

THE IMPACT OF EARLY CHILDHOOD EXPERIENCES  
ON CHOOSING CHILD CARE AS A PROFESSION:  
IMPLICATIONS FOR PROFESSIONAL  
DEVELOPMENT

THESIS

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## TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS.....	iv
LIST OF TABLES.....	vi
CHAPTER	
I. INTRODUCTION .....	1
II. REVIEW OF LITERATURE .....	4
III. METHODS .....	20
IV. FINDINGS .....	24
V. DISCUSSION .....	55
VI. IMPLICATIONS FOR PROFESSIONAL DEVELOPMENT.....	59
APPENDICES	
APPENDIX A. Consent Form Teachers.....	64
APPENDIX B. Consent Form Parents.....	66
APPENDIX C. Adult Attachment Interview .....	68
APPENDIX D. Demographic Form .....	71
REFERENCES .....	76

## **LIST OF TABLES**

<b>Table</b>	<b>Page</b>
1. Maslow's Hierarchy of Needs .....	5
2. Demographic Information Compared to National Average .....	25
3. Negative Experiences Occurring in Family of Origin .....	26
4. Effects of Negative Experiences Within the Family of Origin.....	27

## **CHAPTER I**

### **INTRODUCTION**

Theorists have long suggested that in some helping professions, particularly psychotherapy and social work, those who enter the profession do so because of trauma in their own early childhood experiences (Fussell & Bonney, 1990). Crucial components of quality social adjustment missing from their early childhood shape their career choices, which serve as means for filling in those missing experiences. Helping others seems to be a coping mechanism for those who grew up in dysfunctional environments (Chudnof, 1988). Caring for children in a child care setting is a helping profession characterized by low pay and high turnover (Whitebrook, 1999). While retention in the field is often not motivated by pay, child care providers have reported staying in the field primarily because they love children and enjoy their company (Innes & Innes, 1984). However, this research is over 20 years old and recent research relevant to the child care industry has not addressed why child care providers stay in the field, considering the socioeconomic challenges confronting people today and the meager pay scale of child care providers.

Despite the fact that landmark studies have opened the door to the vocational psychology field (Roe, 1957; Holland, 1966), no studies have looked specifically at the

child care industry and why people choose to work with children. Could there be a link between a career working with children under the age of five and child care providers' experiences in their own early childhoods? Maybe one of the reasons child care providers choose the profession is because of their unmet need for unconditional love that went unfulfilled from their childhood.

According to the Department of Labor, child care provider positions are expected to increase by 17% between 2004 and 2014 (Bureau of Labor Statistics, 2007). However, the industry faces numerous obstacles to meeting this need. Employee turnover continues to be one of the major dilemmas primarily due to the high stress and low wages experienced in the child care profession (Evans, Bryant, Owens, & Koukos, 2004). It is estimated that in any given year, one-third of child care providers will leave their positions (National Child Care Information Center, 1997). Because of this growing need and the high turnover rate, finding and keeping competent child care providers for children aged birth to five years old is one of the biggest challenges facing the industry.

Numerous research studies have shown that responsive, nurturing and educated teachers are a factor essential to high quality child care (e.g., Ackerman, 2004; Bowman, Donovan, & Burns, 2001; Fiene 2002). When child care providers leave their positions at such an alarming rate, directors are forced to hire less than qualified individuals to fulfill the need, thereby compromising continuity and quality of care (Whitebrook, 1999). Ultimately, an endless cycle of hiring, training and leaving continues. This endless cycle has a negative effect on both the children and the quality of care as a whole (Whitebrook, 1999). Understanding why child care providers choose this profession and why some choose to stay in the industry could help increase retention in the industry, thereby

increasing the quality of care for children. In understanding this choice, the psychological well being of those providers who stay should be considered, given the industry is one of the largest in the country, employing over 1.3 million people (Bureau of Labor Statistics, 2007).

In order to determine if there is a link between early childhood experiences and choosing to work in child care, in-depth interviews were conducted with child care providers using the Adult Attachment Interview (George, Kaplan, & Main, 1996). Additionally, demographic information was analyzed to pinpoint participants' reasons for working in child care. The overall goal of this study was to determine if there were patterns, events or themes in the early experiences of those who work in child care that may have implications for their adult life and career choice. More specifically, did negative experiences in the early years contribute to child care providers' need to care for others, and is working with children their way of resolving unfulfilled needs from their childhood? Finally, the question as to what can be done to address those needs through professional development to the child care industry will be discussed.



## CHAPTER II

### REVIEW OF LITERATURE

Theories of career development fall into two categories, sociological and psychological approaches. The sociological approach focuses on social variables that influence career choice, whereas the psychological approach focuses more on individual attributes that influence career choice (Brown & Brooks, 1990). Although earlier studies maintained that vocational interests develop, in part, because of interactions and identifications with significant others (Carter, 1940; Super, 1949), Anne Roe (1956) is credited for taking the psychological approach a step further and providing a conceptual framework for understanding the impact of family of origin on career choice (Osipow, 1997). Several landmark reviews of literature on the family of origin framework have credited Roe as the pioneer in this field (Blustein, 2004; Schulenberg, Vondracek, & Crouter, 1984; Whiston & Keller, 2004). Furthermore, numerous assessment tools and interest inventories have been developed using Roe's framework, the best known being the *Ramak* interest inventory (Roe & Lunneborg, 1990).

