependence from healthy dependency. According to Head,
Baker and Williamson (1991), destructive overdependence stems in part from a sustained pattern of overprotective and/or authoritarian parenting, although certain infantile temperament variables (e.g., low soothability) may play some role in eliciting these parenting styles (Bornstein, 1993). Even in adulthood, overdependent individuals exhibit a pattern of insecure, clinging behavior that estranges potential caregivers and undermines the dependent person’s efforts to cultivate affiliative ties (Blatt & Homann, 1992; Pincus & Gurtman, 1995). In fact, studies show that healthy dependency is associated with a broad array of self-presentation styles that are fitted to situational constraints and demands (Gurtman, 1992; Pincus & Gurtman, 1995). This behavioral variability is derived from the healthy dependent person’s beliefs regarding which interpersonal strategies are likely to produce the desired outcome in a given situation (Bornstein & Kennedy, 1994; Bornstein, Riggs, et al., 1996).

Following Bornstein (1992, 1993), destructive overdependence (DO), dysfunctional detachment (DD), and healthy dependency (HD) it is possible to break them down into four components: cognitive, emotional, motivational, and behavioral. Each style is reflected by a particular set of beliefs regarding the self and other people, longstanding emotional responses to social contact, one or more affiliative/isolating motives, and an array of behaviors designed to attain some optimal level of interpersonal closeness-distance. This four-component model confirms with findings regarding the inter- and intrapersonal dynamics of these three personality styles by Birtchnell (1987), Millon (1996), Rude and Burnham (1995) and Wiggins and Pincus (1989) and provides a framework for conceptualizing change processes in dependent, detached, and healthy dependent psychotherapy patients (Beck & Freeman, 1990; Blatt & Schichman, 1983; Overholser & Fine, 1994).

Consistent findings can be found in studies that assessed the influence of the overall infant—caretaker relationship on later dependency and examined differences in the parenting
styles of parents of dependent and nondependent children (Bhogle, 1983; Finney, 1961; Gordon & Tegtemeyer, 1983; Hatfield, Ferguson, Rau, & Alpert, 1967; Kagan & Moss, 1960; McCord, McCord, & Thurber, 1962; Murphy, 1962; Ojha & Singh, 1988; Parker & Lipscombe, 1980; Roe & Siegelman, 1963; Sroufe et al., 1983; Winder & Rau, 1962). Finney (1961) obtained significant correlations between maternal protectiveness ratings and the child's dependency score and between ratings of a mother's tendency to reinforce dependent behavior and her child's dependency score. Gordon and Tegtemeyer (1983), Hatfield et al., (1967), Kagan and Moss (1960), and Murphy (1962) reported similar results. Ojha and Singh (1988) also found that parental overprotectiveness (assessed via Ojha's, 1972, Parental Behavior Inventory) was associated with increased dependency (assessed via Sinha's, 1968, DP scale) in their college-age children. Parker and Lipscombe (1980) similarly found that reports of parental overprotectiveness (assessed via Parker, Tupling, & Brown's, 1979, Parental Bonding Instrument) were associated with increased dependency (assessed via Blatt et al., 1976, DEQ Dependency scale) in a mixed-sex sample of adult medical patients.

Memories of the parents as harsh and demanding during childhood were associated with elevated levels of dependency in a sample of 184 male undergraduates who were first studied around age 20 and then reassessed at age 50 (Vaillant, 1980). Similar results were obtained in a sample of 86 female undergraduates (McCranie & Bass, 1984). Along different lines, Baumrind (1971), Bhogle (1983), McPartland and Epstein (1975), Roe and Siegelman (1963), and Winder and Rau (1962) found an association between parental authoritarianism with increased dependency during middle and late childhood. Results from these studies suggest that parental overprotectiveness and authoritarianism may play a significant role in determining level of dependency. Because highly consistent results in this area were obtained in independent samples of American (McCranie & Bass, 1984; Vaillant,
1980), Indian (Bhogle, 1983; Ojha & Singh, 1988), and British subjects (Parker & Lipscombe, 1980), the cross-cultural and cross-methodological consistency of results regarding the parenting style—dependency relationship attests to the robustness and generalizability of these findings.

Parental overprotectiveness and authoritarianism may serve simultaneously to reinforce dependent behaviors in children of both sexes and to prevent the child from developing independent, autonomous behaviors. Studies conducted by Finney (1961), Fu, Hinkle, and Hanna (1986), Fu, Hinkle, Shoffner, et al., (1984), McCord et al., (1962), Sears et al., (1965), and Sroufe et al., (1983) support this hypothesis. In each of these investigations, parental reinforcement of dependent behavior (or punishment of independent behavior) during early childhood predicted level of dependency during later childhood and/or adolescence.

When self-report measures of dependency are used, Birtchnell and Kennard (1983), Chevron, Quinlan and Blatt (1978), Conley (1980), Lao (1980), Ojha and Singh (1985), Singh and Ojha (1987) and Vats (1986) while investigating on gender differences in adult dependency have found higher levels of dependency in women than in men. Similar results were found in school-age children of various ages when self-report measures were used (Chadha, 1983; Ederer, 1988; Golightly, Nelson, & Johnson, 1970; H. Ojha & Singh, 1972). Furthermore, similar gender differences on self-report dependency measures are also found in American (Chevron et al., 1978), British (Birtchnell & Kennard, 1983), German (Ederer, 1988) and Indian subjects (Singh & Ojha, 1987). Longitudinal studies of dependency conducted in children typically find little or no difference in boys’ and girls’ dependency levels during early childhood (Maccoby & Jacklin, 1974). However, gender differences in dependency increase with increasing age (Kagan & Moss, 1960), and by the
time that children reach school age, girls almost invariably show significantly higher dependency levels than do boys on self-report measures (Chadha, 1983; Golightly et al., 1970; Yeger & Miezitis, 1985). Kagan and Moss's (1960) classic longitudinal study of dependency illustrates the general pattern of results obtained in most studies of this issue. Kagan and Moss found that early childhood dependency scores were significantly better predictors of dependency scores in adulthood for women than for men.