Results of early studies examining the link between early childhood experiences and vocational choice have been mixed (Grigg, 1959; Switzer, Grigg, Miller, & Young, 1962). Nonetheless, vocational psychology continues to provide a theoretical framework for studies of career choice because “without some basis for why we choose the career

paths we take, we have no foundation [for research] without Roe's theory. Therefore, we must continue to explore vocational choice with Roe's theoretical framework in mind" (Brown, & Voyle, 1997, p.311).

The basis for Roe's hypothesis was heavily influenced by Maslow's Hierarchy of Needs (Maslow, 1943) (see Table 1). Maslow's theory is built on the premise that until our basic needs are relatively satisfied, the higher level needs do not emerge as motivators (Maslow, 1943). In trying to satisfy those basic needs, they become unconscious motivators for career choice (Roe, 1957). If persons' lower levels were unsatisfied, for example, the physiological needs of hunger and safety, it would be difficult for the individual to contemplate about psychological needs for love and belonging. Although needs can be gratified in many ways, it would be difficult, according to Maslow, to move on to satisfying the higher level needs such as the need for information or beauty when a person's physiological and safety needs are not met. "Therefore, the most direct way to develop a life at a higher need level is through adequate gratification of the lower needs" (Roe, 1956, p.25).

Table 1. Maslow's Hierarchy of Needs (Adapted from Roe, 1956, p. 25-29)

<u>Order of needs</u>	<u>Examples of needs</u>
1. The physiological needs.	Hunger, thirst, maternal response, fatigue.
2. The safety needs.	Illnesses, absence of parents, unmanageable stimuli.
3. The need for belonging and love.	Affection, place in group and society, giving love.

Table 1. Maslow's Hierarchy of Needs (continued)

Order of needs	Examples of Needs
4. The need for importance, respect.	The need to live independent of oppression, self-esteem, independence, the need to feel worthy and competent of respect.
5. The need for information.	The need to know "why." This need and others below, can be lost due to trauma early in life.
6. The need for understanding.	Often interpreted through religious or spiritual perspectives depending on culture.
7. The need for beauty.	This could be connected to the need for self-esteem, as our need to look good is stronger in some.
8. The need for self-actualization.	All that we can be. The need to be happy. This last need can only be achieved if needs one through four are met.

Roe applied this theory to occupational choice by hypothesizing that part of what influences us as individuals to choose an occupation is unmet needs from our childhood. "In our society there is no single situation which is potentially so capable of giving some satisfaction at all levels of basic needs as is our occupation" (Roe, 1957, p.31).

Roe (1957) stated that parental attitudes toward children played a key role in shaping early experiences. She classified these parental attitudes from the perspective of the emotional treatment of the child and the dominant pattern shown in the home, by either one or both parents.

1. *Emotional concentration on the child* varies from overprotected to overdemanding.

a. Overprotecting parents do not allow their children to grow up, and they encourage their children to remain dependent on the parents. Children are restricted in their exploration of the world around them.

b. Overdemanding parents demand perfection from their children and typically restrict choices to those that allow the child to meet parental expectations of the parent.

2. *Avoidance of the child* ranges from unintentional emotional neglect to intentional emotional rejection by the child's parents.

a. The expression of emotional rejection can be seen as intentional lack of emotional support to the child, such as hugs, physical affection and praise. This does not include physical neglect.

b. Emotional neglect of the child is avoidance of any emotional relationship, either intentional or unintentional.

3. *Acceptance of the child* as either loving or casual. Children are active participants in the family and parents encourage their children to be independent and explore their environment.

- a. Casual acceptance of the child occurs naturally and is largely an inherent part of the family environment.
- b. Loving acceptance of the child, expressed in planned and intentional activities, conveys intentional love and support towards the child.

Roe further hypothesized that based on our early childhood experiences, we choose occupations that are people oriented or non-person oriented. Children who experience love and acceptance in childhood will be more likely to gravitate towards a person centered occupation as defined by her classification of occupations (Roe, 1957). Those whose childhoods are marked by emotional avoidance or rejection will typically gravitate towards a non-person occupation. Roe classified the occupational fields of Service (Group I), Business (Group II), Organization (Group III), General Cultural (Group VII) and Arts and Entertainment (Group VIII) as person centered occupations and the occupation fields of Technology (Group IV), Outdoor (Group V) and Science (Group VI) as non-person centered occupations. Child care would be found in the lower end of the service (Group 1) occupational field, thereby being a person-centered occupation.

Roe (1990) later clarified her intent by explaining that early childhood experiences do impact how our personality develops, however, socioeconomic status, culture as well as genetic inheritance also influences personality development. Based on these factors, along with early satisfactions and frustrations of parent-child relations, dominant motivators for career choice will emerge in terms of Maslow's hierarchy (Roe).

Later vocational theorists built upon Roe's work. Holland (1966) theorized that a person's interests developed from a range of personal and background information. What we choose to do in life can be the result of what we experienced as children. Holland

supported one premise of Roe's theory: parents play a significant role in the development of their child's interests. Later work by Holland (1996) revealed those who chose a particular profession shared similar personalities and similar histories of personal development. Additional use of Roe's framework provided the basis for teaching college students career-planning skills by Loughary and Ripley (1978). Miller (1986) used Roe's classification system and person vs. non-person concept in assisting clients with vocational guidance. Clients chose between two groups of occupations, those being person-centered and non-person centered. Thus, Roe's theoretical framework dominated research in the area of family of origin and career development for several decades.

With the exception of Roe and a few others prior to 1980, the study of the family of origin and its influence on career development virtually was ignored. Since 1980, numerous research studies (Black, 1993; Brems, Tryck, Garlock, Freemon & Bernzott, 1995; Chudnof, 1988; Fussell & Bonney, 1990; Racusin, Abramowitz, & Winter, 1981; Romph & Royce, 1993) furthered Roe's research by focusing on what role family of origin plays in shaping the occupational choice of an individual. Overall, these studies revealed that career choice is influenced by *family process factors* such as parent employment, gender differences and interactions between parent and child, and *family structure factors*, such as family size, socioeconomic status and single parenthood (Schulenberg, Vondracek, & Crouter, 1984).

Recent research continues to expand on and support Roe's hypothesis that specific family process variables such as attachment, separation, and conflict do contribute to occupational choice; however, ideas that a proposed link between early childhood experiences influencing the choice of a person centered or non-person centered

occupation have been challenged. Recall that Roe (1956) stated negative childhood experiences predicted a non-person focused occupational choice whereas parental warmth and acceptance predicted person focused occupational choice. Studies conducted since the early 1980s have found the opposite to be true. Most of the research illustrating this person vs. non-person theory took place in the field of psychotherapy.

Psychotherapy, a person centered helping profession, is a career choice often linked to poor early childhood experiences (Eber, 1984; Fussell & Bonney, 1990; Merodoulaki, 1994; Racusin et al., 1981). Menninger (1957), the first to study psychotherapists, hypothesized that they entered the profession due to emotional rejection in their childhood. A study conducted with 113 psychotherapists revealed a high incidence of childhood trauma and emotional deprivation in their early years (Fussell & Bonney, 1990). An additional study found that those in the helping professions, including psychotherapists, had similar early childhood issues, including dysfunctional family backgrounds, role reversal with parents and loss of sense of self (Chudnof, 1988).

Although these findings refute Roe's person vs. non-person hypothesis, they support her contention that early childhood experiences influence career choice. For example, based on Roe's hypothesis, psychotherapists' experiences of rejection in early childhood should result in an inclination toward a non-person profession. However, as proposed by Racusin, et al. (1981), the participants reported negative childhood experiences resulted in a need to satisfy unmet needs in childhood by entering a profession where they could experience warmth and acceptance. Extensive interviews of fourteen therapists, seven men and seven women, revealed they had experienced excessive stress in their childhoods (Racusin et al., 1981). Lack of nurturance from their

family of origin, according to Racusin, represented a void that prompted their career choice of psychotherapy as a protective factor against further pain. Furthermore, family life sensitized the therapist to emotional pain and provided powerful personal motivation for career choice (Racusin et al., 1981). Therapists' early experiences in interpersonal relations may have served as a training ground for sensitivity to interpersonal stress (Racusin, et al., 1981).

Social workers, members of a person-centered profession, also have been frequent subjects of research probing the link between childhood experiences and career choice (Black, Jeffreys, & Hartley, 1993; Romph & Royce, 1994; Russel, Gill, Coyne, & Woody, 1993). One such study (Black, et al., 1993) compared graduate level social work students to business students to determine how members of each profession experienced traumatic early childhood experiences. Business students were categorized as members of a non-helping profession and social work students were categorized as future members of a helping profession. The 116 social work students and 46 business students were similar in terms of marital status, age and geographic area of residence. All participants answered questionnaires administered during a class period. The results revealed significant differences between the social work and business students, with the social work students reporting higher incidence of all categories of traumatic events. A second study (Romph & Royce, 1994) found that graduate level social work students, in comparison to graduate students in other disciplines, had more often reported a history of familial alcohol and drug abuse, with 73% reporting dysfunctional families of origin.

These studies provide support for the existence of a link between career choice and a history of traumatic experiences in the family of origin. However, it is also possible



that students in social work and psychology may have been more inclined to discuss their early traumatic life experiences because they were enrolled in courses that promulgate the healing nature of “talk therapy.”

Numerous researchers have credited Roe as a pioneer in establishing a link between family of origin and career choice (Blustein, 2004; Dawis, 1997; Vondracek, Lerner & Schulenberg, 1986; Whiston & Keller, 2004). However, because two early studies described below refuted Roe’s overall hypothesis, some scientists dismissed Roe’s theory for lack of empirical support (Dawis, 1997; Osipow, 1983; Tinsley, 1997).

Grigg (1959) looked at the differences between 24 graduate students enrolled in nursing, a person-centered career, and 20 graduate level students enrolled in chemistry, physics, and mathematics, all of which were categorized as non-person centered careers. Recall that Roe hypothesized that a childhood history of neglect predicted a non-person career choice. The students were administered a 15-item questionnaire derived from the types of parental reactions formulated by Roe (1957) as having an impact in early childhood that later affected career choice. The results revealed no significant difference in the early childhood experiences reported by the two groups.

Similarly, Switzer, Grigg, Miller and Young (1962) found no differences between the childhood experiences reported by ministry and chemistry students. However, they did find a negative correlation between parental attitude of fathers and mothers for both groups of students. Specifically,

...rejection by the father and acceptance by the mother create conditions in which a child would be more likely to experience Roe’s emotional concentration than in a situation where parents’ reactions were similar.

In a situation of radical differences in parental attitudes, needs may not be consistently and casually met, and the child presumably is sometimes frustrated, sometimes satisfied. Thus, this difference between attitudes of the two parents would seem to make possible the kind of situation which Roe has described. (Switzer, Grigg, Miller, & Young, 1962, p.47).