Traditional sex role in socialization practices may be the cause of the increasing gender differences in dependency levels with increasing age. As Spence and Helmreich (1978) note, boys are usually discouraged from expressing openly dependent feelings and needs, yet girls have historically been encouraged to exhibit these feelings, because passive, dependent behavior has traditionally been regarded as consonant with the female (i.e., feminine) sex role. Parents, teachers, older siblings, and other role models (White, 1986) instigate children—either subtly or directly—to conform to traditional sex role expectations. A number of studies have addressed this issue, directly or indirectly (Anderson, 1986; Birtchnell & Kennard, 1983; Chevron et al., 1978; Ojha & Singh, 1985; Watson, Biderman, & Boyd, 1989; Welkowitz, Lish, & Bond, 1985; Zuroff, Moskowitz, Wielgus, Powers, & Franko, 1983). Because it is less common in men than in women to express overt dependent behavior (Stein & Sanfilipo, 1985), dependency in men is a more unusual and noteworthy trait than is dependency in women.

Bornstein and Masling (1985) suggests that dependent people are particularly concerned with pleasing figures of authority. The vast majority of theoreticians and researchers have focused primarily on the negative consequences of dependent personality traits (e.g., Ainsworth, 1969; Millon, 1981). However, dependency is also associated with such positive traits as the ability to infer accurately the attitudes and beliefs of others (i.e.,
interpersonal sensitivity) and with a desire to perform well in psychology experiments. Thus, instead of being simply a problem, deficit, or flaw, as many researchers have suggested, dependency is associated with both positive and negative qualities.

One central goal that underlie much of the dependent person's behavior is obtaining and maintaining nurturant, supportive relationships. This core motivation of the dependent person is reflected in a wide variety of situations and settings, although in different ways. Thus, in most situations the dependent person yields to group pressure (Masling et al., 1968), except when doing so he might displease a figure of authority (Bornstein et al., 1987). In experimental settings, the dependent person is cooperative (Bornstein & Masling, 1985), displays high levels of performance anxiety (Ojha, 1978), and responds to subtle interpersonal cues emitted by peers (Masling et al., 1974), experimenters (Weiss, 1969), and teachers (Juni & Semel, 1982). Termination, or the perceived threat of termination, of important interpersonal relationships intensifies the dependent person's level of depression (Hammen, Marks, Mayol, & DeMayo, 1985) and may place her/him at risk for a variety of physical illnesses as well (Greenberg & Bornstein, 1988a). Baker and Reitz (1978), Berkowitz and Daniels (1963, 1964), Harris and Ho (1984) and Taylor et al., (1982) confirms that passive, dependent behaviors do in fact serve as social cues that elicit supportive and helping behaviors from others. Actually, the dependent person knows that exhibiting passive, helpless behavior can, in certain situations, be a useful way of obtaining nurturance and support.

The assumption that the dependent person's core motivation is to obtain and maintain nurturant, protective relationships is consistent with the finding that overprotective, authoritarian parenting predicts level of dependency in childhood, adolescence, and adulthood. Baumrind (1973) had pointed out that because early relationships with the parents
and other significant figures play a central role in the construction of the self-concept, the child of overprotective parents may come to believe that he or she cannot function adequately without the guidance and protection of others, particularly figures of authority. Moreover, because early relationships with the parents create particular expectations for future interpersonal relationships (Bornstein et al., 1986; Waters & Deane, 1985), parental overprotectiveness will lead to an expectation on the part of the child to assume that he or she will be nurtured and cared for by others. Similarly, parental authoritarianism will lead the child to believe that the way to maintain good relationships with others is to yield to their requests, expectations, and demands (Baumrind, 1971; Maccoby, 1980). In short, the behavior of the dependent person in social settings may be traced to specific beliefs about the self and other people, which in turn may be traced to early experiences within the family.

Because self-sufficiency and self-reliance are considered very important in most Western societies, excessive interpersonal dependency has long been viewed as a sign of pathology, weakness, and immaturity (Neki, 1976; Tait, 1997). Early psychodiagnosticians such as Kraepelin (1913) and Schneider (1923) examined at length the underlying dynamics and surface behaviors of patients with problematic dependency, emphasizing the helplessness and passivity that seemed central to a dependent personality style. Forming a base on these early formulations as well as those of Fenichel (1945), Sullivan (1947), and others, the Diagnostic and Statistical Manual of Mental Disorders (1st ed [DSM–I]; American Psychiatric Association, 1952) included a diagnostic category of passive-aggressive personality, passive-dependent type characterized by “helplessness, indecisiveness, and a tendency to cling to others as a dependent child to a supporting parent” (p. 37). Beginning with the DSM–III (3rd ed.; American Psychiatric Association, 1980), each edition of the manual has included a diagnostic category of dependent personality disorder (Bornstein, 1997a, 2005).
In his studies, Birtchnell (1987, 1996) confirmed that an inability or unwillingness to cultivate social ties and accept help and support from others can also be maladaptive. High levels of detachment are connected with deficits in social and occupational functioning (Colgan, 1987; Kantor, 1993) and studies have hinted that detachment results from an range of underlying factors including early learning experiences that emphasize self-reliance at the expense of social connectedness, intrapsychic conflicts regarding closeness and intimacy, and infantile temperament differences that elicit detachment-promoting responses from parents and peers (Clark & Ladd, 2000; Coolidge, Thede, & Jang, 2001). Just like problematic overdependence the pervasive “underdependence” which is also characterized by detachment has been codified in several editions of the DSM, most prominently in the category of schizoid PD (Millon, 1996).

Variations in interpersonal closeness–distance are not only relevant to classifying and diagnosing psychological disorders but also have myriad implications for personality, health, and social behavior (Baumeister & Leary, 1995). Most psychologists concurred that humans have a fundamental “need to relate” to others and that some degree of interpersonal dependency, expressed in flexible, socially appropriate ways, can enhance adaptation in a broad range of contexts. To describe this situation-appropriate, adaptive dependency, several labels have been used including interdependence (Cross & Madson, 1997), mature dependency (Baumeister & Leary, 1995), connectedness (Rude & Burnham, 1995), relatedness (Blatt, Zohar, Quinlan, Luthar, & Hart, 1996), and healthy dependency (Bornstein & Languirand, 2003). The view that parental autonomy support the promotion of independent functioning is shared by some developmental psychologists (Gray & Steinberg, 1999; Silk, Morris, Kanaya, & Steinberg, 2003).

Autonomy can be defined as the degree to which behaviors are enacted with a sense of
volition (Deci & Ryan, 2000). Highly independent individuals do not necessarily function in a volitional way. Grotevant and Cooper (1986) argued that only through a supportive parent–child relationship can optimal development toward autonomy be attained. Similarly, Hill and Holmbeck (1986) recognize that striving for independence, as such, is not the most optimal or even most common way of attaining a sense of autonomy.

Most of the research that has been conducted on the effects of autonomy supportive versus controlling parents has been conducted with European American participants. In such populations, more autonomy supportive (less controlling) parenting has been associated with higher perceived competence and self-regulation (Grolnick & Ryan, 1989), higher grades, and lower levels of symptomatology (e.g., Barber, 1996; Gray & Steinberg, 1999) in children. Longitudinal studies have supported this finding, with higher levels of autonomy supportive parenting associated with increases in grades (Steinberg, Elmen, & Mounts, 1989) and decreased behavioral problems (Grolnick, Kurowski, Dunlap, & Hevey, 2000) over time. Recent work with other populations has generally supported these findings. For example, Barber, Stolz, and Olsen’s (2006) study of psychological control showed negative effects on such outcomes across six cultures, and Hill, Bush, and Roosa (2003) found that hostile control was associated with conduct problems and depression in both low-income Mexican American and European American groups.

A number of theories point to the individual’s ability to operate in an autonomous and self-reliant manner as an important developmental task of early childhood. Concepts related to autonomy are prominent in organismic and dynamic theories of development; classical developmental theories have considered the development of autonomy and self-initiation as hallmarks of healthy development (see Ryan, Deci, Grolnick, & La Guardia, 2006).

The child’s development of the ability to function autonomously and self-reliantly in
the face of a challenge is tied theoretically (Bowlby, 1969; Sroufe, 1995; Ryan et al., 2006) and empirically to experiences the child has in the family during the preschool years (e.g., Alexander & Entwisle, 1988; Barth & Parke, 1996; Bradley, Burchinal, & Casey, 2001; Burchinal, Campbell, Bryant, Wasik, & Ramey, 1997; Cowan & Cowan, 2005; McClelland et al., 2000; Pianta & Harbers, 1996; Pianta, Smith, & Reeve, 1991). Bowlby (1973) considered both the child’s past and current experiences with parents important for adjustment. Throughout early childhood the child’s experience with the parent has been shown to foster development of the ability to navigate the environment autonomously and competently (Grossmann et al., 1999).

Support for the child’s autonomy from a warm, available parent is seen as an important aspect of parental sensitivity to the child because it both solidifies the quality of the parent–child relationship and facilitates self-development (Bretherton, 1987; Ryan et al., 2006). Bridges (2003) asserted that autonomy, mastery motivation, and control are inter-related constructs. The term “autonomy” refers to self-rule and is applied to actions that are initiated and regulated by the self; it is thus highly related to the notion of intrinsic motivation (Ryan et al., 2006).

The term motivation refers to any organismic state that mobilizes activity which is in some sense selective or directive. According to Newcomb (1964) achievement motivation is the acquired tendency and one of the most important social needs. McClelland (1953) and Decharms (1968) has defined it as a disposition to strive for success in competition with others with some standard of excellence, set by the individual. Achievement motivation typically stresses the importance of accomplishment and attainment with effort involved (Mandel & Marcus, 1988). It relates to an individual’s reason for engaging in an activity, the
degree to which an individual pursues the activity, and the persistence of the individual (Graham & Weiner, 1996)

To grasp the exact meaning of achievement motivation it is imperative to understand the term motive. Motives (or needs) are defined as enduring preferences for specific classes of incentives (McClelland, 1985; Schultheiss & Brunstein, 2005). Most research has dealt with the achievement motive, which is defined as the need for accomplishing something difficult and attaining a high standard (Murray, 1938). Motivation is defined as a motive (e.g., wish, intention, drive) to engage in a specific activity (Austin & Vancouver, 1996; Schiefele, 1999; Weiner, 1985), and can be conceptualized as a behavioral antecedent, a process experienced during task engagement, and as an outcome.

Motivation can be defined as a set of interrelated beliefs and emotions that influence and direct behavior (Wentzel, 1999; Green, Martin, & Marsh, 2007; Martin, 2007, 2008a, 2008b, in press). Interest in activities has been considered to be one of the central components of motivation and motivated behavior (Deci & Ryan, 1985; Dewey, 1913; Schiefele, 1991). One way to develop interest in activities is to find meaning and value in those activities (Hidi & Renninger, 2006; Renninger & Hidi, 2002). Achievement goals and initial interest can predispose individuals to find value in educational activities (Hidi & Harackiewicz, 2000; Pintrich, 2003; Wigfield & Eccles, 2002). Nicholls (1979) asserted motivation and achievement are inherently connected.