Although neither study lent support to Roe's hypothesis, both studies have limitations including a small number of subjects and both studies are over 40 years old. Subsequent studies have substantiated Roe's hypothesis in one form or another.

While some view Roe's theory as "faded" (Lent, Brown, & Hackett, 1994; Osipow & Fitzgerald, 1996), Brown, Lum and Voyle (1997) stated that Roe's theory has been misinterpreted and has suffered from faulty analysis. One aspect of Roe's theory most often misunderstood concerns the impact of early childhood experiences on career choice leading to a person or a non-person occupation. Although, Roe's hypothesis of the early childhood experiences influencing occupational choice has been supported, Brown, Lum and Voyle (1997) proposed the existence of an intervening psychological structure between early childhood experiences and the career choice of a person or a non-person occupation (See Figure 1). While early childhood experiences did influence career choice, Brown, Lum and Voyle (1997) proposed that influence to be an indirect one, rather than a direct influence as proposed by Roe. They proposed that a psychological needs structure develops as a result of both frustrated and satisfied needs from early childhood experiences. Thus either a person centered or non-person centered occupation

choice evolves from the psychological need structure constructed from early childhood experiences (Brown, Lum, & Voyle, 1997).

Theoretically Erroneous



Theoretically Accurate

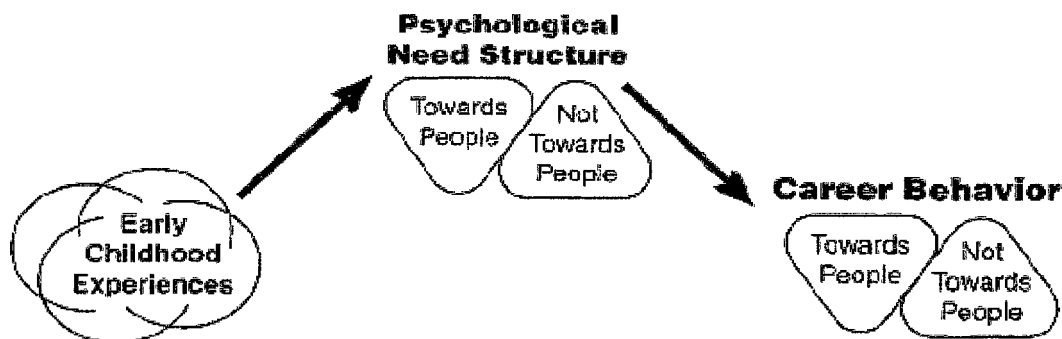


Figure 1 Erroneous and theoretically accurate illustrations of Roe's hypothesis regarding the influence of parent-child relations on later career behavior.

Note: From "Roe revisited: A Call for the Reappraisal of the Theory of Personality Development and Career Choice," by M.T. Brown, J.L. Lum, and K. Voyle, 1997, *Journal of Vocational Behavior*, 51, p.285.

To summarize, criticisms of Roe's theory are based, in part, on its limited empirical support (Dawis, 1997; Osipow, 1983; Tinsley, 1997). Brown, Lum and Voyle (1997), in contrast, stated her theory presented "very interesting and potentially fruitful areas of inquiry that have not yet been investigated" (p.292).

In explaining the influence of early childhood experiences on career choice, Roe focused on process-oriented features of the family interaction such as the mother-child and father-child relationships (Schulenberg, et al., 1984). Roe proposed that early parent-

child interactions could result in one of three types of relationships: attachment, acceptance or avoidance. She further proposed that the quality of family interaction, especially that with parents, was one factor in determining career choice because the quality of the relationships shaped a child's met as well as unmet needs. For example, children growing up in a family of origin that did not meet their need for love and understanding, one of Maslow's basic needs, would try to meet that frustrated need through choice of occupation. Attachment is an integral part of Roe's theory. Current work on the relationship between early childhood experiences and later career choice must include a focus on attachment relationships. Attachment relationships may help explain Roe's concepts of the impact of family of origin on career development.

#### Attachment Theory and Family of Origin

Attachment theory has provided a useful theoretical framework for the empirical research exploring how early interpersonal relationships are able to affect the career exploration and development process (Schultheiss, Kress, Manzi, & Glasscock, 2001). Only the portions of the theory applicable to career choice will be discussed here. Attachment theory did not fully evolve until the late seventies when Bowlby's (1977) theoretical framework of parental attachment emerged. Bowlby was instrumental in developing a framework of attachment based upon secure and insecure relationships formed between parents and children. Bowlby hypothesized that children exposed to a warm and nurturing relationship with parents and caregivers are more likely to grow up with a "secure base", thus allowing them to be more adventurous in their environments and more open to explore unfamiliar surroundings. Bowlby further hypothesized that children brought up in a cold, distant or dysfunctional environment can lead children to

develop an insecure base of attachment, thereby limiting the child's social and emotional development. Bowlby (1980) also hypothesized that a child's relationship with his or her parents provided the basis for the development of an internal working model that served as a model for future social relationships in adulthood.

One major contribution to the attachment theory as it has been applied to adults was the Adult Attachment Interview (AAI) (George, Kaplan, & Main, 1996). The AAI was designed as a way to assess an adult's attachment feelings toward their own parents during childhood. They hypothesized that adult "states of mind with respect to attachment" (i.e., adults' current representations of their childhood relationships with their parents) affected parenting behavior, which in turn influenced the attachment patterns of the parents' young children. The AAI will be discussed further in the methods section of this paper.