To better understand individual behavior and action, McClelland, Koestner, and Weinberger (1989) have argued that motives should be distinguished by two types: implicit motives and self-attributed (explicit) motives. Implicit motives represent highly generalized affective preferences derived from experiences during prelingual childhood, in which certain cues in the environment become associated with the experience of pleasure or pain (McClelland & Pilon, 1983). In other words, implicit motives represent “a disposition to have
a particular affectively-toned, goal-centered associative network aroused and activated” (Winter & Stewart, 1978, p. 396) and thus have long-term effects on spontaneous behavioral trends over time (McClelland, 1987). Veroff (1977) have argued that people can be motivated to achieve through different sources of excellence evaluation if contextual conditions enhance that source.

Intrinsic motivation is generally considered to be central to positive psychological functioning (Haworth & Hill, 1992; Ryff, 1999). Developmentalists acknowledge that from the time of birth, children, in their healthiest states, are active, inquisitive, curious, and playful, even in the absence of specific rewards (e.g., Harter, 1978). The construct of intrinsic motivation describes this natural inclination toward assimilation, mastery, spontaneous interest, and exploration that is so essential to cognitive and social development and that represents a principal source of enjoyment and vitality throughout life (Csikszentmihalyi & Rathunde, 1993; Ryan, 1995). Evidence is now clear that the maintenance and enhancement of this inherent propensity requires supportive conditions, as it can be fairly readily disrupted by various nonsupportive conditions.

Research on this issue began with the repeated demonstration that extrinsic rewards can undermine intrinsic motivation. Deci (1975) interpreted these results in terms of rewards facilitating a more external perceived locus of causality (i.e., diminished autonomy). Although the issue of reward effects has been hotly debated, a comprehensive meta-analysis (Deci, Koestner, & Ryan, 1999) confirmed, in spite of claims to the contrary by Eisenberger and Cameron (1996), that all expected tangible rewards made contingent on task performance do reliably undermine intrinsic motivation. Threats, deadlines, directives, pressured evaluations, and imposed goals may also diminish intrinsic motivation as they conduce toward an external perceived locus of causality. In contrast, choice, acknowledgment of
feelings, and opportunities for self-direction were found to enhance intrinsic motivation because they allow people a greater feeling of autonomy (Deci & Ryan, 1985).

Studies showed that autonomy-supportive parents, relative to controlling parents, have children who are more intrinsically motivated (Groolnick, Deci, & Ryan, 1997). Such findings generalized to other domains such as sport and music in which supports for autonomy and competence by parents and mentors incite more intrinsic motivation (Frederick & Ryan, 1995). In infancy, intrinsic motivation is readily observable as exploratory behavior and, as suggested by Bowlby (1979), it is more evident when the infant is securely attached to a parent. Studies of mothers and infants have, indeed, shown that both security and maternal autonomy support predict more exploratory behavior in the infants (e.g., Frodi, Bridges, & Groolnick, 1985). A secure relational base does seem to be important for the expression of intrinsic motivation to be in evidence (Anderson, Manoogian & Reznick, 1976; Ryan & Groolnick, 1986). Optimal challenges, effectance-pro-rooting feedback, and freedom from demeaning evaluations were all found to facilitate intrinsic motivation. For example, early studies showed that positive performance feedback enhanced intrinsic motivation, whereas negative performance feedback diminished it (Deci, 1975), and research by Vallerand and Reid (1984) showed that these effects were mediated by perceived competence. Studies have shown (Fisher, 1978; Ryan, 1982), that feelings of competence will not enhance intrinsic motivation unless accompanied by a sense of autonomy or, in attributional terms, by an internal perceived locus of causality (DeCharms, 1968).

The other type of motivation, extrinsic motivation, refers to the performance of an activity in order to attain some separable outcome and, thus, contrasts with intrinsic motivation, which refers to doing an activity for the inherent satisfaction of the activity itself. Much of what people do is not, strictly speaking, intrinsically motivated, especially after early childhood when the freedom to be intrinsically motivated is increasingly curtailed by
social pressures to do activities that are not interesting and to assume a variety of new
responsibilities (Ryan & La Guardia, in press). Unlike some perspectives that view
extrinsically motivated behavior as invariantly non-autonomous, extrinsic motivation can
vary greatly in its relative autonomy (Ryan & Connell, 1989; Vallerand, 1997). Many
theorists have treated motivation as a unitary concept, intrinsic motivation, the doing of an
activity for its inherent satisfactions is highly autonomous and represents the prototypic
instance of self-determination. Extrinsically motivated behaviors, by contrast, cover the
continuum between amotivation and intrinsic motivation, varying in the extent to which their
regulation is autonomous.

Individuals characterized by a strong need for achievement typically seek challenging
tasks, compete to do things better, and derive satisfaction from personal mastery
(McClelland, 1987). Different aspects of achievement motivation can be differentiated: hope
for success (active approach), fear of failure (active avoidance), and fear of success (passive
avoidance; e.g., Birney, Burdick, & Teevan, 1969; Heckhausen, 1963; McClelland et al.,
1953; Schultheiss & Brunstein, 2005). These orientations develop in dependence of
experiences with rewarding and punitive parenting techniques in response to a child’s
attempts to meet standards of excellence (Rosen & D’Andrade, 1959). Individuals are likely
to suppress their impulses to achieve (fear of success) when in the past achievement behavior
was contingently followed by negative consequences (Karabenick, 1977). An achievement
motive characterized by hope for success is associated with age appropriate early childhood
experiences of reward and affection for mastery and with child-rearing practices highlighting
early independence (McClelland & Pilon, 1983; Winterbottom, 1958). Punishment as a
consequence of absent achievement-oriented behavior, however, is likely to lead to an
increase of active avoidance (fear of failure): Mastering a task becomes associated with
absence of punishment and maintains the motivation to achieve. Thus, people high in fear of
failure and individuals high in hope for success develop a preference for mastery experiences, although based on different learning experiences (Schultheiss & Brunstein, 2005).