Bowlby (1973) was one of the first to discuss the "inverted parent/child" relationship, which later became known as parentification, a term coined by Bozormenyl-Nagy (1973). Bowlby proposed that those growing up in the inverted relationship are at risk of what he called "compulsive caregiving". Compulsive caregiving occurs in those who only know how to function in society in a caregiving role, always being the one to care for others, but not knowing how to receive the care for themselves (Bowlby, 1977).

Several studies conducted since 1980 have provided additional insight into the effects attachment has on career development (Bryant, Zvonkovic, & Reynolds, 2006; Whiston & Keller, 2004). Blustein, Prezioso, & Schultheiss (1995) hypothesized from their review of attachment literature that securely attached individuals are more adventurous and explorative in regards to their educational and vocational pursuits.

Specifically, securely attached individuals are more apt to be innovative in their educational and career pursuits and venture outside their comfort zones in regards to occupational choice. For girls specifically, secure relationships are essential in developing the confidence to explore often unfamiliar career opportunities in non-traditional fields such as science and engineering (Ketterson & Blustein, 1997). Having securely attached relationships enables adults to have the initiative and the confidence to fully explore their social and intellectual environments concerning career choice.

The only study that looked specifically at those in the child care industry found that of 31 caregivers administered the AAI (George, et al., 1996), 14 of the caregivers (45%) were found to have some semblance of insecure attachment (Constantino & Olesh, 1999). No other significant differences were found with structural components such as educational level, length of time in child care or commitment to the profession. It would seem plausible to conclude that some who choose to work with young children may do so because of their insecure attachment with their primary caregivers. Thereby, they are growing up with unfulfilled attachment needs.

#### Parentification

Further support of Roe's theory on the role of family of origin's influence on career choice can be found in the literature on parentification. Parentification deserves consideration when discussing why child care providers may choose this particular profession. Parentification is often described as the "subjective distortion of a relationship as if one's own partner or even child were his parent" (Bozormenyi, Nagy, & Spark, 1973 as cited in DiCaccavo, 2002, p. 464). Often, children who are avoided or neglected by their parents take on parental responsibilities to avoid feelings of loss

associated with being cared for by a psychologically absent parent (Dicaccavo, 2002). Children who grow up with unresponsive parents often become skilled at anticipating the needs of others because this is how they learned to respond to their parents (Dicaccavo, 2002). Therefore, parentified adults typically enter a person-centered helping profession, such as caring for children, as an extension of their childhood roles (Blumenstein, 1986).

Parentification applies to other helping professions as well. Half the therapists in one study felt their primary role in their family had been parenting. They assumed responsibility for family functions or nurturing family members (Racusin et al., 1981). In the same study, three-fourths of the therapists identified “parenting” or “counseling” as their primary responsibility in their family of origin (Racusin et al., 1981). Additionally, women who have experienced neglect in their childhoods often find themselves parenting members of their family, feeling this is something they are good at doing. This could explain why a career in child care might attract parentified adults. However, to date, there are no studies that have explored the relationship between negative early childhood experiences and the child care profession as a career choice.

### Summary

The purpose of this paper is to examine the child care industry and attempt to identify specific family process variables that may be in common among those who choose to work with children. Specifically, do those who choose to work with young children report experiencing higher rates of negative experiences in their family of origin? Does their unresolved need for love and support result in them choosing to work with the youngest of children, who know how to give unconditional love? Are there other processes or structural features that are common among the sample that have

implications for choosing to work with children? Finally, what professional development and support can be provided for those who have a history of unmet needs in their early childhood?



## **CHAPTER III**

### **METHODS**

The purpose of this research study is to analyze information collected from child care providers to see if family of origin and early childhood experiences influenced their decision to enter child care as a profession. An important distinction needs to be made between child care and public preschool, often referred to as Pre-kindergarten (Pre-K). One of the challenges facing the child care industry is the continued separation between those who “educate” children and those who “care” for children. The Bureau of Labor Statistics (2007) separates child care providers and preschool teachers into separate occupational classifications, thereby challenging the industry to see all those who work with young children as one and the same. Participants in this study worked within the child care industry and generally were not required to meet the same standards as those affiliated with publicly funded pre-kindergarten programs located in schools. Although both programs offer similar care and serve the same population (3-5 year olds), individuals’ employed by private child care, Head Start, and subsidized child care often make far less and usually have less education than those employed by school districts (Center for the Child Care Workforce, 2002). The participants in this study all worked within the child care industry.

## Subjects

The 19 participants in this study came from a convenience sample of 30 child care providers recruited to participate in two previous studies conducted by the Family and Child Studies Department at Texas State University-San Marcos. At the time of this research project, 19 transcripts had been completed and were available for analysis. Fifteen of the participants worked at publicly subsidized programs in central Texas that had higher proportions of African-American and Hispanic teachers and children than other community programs (e.g., Head Start). An additional four participants came from two university day care programs and private day care centers, all of these having a more homogenous population of middle-class families.

## Procedures

Initially, the directors of the child care programs were asked for permission to approach teachers about the study. Teachers were given a copy of the consent form (Attachment A) to review and if they decided to participate, they were asked to complete several questionnaires. The consent form explained the purpose of the study, the forms and questionnaires they would be required to fill out and explained both the interview and videotaping process. The consent form also ensured confidentiality and an assurance that they could stop their participation at any time.