McClelland (1953) identified certain aspects of socialization which, he claimed, affect the need to achieve (e.g., type of authority pattern within the family, family stability, quality of communication with father, type of reinforcement, degree of independence, and parents' occupational aspirations). McClelland has found that achievement-motivated people are more likely to be developed in families in which parents hold different expectations for their children than do other parents. Family factors and experiences have been found to be important predictors of children’s achievement progress (Bradley & Corwyn, 2002).

Murray (1938, pp.80-81) defined need for achievement as a desire or tendency “to overcome obstacles, to exercise power, to strive to do something difficult as well and as quickly as possible.” Need for achievement is said to be aroused by environmental cues but is not manipulated and controlled like hunger or thirst. People high in need for achievement are more persistent and work harder (McClelland, 1985). They also tend to be medium risk takers. Under appropriate conditions, people will do what they have been rewarded for doing. Men with high n Ach tend to come from families in which achievement striving is rewarded. Achievement motivation, or the desire to accomplish difficult tasks and to excel differ greatly from individual to individual.

By definition, an individual higher in achievement motivation is characterized as someone who “aspires to accomplish difficult tasks; maintains high standards and is willing to work toward distant goals; responds positively to competition; willing to put forth effort to attain excellence”( Jackson, 1974/1999, p. 6). In the real world, motivation is highly valued because of its consequences: Motivation produces. Although motivation is often treated as a singular construct, even superficial reflection suggests that people are moved to act by very different types of factors, with highly varied experiences and consequences.
Cultures are powerful social contexts determining achievement motivation: Cultures differ with respect to not only ecological and socioeconomic conditions but also child-rearing practices, socialization patterns, dominant religious belief systems, values, and social rules to sanction behavior (e.g., Keller & Greenfield, 2000). In line with this argument, a number of cross-cultural studies point to a qualitatively different social-oriented achievement motivation in non-Western societies (e.g., De Vos, 1968; Kagan & Knight, 1981): For instance, in Chinese culture pushing oneself ahead of others and actively seeking individual success are not valued (Salili, 1996; A.-B. Yu, 1996). The concept of social-oriented achievement implies that an individual’s achievement-related standards and goals conform to the values of an in-group. Achievement evaluations (success vs. failure) are not based on self-imposed standards of excellence but are made by reference to significant others (e.g., family, kinship system) who set the standards. Thus, even if a general desire for mastery of tasks, excellence, and accomplishment is to be seen as universal, the disparity of experiences, rewards, and punishments across cultures may lead to the development of different concerns for achievement, different evaluation standards, and different domains of action (e.g., Fyans, Salili, Maehr, & Desai, 1983; Veroff, 1977).

Adequate contexts for the realization of achievement-motivated strivings based on different standards of achievement evaluation may be seen as defined by an individual’s personal learning history (e.g., Heckhausen, 1984; McClelland & Pilon, 1983), which itself is embedded in a cultural context that provides opportunities for cultural values and norms to define situations arousing the achievement motive and to become associated with additional standards of excellence (Kornadt et al., 1980). Even if there is, of course, latitude for variation in motivation among members of a given cultural group arising from biological and educational variations (Bond, 2005), dominant socialization patterns may result in culture-bound characteristics of the implicit achievement motive. This might be particularly relevant.
for social-oriented standards that have been argued to develop later in ontogeny than self-oriented standards (Geppert & Küster, 1983). Thus, a culture’s shared (early) socialization process shapes and reshapes basic human needs.

Comparisons between people whose motivation is authentic (literally, self-authored or endorsed) and those who are merely externally controlled for an action typically reveal that the former, relative to the latter, have more interest, excitement, and confidence, which in turn is manifest both as enhanced performance, persistence, and creativity (Deci & Ryan, 1991; Sheldon, Ryan, Rawsthorne, & Ilardi, 1997) and as heightened vitality (Nix, Ryan, Manly, & Deci, 1999), self-esteem (Deci & Ryan, 1995), and general well-being (Ryan, Deci, & Grolnick, 1995). This is so even when the people have the same level of perceived competence or self-efficacy for the activity. While motivation refers to the state for action, amotivation, on the other hand is the state of lacking the intention to act. Amotivation results from not valuing an activity (Ryan, 1995), not feeling competent to do it (Bandura, 1986), or not expecting it to yield a desired outcome (Seligman, 1975).

Research on motivation has burgeoned for several years. Sex differences in achievement motivation have been studied widely (Meece, Glienke, & Burg, 2006). Elizur & Beck (1994) detected no special tendency for women to score higher than men on affective responses in achievement motive questionnaire (Elizur 1979, 1986; Shye 1978). They are of the opinion that gender differences in achievement motive are rooted in socialization processes rather than in basic differences between women and men. To the extent that gender differences exist in values, task choices, and achievement, Eccles has argued that they are related to gender role socialization. Different socialization experiences are thought to lead boys and girls, men and women, to hold different values and different value hierarchies. In general, female college students in the United States earn higher grades and graduate from college at a higher rate than do male college students (Buchmann & DiPrete, 2006; Mau &
Lynn, 2001). Recent findings have documented the poor performance of male students in American colleges (Buchmann & DiPrete, 2006). On the other hand, Adsul et al., (2008) Liu & Zhu (2009) investigated the effects of gender, and found significant differences in achievement motivations of male and female, with male students showing higher achievement motivations than female students. Occupational choices adults make have also been found to be associated with childhood experiences of acceptance and rejection (Aronoff, 1967; Mantell, 1974; Rohner, 1986).