Demographic data were collected using a measure described in the next section. In addition, the AAI was conducted at the providers' convenience and these interviews were audio-recorded for analysis at a later date. The AAI was conducted by trained researchers and occurred in a private location at the child care centers during the workday. Professors and trained graduate students transcribed the interviews.

## Instruments

Structured interviews using the AAI were conducted with each child care provider (Attachment B). This 60-minute interview yields a descriptor of the interviewee's current mental representation of the caregiver-child relationship based on the adult's childhood memories of parent-child relationships and current relationships with parents and others. These mental representations reflect beliefs about the value of self and what treatment to expect from the world and people in general (George, et al. 1996).

Although the AAI was designed to be interpreted using a specific coding mechanism (securely attached, avoidant, etc.) this study used the AAI as a source of qualitative information about the child care providers' family of origin and did not include the coding scheme designed for this interview.

Demographic information collected included personal background information, child care experience, reasons for working in child care, educational background and future plans regarding working in child care (Attachment C).

## Data Analysis

Data analysis began by reading through each interview transcript several times to become intimate with the data and to begin the process of identifying conceptual themes in the margin of each transcript (Esterberg, 2002). The author used open coding to determine emerging, dominant themes within the interviews. Open coding entails a more detailed analysis of data to identify categories or themes that appear interesting and useful to the study. Specific quotations or sentences in each interview were notated on index cards, writing the interview notes on one side and notating the category on the other side (Esterberg, 2002).

Once interviews were open coded, coding frames were established. Coding frames allow for organizing data into specific categories, and for further analysis within each individual category (Berg, 2004). Within these frames, data were analyzed further in relation to the theory established within the framework of this study and to the thesis questions. Data from the demographic survey was analyzed specifically for educational attainment, years in child care and age of child care provider.

## CHAPTER IV

### FINDINGS

The purpose of this chapter was to examine the early childhood experiences of child care providers in order to identify distinct patterns, events, or themes that may have contributed to their choice of child care as a profession. Specifically, three questions were addressed: (a) Did negative experiences in the early years influence their decision to work with young children? (b) Is working with children a way to cope with unfulfilled needs from their own childhoods? and, (c) What implications do the findings have for the professional development of child care providers who report negative experiences from their early childhood?

#### Demographics

Participant demographics differed from the national averages in both age and educational attainment (see Table 2). Participants' education was higher than the national average (Center for the Child Care Workforce, 2002). Nationally, 20% of those working in center-based care have a high school education, and 33% have completed at least 4 years of college (Center for the Child Care Workforce, 2002). The figures for high school and college education in this study were 6% ( $n = 1$ ) and 47% ( $n = 9$ ), respectively. Participants in this study were older when compared to participants in the aforementioned national study. Whereas 58% of the child care workforce nationally is under the age of 30

years, only 6% ( $n=1$ ) of the participants in this study were under the age of 30 years. Equally striking is the fact that 47% ( $n=9$ ) of participants were over 50 years old compared to 7% nationally. Seventeen of the nineteen study participants reported the opportunity to work with young children and the significance of their work was far more important than job security and salary, both of which 10 participants rated as the least important aspects of their career.

*Table 2. Demographic Information Compared to National Average*

Demographic Information	Current Study	National Average (CCCW, 2002)
Female	19 (100%)	97%
High School Only	1 ( 6%)	20%
Some College	9 (47%)	47%
College Degree	9 (47%)	33%
Age Range		
18-30	1 (6%)	58%
31-50	9 (47%)	34%
Over 50	9 (47%)	7%
Ethnicity		
White	10 (53%)	70%
Hispanic	3 (16%)	11%
African American	6 (32%)	16%

### Early Childhood Experiences of Child Care Providers

The interviews with child care providers revealed common themes, both positive and negative, from their experiences in their family of origin. Eleven providers reported having particularly negative experiences in their childhood while eight providers reported positive experiences. While this study focused on the negative experiences, the positive experiences are discussed briefly to give a balanced picture of the overall sample.

Many of the negative experiences were interrelated. For example, physical and sexual abuse may have been the consequence of parental alcoholism or parental mental illness. Negative experiences that occurred in the participants' family of origin generally fell into one of eight categories (see Table 3).

Table 3. Negative experiences occurring in family of origin

<i>Experience</i>	<i>Participants</i>
	<i>n=19</i>
Parental Alcoholism	3 (16%)
Unavailable father (worked a lot, uninvolved)	7 (37%)
Divorce	3 (16%)
Violence among family members	5 (26%)
Physical abuse (including corporal punishment)	6 (32%)
Emotional abuse	3 (16%)
Mental illness of parent	2 (11%)
Sexual Abuse	2 (11%)

Although each category of negative experience reported by the participants is discussed separately, all share a common theme: These negative experiences in the

family of origin appeared to leave lower order needs unmet (Maslow, 1943). One or both parents did not meet the participants' lower order needs for what Maslow (1943) referred to as physiological, safety and security, and love and belonging (See Table 1). Because, according to Maslow (1943), the fulfillment of all higher order needs is dependent upon the fulfillment of the three aforementioned lower order needs i.e., physiological, safety and security, love and belonging, subsequent life choices, including career choices were influenced, theoretically, by these unfulfilled lower needs.

These unmet needs were evidenced by parentification and feelings of isolation and alienation from others during their childhood (see Table 4) and by career choice during adulthood.

Table 4. Effects of unmet needs within the family of origin

<i>Lingering effects</i>	<i>Participants</i>
	<i>n=19</i>
Parentification (taking on the role of the parent)	7 (37%)
Alienation (feeling alone; not supported by family)	5 (26%)

#### *Parental Alcoholism*

Three providers reported having at least one parent who suffered from alcoholism. Parental alcoholism can result in children being placed in unsafe and inappropriate surroundings (Burnett, Jones, Bliwise, & Ross, 2006). One provider's description of her family's regular Sunday ritual illustrated the impact parental alcoholism can have on the family:

I can remember on Sundays, my dad, is, he's not a church goer.

But we would always go to church with my mom. So we could get to see him after church, we would have to go up to the beer



joint and spend a couple of hours of our Sunday there.

Experiences similar to the one reported by this study participant could leave a child's needs for safety and security unfulfilled. Other providers described similar situations. Some of the words used to describe the relationship with their alcoholic father as children included "obnoxious," "drunk," "angry," and "absent". This provides evidence that the alcoholic parent is generally emotionally and often physically unavailable and unable to meet children's need for love and belonging or safety and security. One provider explained how alcoholism affected her early childhood experiences involving her father:

As far back as I can remember, my dad was never home. He is an alcoholic, um, he's recovered alcoholic now from about twenty years now, but I remember when we were young he was just never there. Um, when at twenty years ago is when he quit drinking and I have tons of memories from there 'till now.

It follows then, that these unfulfilled needs could affect adulthood life choices including career choice. There is some support for this theoretical proposition.

The mechanism by which unmet needs for safety, security, love and belonging affect career choice could be as follows. Adults who grew up with an alcoholic parent were likely to have been categorized as having an insecure attachment style (i.e., childhood needs for safety and nurturing had been unfulfilled) unlike adults who grew up in homes free of parental alcoholism (Kelly, Cash, Grant, Miles, & Santos, 2004). Results of a previous study indicated adults having an insecure attachment style often had low self-esteem. The low self-esteem was evidenced by a lack of confidence regarding making a risky career choice that might result in failure (Blustein, Prezioso, &

Schultheiss, 1995). As Blustein, et al. (1995) hypothesized, growing up in a secure family of origin provides for more exploration and more confidence in vocational pursuits, particularly for girls. Thus, growing up in a dysfunctional environment could influence their ability to take chances on careers that may appear to challenge them (Blustein, et al., 1995).

Previous research has also found parental alcoholism influenced career choice among members of various helping professions (e.g., social workers and mental health therapists). The authors of one study (Burnett, et al., 2006) concluded that parental alcoholism contributed to children often taking on the role of parent, particularly female children. When female children took on the role of child-as-mate, this “resulted in detrimental effects on the daughters’ identity development and commitment to any career or relationship pursuit” (Chase, Deming, & Wells, 1998, p.107). One provider described taking on the role of her absent mother:

One time I, uh, when my mother was in the hospital and, uh, he’d [father] been drinking a lot, like at home my mother usually, I mean she controlled the time he would have two drinks. I mean she would time it perfectly so that when the second drink was over, dinner was on the table. But then she wasn’t there so he was drinking, and so, my brother-in-law was there drinking, and so I ran through the kitchen and grabbed the gin and tonic and ran back through the, I came to the bathroom and poured it down the sink. So afterwards we had this sort of stand-off thing. I mean, we, I remember I was right in front of him and he was trying to, um, he was yelling at me. And he tried to take a

swing at me and I ducked and ran down the street to somebody's house.

The daughter's needs for love and belonging were subsumed by the needs of the alcoholic parent, leaving the child's needs for safety and security as well as love and belonging unmet. As previously discussed, this could lead to choosing careers that provide a sense of love and belonging.

#### *Unavailable father*

Twelve of the 19 participants reported either an unaffectionate relationship with or the absence of their father. Of these twelve, seven described family dynamics wherein the father was not emotionally available. These negative relationships may be attributable to several factors, including parental divorce, long work schedules, or lack of involvement. One provider "didn't know" her father.

According to Bowlby (1988) parents play a crucial role in creating circumstances conducive to the optimal social, psychological, and emotional development of their children. This optimal development requires children feeling safe, secure, and loved. When one or both parents are not actively engaged or are simply absent from their child's life, this, theoretically, could have dire consequences for that child later in adult life (Roe, 1957). One provider described her lack of emotional bonding with her father:

Well, I was pretty much ignored by my father. I mean he wasn't really much part of my life pretty consistently. Um, and, you know, I saw him doing a lot of things for other children that he didn't do for me. He helped orphanages, he, um, took kids, um groups of kids fishing and hunting and those things. I wasn't interested in those things. You know, so I didn't do those things with him. He took his kids camping, he didn't take me.

Roe (1957) hypothesized that parental attitudes toward their children were key to future occupational choice. Her classification of parental attitudes included parental avoidance ranging from unintentional neglect to intentional rejection of their children (Roe, 1957). One factor possibly contributing to unintentional neglect could have been the participants' parents not having had positive parental role models themselves. One provider described her relationship with her grandmother:

My dad's mother was a very cold woman. She never liked my mom and as children, we knew she didn't care about us... Last time we visited, she told my dad that it would be okay with her if we never came back for a visit. But he could come back, but she didn't much care if we ever came back or not. And I heard her say that because I was laying on the couch downstairs. It was a couch, prickly, it was a horrible thing. And she didn't even put a sheet on it, she just laid me on that thing. It was miserable. And that was a mean thing to do. That was a mean-spirited thing to do.