Three innate psychological needs-competence, autonomy, and relatedness- which when satisfied yield enhanced self-motivation and mental health and when thwarted lead to diminished motivation and well-being. Through various studies it has become clear that congruence between the content of personal goals and a person’s basic motives affects well-being. A basic need, whether it be a physiological need (Hull, 1943) or a psychological need, is an energizing state that, if satisfied, conduces toward health and well-being but, if not satisfied, contributes to pathology and ill-being. The basic needs for competence, autonomy, and relatedness must be satisfied across the life span for an individual to experience an ongoing sense of integrity and well-being or "eudaimonia" (Ryan & Frederick, 1997; Waterman, 1993).

One area of psychology analyzes subjective well-being (SWB) which refers to people’s cognitive and emotional evaluations of their lives (Diener, Suh, Lucas, & Smith, 1999). A positive association between annual income and SWB does exist, but it is surprisingly small among people whose basic needs are generally met (Diener, Sandvik, Seidlitz, & Diener, 1993; Veenhoven, 1991). SWB is conceptualized as having a cognitive appraisal component, life satisfaction, and two emotional components, positive and negative affect (Diener, 1998; Diener et al., 1999). Cross-cultural research suggests that overall SWB is best predicted by satisfaction with life domains that are valued within one’s culture (Kwan,
A general tendency to experience positive emotions may provide the motivation to explore one’s environment and to approach new goals (Fredrickson, 1998). Lyubomirsky, King, and Diener (2005) showed that positive moods facilitate a variety of approach behaviors and positive outcomes.

The concept of **psychological well-being** is quite difficult because of the wide variety of concepts used interchangeably. For example, well-being; happiness (Bradburn, 1969); life satisfaction (Wood, Wylie, & Sheator, 1969); quality of life; mental or emotional health; subjective well-being; and mood and affect (Kozma, Stones, & McNeil, 1991) have been used synonymously with psychological well-being. Stull (1987), however, stated that even though these concepts are related, they are not identical. **Psychological well-being** is most often defined in the literature (Diener et al., 1999) by an affective component (frequent positive affect and infrequent negative affect) and a cognitive component (high life satisfaction). SWB is understood broadly to include both transient emotional phenomena (e.g., pleasant and unpleasant affective experiences) as well as more enduring assessments of life satisfaction (Cummins, 2000; Diener, 2000; Diener et al., 1999; Moore, Leslie, & Lavis, 2005).

Being a major indicator of mental well-being and relatively stable over time (Goldsmith & Campos, 1986), most people evaluate what is happening to them as either good or bad, so they are normally able to offer judgments about their lives. Furthermore, people virtually always experience moods and emotions, which have an hedonic component that is pleasant, signalling a positive reaction, or unpleasant, signalling a negative reaction. Thus, people have a level of SWB even if they do not often consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to the person.
The increasing importance of subjective well-being has been reviewed by Diener & Suh (1997) who concluded that “subjective well-being measures are necessary to evaluate a society, and add substantially to the economic indicators that are now favoured by policy makers”. Because of the close association of SWB with positive outcomes, researchers in positive psychology have focused on how to increase levels of SWB. Diener (2000) has shown the effect of financial well-being on SWB. Additionally, Inglehart (1990) has shown that meeting the basic needs of people have strong effects on SWB. It could be assumed that parenting would also contribute to overall SWB, but this has been lacking in empirical evidence.

Until recently, an exhilarating shift in the research literature from an emphasis on disorder and dysfunction to a focus on well-being and positive mental health have been witnessed. This paradigm shift has been especially prominent in current psychological research (e.g. Argyle, 1987; Diener, 1984; Kahneman, 1999; Ryff & Singer, 1998a; Seligman, 1991, 2002). But it has also captured the attention of epidemiologists, social scientists, economists, and policy makers (e.g. Huppert, 2005; Layard, 2005; Marks & Shah, 2005; Marmot, Ryff, Bumpass, Shipley, & Marks, 1997; Mulgan, 2006). An impressive body of cross-sectional survey data shows that happy people: tend to function better in life than less happy people; are typically more productive and more socially engaged; and tend to have higher incomes (Diener, 2000; Judge, Thoresen, Bono, & Patton, 2001). This positive perspective is also enshrined in the constitution of the World Health Organisation, where health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948). The WHO again defined positive mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2001). Ryan and Deci (2001)
pointed out that people high in happiness or subjective well-being tend to have attributional styles that are more self-enhancing and more enabling than those low in subjective well-being, suggesting that positive emotions can lead to positive cognitions which, in turn, contribute to further positive emotions.

Compared with individuals in negative or neutral mood states, subjects in a positive mood state have a broader focus of attention (Fredrickson & Branigan, 2005; Gasper & Clore, 2000), generate more ideas (Fredrickson & Branigan, 2005), and are more creative and flexible in their thinking (Ashby, Isen, & Turken, 1999; Bless, Mackie, & Schwarz, 1992; Murray, Sujan, Hirt, & Sujan, 1990). Experimental social psychology is full of examples showing that positive emotional experiences have beneficial effects on the way people perceive and interpret social behaviours and how they initiate social interactions (e.g. Forgas, 2001; Isen, 1987). It has also been found that people experiencing positive emotions evaluate themselves and others more positively, make more lenient attributions, and behave in a more confident, optimistic, and generous way in interpersonal situations (Forgas, 2002, 2006; Sedikides, 1995).

Interest in psychological well-being and positive mental health peaked between the late 1950s and 1970s. Contemporary research conducted on psychological well-being usually involves discerning the variables that enhance or diminish well-being with a specific population through the use of some preexistent measure of well-being. Well-being itself is defined in these studies as the outcome on a particular measure or set of measures. Consequently, focus is on the variables that affect well-being, whereas the nature of well-being itself is secondary to these studies. There is growing interest in psychological or subjective well-being as an indicator of societal progress among policymakers both nationally and internationally (Dolan, Layard and Metcalfe, 2011). The World Economic Forum (2012) and the United Nations General Assembly have also proposed that psychological well-being
should be considered along with the economy, work, community and family as a key issue in sustainable development.

Various approaches to conceptualizing well-being have been proposed. Some have suggested that well-being results from achieving a goal (Diener, 1984) while other perspectives hold that happiness results from engaging in interesting and challenging activities (Chekola, 1975). Variables that appear to be associated with well-being include satisfaction with family life, standard of living, and physical health (Campbell, Converse, & Rodgers, 1976), racial identity (Martinez, & Dukes, 1997), satisfaction with income (Braun, 1977), marriage (Andrews & Withey, 1976), love (Anderson, 1977), and education (Campbell, 1981). The good life that has come to be called "subjective well-being" (SWB) and in colloquial terms is sometimes labeled "happiness." The field of SWB focuses on people's own evaluations of their lives.

The term adopted in this study is psychological well being as measured by the General Health Questionnaire-12, referring to the psychological health which may be defined as a state of being in which an adult is balanced both emotionally and intellectually. Well-being is an important determinant of health and social outcomes. Measures of positive mental health states are needed for population-based research. The 12-item General Health Questionnaire (GHQ-12) has been widely used in many settings and languages, and includes positively and negatively worded items. The GHQ-12 measures both positive and negative aspects of mental health, and although correlated, these dimensions have some independence. The GHQ-12 could be used to measure positive mental health in population-based research. (Hu, Stewart-Brown, Twigg &Weich, 2007).

The GHQ–12 is a self-administered test originally developed by Goldberg (1992) to assess mental health status of individuals in a general population and in primary health
care settings. It is a screening tool which was used to identify the severity of psychological distress experienced by an individual within the past few weeks.

The GHQ has been widely used in various cultures as a screening tool to determine whether an individual is at risk of developing a psychiatric disorder (Goldberg & Williams, 1988). It is worth mentioning that the GHQ is extensively used by researchers and has been found to be reliable and well-validated (Goldberg et al., 1997). The GHQ was originally designed to be used in adult populations (aged 16+ years). GHQ has been shown to be valid and useful in both clinical and general populations. The GHQ12 is a measure of current mental health. It focuses on two major areas – the inability to carry out normal functions and the appearance of new and distressing experiences. Analysis used during the development of GHQ12 ensured that it has good content validity (Goldberg & Huxley, 1980).

The GHQ comes in four versions, and these include GHQ-60, GHQ-30, GHQ-28 and GHQ-12. The original version of the GHQ contains 60 items and is known for its multi-dimensional aspects. The GHQ-12 is the shortest version and commonly used as a screening tool in a public setting. It is usually regarded as testing only a single dimension of psychological health (Gao et al., 2004). However, some previous research have shown that the GHQ-12 has two (e.g. Picardi, Abeni, & Pasquini, 2001; Werneke, Goldberg, Yalcin, & Ustun, 2000) and three (e.g. Cheung, 2002; Picardi et al., 2001; Werneke et al., 2000) meaningful underlying factors.

A substantial body of research demonstrates the importance of positive interpersonal relationships for healthy human functioning (e.g., see Berkowitz, 1996; Bronfenbrenner, 1986; De Leon, 2000; Fyson, 1999; Glover, Burns, Butler, & Pattern, 1998; Hill, 1996; Moos, 2002; Royal & Rossi, 1996; Saranson, 1993; Weisenfeld, 1996). Relationships are a source of happiness and a buffer against stress (Argyle, 1999; Glover et al., 1998; McCarthy, Pretty, & Catano, 1990). Through relationships, individuals receive instrumental help for
tasks and challenges, emotional support in their daily lives, and companionship in shared activities (Argyle & Furnham, 1983; Gutman, Sameroff, & Eccles, 2002; Irwin, 1996). Conversely, the loss of relationship is a source of unhappiness and distress (Bronfrenbrenner, 1974; Cowen, 1988; Gaede, 1985). Interpersonal relationships are also important for social and emotional development (Abbott & Ryan, 2001; Kelly & Hansen, 1987; McCarthy et al., 1990). Relationships are also a critical factor in young people’s engagement and motivation at school (Ainley, 1995; Battistich & Hom, 1997; Hargreaves, Earl & Ryan, 1996; Pianta, 1998).

Cultural and societal factors influence SWB in several ways. One noteworthy finding is that variables often correlate differently with life satisfaction in dissimilar cultures. One of the most replicated findings in well-being is that people in East Asia tend to report a lower level of life satisfaction and less frequent experience of positive emotions than do people in North America and Western Europe (e.g., Diener, Diener & Diener, 1995). In this vein, prominent cultural psychologists (Heine, Lehman, Markus, & Kitayama, 1999; Kitayama, 1997) have argued that European Americans tend to be motivated to view themselves in a positive light, whereas East Asians tend to be motivated to improve themselves over time, and therefore tend to view themselves in a critical light. Asians tend to pay attention to negative aspects of relevant information (e.g., Greenwald, 1980), whereas East Asians seem to show a balanced memory for both positive and negative experiences. There are also individual differences in achievement motives that influence the degree to which people persist after a failure (Tauer & Harackiewicz, 1999).

Throughout the world, people are granting increasing importance to well-being. Inglehart (1990) proposed that as basic material needs are met, individuals move to a post-materialistic phase in which they are concerned with self-fulfillment. Children and youth’s life satisfaction suggests that it is strongly associated with family satisfaction (Park, 2004).
As adults who have acquired such values, parents may transmit them to children through their responses to children’s performance. Thus, cultural differences in how parents respond to children’s success and failure may lead to cultural differences in how children themselves respond, thereby accounting for the perpetuation of cultural differences in responses to performance.

Although SWB is not sufficient for the good life (e.g., Diener, Sapyta, & Suh, 1998), it appears to be increasingly necessary for it. Although most people report being above neutral in mood the majority of the time (Diener & Diener, 1996), intense positive moments are rare even among the happiest individuals (Diener et al., 1991). The need for positive self-regard has been assumed to be universal and essential for emotional well-being (e.g., Baumeister, Tice, & Hutton, 1989; Taylor & Brown, 1988; Heine, Lehman, Markus, & Kitayama, 1999). In recent years, however, this assumption has been challenged by Heine and colleagues (e.g., Heine, 2005; Heine et al., 1999; Colvin & Block, 1994).

The pursuit and attainment of some life goals will provide relatively direct satisfaction of the basic needs, thus enhancing well-being (Ryan, Sheldon, Kasser, & Deci, 1996), whereas the pursuit and attainment of other goals does not contribute to and may even detract from basic need satisfactions, leading to ill-being. In accord with this reasoning, Kasser and Ryan (1993, 1996) found that placing strong relative importance on intrinsic aspirations was positively associated with well-being indicators such as self-esteem, self-actualization, and the inverse of depression and anxiety, whereas placing strong relative importance on extrinsic aspirations was negatively related to these well-being indicators. Ryan, Chirkov, Little, Sheldon, Timoshina, and Deci (1999) replicated these findings in a Russian sample, attesting to the potential generalizability of the findings across cultures. Reis, Sheldon, Gable, Roscoe, and Ryan (in press) found that variations in the fulfillment of each of the three needs (i.e.,
competence, autonomy, and relatedness) independently predicted variability in daily well-being. These studies support the view that basic psychological needs are determinative with regard to optimal experience and well-being in daily life.

Research consistently shows that one’s level of well-being is reasonably stable over time (e.g., Eid & Diener, 2004). Second, behavioral genetic studies show that well-being is moderately heritable (Tellegen et al., 1988). Finally, research shows that personality factors are strong correlates of well-being variables. Whereas any single demographic factor does not have very high correlation with well-being, however both self- and nonself-report measures of personality tend to correlate much more strongly with well-being (see Diener & Lucas, 1999). Thus, personality factors may predispose individuals to experience different levels of well-being.

Having goals and successfully striving for them is a major precondition for well-being (Diener, 1984). Research findings from the past two decades support this assumption by showing that the pursuit and attainment of meaningful goals plays an important role in the development and maintenance of individuals’ well-being (Brunstein, 1993; Diener, Suh, Lucas, & Smith, 1999; Schmuck & Sheldon, 2001). One core explanation for this link between goal striving and well-being is that “goals serve as an important reference standard for the affective system” (Diener et al., 1999, p. 284), meaning that making progress toward a goal is experienced as positive and that failure to advance toward an important personal goal is experienced as negative (Carver & Scheier, 1998).

Temperament has a powerful effect on SWB. Studies of heritability in which twins separated at birth are studied as adults found that both pleasant and unpleasant affect have a strong genetic basis (Lykken & Tellegen, 1996; Tellegen, Lykken, Bouchard, Wilcox, Segal, & Rich, 1988). Although heritability coefficients may differ in other environments, the twin
data show convincingly that some proportion of SWB is due to one's genetic make-up. Further supporting the idea of an inborn influence on SWB, measures of emotional reactivity in young infants predicts later fear responses (Kagan, 1994). In adults, optimism, self-esteem, and extraversion are several of the personality traits possessed by happy people. Extraverts in a national probability sample in the U.S.A. who lived in a variety of different circumstances experienced higher SWB (Diener, Sandvik, Pavot, & Fujita, 1992).

Women report being closer and more attached to their families than men (Kenny, 1987, 1990; Lopez, Campbell, & Watkins, 1988). Furthermore, Kenny and Donaldson’s (1991) research indicates that women who describe themselves as more attached to their parents have higher levels of social competence and psychological well-being during the transition into college. Research has also uncovered differences between men and women in how they experience emotion, particularly the frequency and intensity of emotion (Searle & Meara, 1999), which may relate to the development of attachment. Women have also been found to be more perceptive and expressive of emotion than men (Johnson & Shulman, 1988; Sprecher & Sedikides, 1993), which may also be associated with their attachments to parents. Clearly more research in the area of sex and attachment needs to be conducted, including research that examines gender role orientation as a predictive factor of parental attachment (DeFranc & Mahalik, 2002).

Certainly, individuals differ in the extent to which their fundamental need to belong is met through familial relationships, friendships, social memberships, and the like. Given the wealth of research on the important role of parents in children’s development (Bornstein, 2006; Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000; Parke & Buriel, 2006), it is possible that parents contribute to such cultural differences. Indeed, research suggests that parents’ practices influence children’s responses to performance (e.g., Glasgow, Dornbusch, Troyer, Steinberg, & Ritter, 1997; Kelley, Brownell, & Campbell, 2000;
Culture matters to the extent that individuals living in different societies are likely to have differing experiences and, more ambitiously, that culture matters to the extent that a cultural perspective provides new insights into psychological processes (e.g., Bond & Leung, in press; Triandis, 1996). From a cultural psychological perspective, individualism and collectivism are constructs that summarize fundamental differences in how the relationship between individuals and societies is construed and whether individuals or groups are seen as the basic unit of analyses (Oyserman, Coon, & Kemmelmeier, 2002). Suh et al., (1998) also found large differences among people in different cultures in the factors they consider to be relevant to life satisfaction, perhaps because culture can have a pervasive influence on people's values and goals. An interesting pattern reveals itself when individualistic and collectivistic nations are compared in terms of different indicators of well-being. In individualistic nations, there are reports of higher life satisfaction, and yet suicide rates also tend to be higher (Diener, 1996).