Six participants had fathers who were absent due to extensive work schedules (e.g. working two jobs and working on weekends) that could have contributed to unintentional neglect by the parents. Two providers had fathers whose jobs required them to travel:

My dad was a cop in the Air Force so I didn't see him a whole lot. Most of the time he did a lot of um, what they call two lives, going out of the country or state or town or whatever.

Although these families remained intact, the fathers, according to the participants' accounts, committed unintentional neglect towards their children:

My dad, he was mostly working... he brought money in to keep the house going, and he was like if you have to uh say my bills come up and need extra money, he would go out, find other jobs to make that bill, so he was constantly like always working like two jobs. But he was real, I mean he was lovable, too.

According to Maslow (as cited in Roe, 1956), meeting the need for safety and security requires having parents who are emotionally and physically available when children feel threatened. Children who experience an absence of one or both parents may not have their lower order needs met, according to Maslow (Roe, 1956). Subsequently, they would have greater difficulty getting their higher order needs met because the successful fulfillment of higher order needs is dependent upon the previous fulfillment of lower order needs (Roe, 1957). Thus, if the need for love and belonging goes unmet, it follows that the higher order need for importance, respect, self-esteem, and independence, which is based on a foundation of love and belonging, would be difficult to fulfill (Maslow, as cited in Roe, 1956). Returning to Bowlby's theory (1988), a child whose needs for safety and security are unmet could develop an insecure base of attachment evidenced in adulthood, thereby limiting choice of career to those which are familiar and seemingly safe, such as caring for children.

### *Parental Divorce*

Whereas several of the previously described families containing an unavailable father were intact, some participants reported having experienced a parental divorce.

Three participants discussed their parents' divorce during the interview. The influences of parental divorce on children's emotional development have been reported frequently (Amato, 2006; Emery, 1999; Kelly, 2007). The results of one study indicated that children's immediate suffering and any future effects are influenced by the living arrangements following the divorce (Kelly, 2007). Specifically, the study found that traditional visiting patterns (i.e., joint custody and set visitations by one parent) were not in the best interests of the children. (Kelly, 2007). One provider described her living arrangements after her parents divorced as being "bumped between Sundays with my father, and, you know, living with my mother." Kelly (2007) stated that children whose visiting patterns were based on the parent-child relationship and not traditional patterns set by the courts promoted a higher level of resiliency and positive adjustment for children.

Bowlby (1973) provided one explanation why visiting patterns that frequently shuffle children between parents may not be in the best interests of children's mental health. He wrote that the quality and quantity of time parents spend with their children influence children's social and emotional development later in life because the internal working model is both a reflection of past adult-child interactions and template for current and future interpersonal interactions (Bowlby, 1973). For example, one participant whose parents divorced "felt rejection from my dad" during childhood, which may have influenced her current relationship with her own daughter that she, described as "not close." Another provider said of her father, "he wasn't present for me when I would need him." Thus, divorce, as found in previous studies, influenced the adult lives of the participants who experienced it (Kelly, 2007; Wallerstein & Lewis, 2007).

### *Violence in family of origin*

Five participants described verbal and physical violence within the family of origin. Two participants described feeling “paralyzed” and “worried” as children when witnessing fighting between their parents. Children who grow up witnessing family violence would be unlikely to have their needs for safety and security met. Rather, they would take these unmet needs with them into adulthood. These experiences continued to impact the participants as adults, as one provider explained, “when my parents raised their voice, um, that frightened me. I don’t know why, I still to this day, I don’t like people raising their voice to me.” Another participant described a similar result from her childhood experiences with family violence. “I grew up with a lot of arguing in my family and I hated it. [As an adult] I don’t like conflict.” A third participant described how living in an emotionally volatile home shaped her career choice:

Well, I think with my mom, I developed some really good coping skills that have, ironically, made me a good helping professional.

You know, I was a resilient kid and I learned really well how to stay calm and how to navigate really high intensity emotional situations and all those things are skills that I use now all the time, and so I certainly think it [early childhood experiences] had an impact [on choosing child care as a profession].

Providers growing up in family environments where fighting among the parents was common often found themselves in the mediator role, attempting to bring some level of calm to the family. The mediator role may have provided them with a sense of belonging in their family; their role was essential to family peace. As Bowlby (1988)

would predict, the role of mediator became part of their internal working model of relationships and so continued to influence their interpersonal interactions during adulthood. One self-aware participant described the influence her childhood role as mediator continued to have over her interpersonal interactions during adulthood:

I think it was a learned behavior, but I was kinda the peacemaker in the family. When I was upset about things, when I was younger, of course I would cry. But as I got older, I was taught to kinda suppress. So not to upset the balance of the family, or to upset my siblings. I was just to be the peacemaker, so now as an older adult, I am just learning how to start expressing myself when I'm angry and not letting it build up to be an explosion, or just continuing to hurt myself by keeping it in.

#### *Physical and emotional abuse*

Physical abuse is another aspect of family violence experienced by six of the participants in this study. The abuse ranged from corporal punishment that left no physical marks to severe beatings that resulted in severe injury to the participant. The adverse effects of childhood abuse extend into adulthood. Research found that physical abuse experienced during childhood can have adverse consequences and is associated with low self-esteem and social isolation in adulthood (Springer, Sheridan, Kuo, & Carnes, 2007). Some providers experienced physical abuse by being “spanked” as a child, whereas others were humiliated by having to retrieve “a good clean switch.” Others endured harsh physical abuse often accompanied by emotional abuse:

I had to use the restroom really bad once when we were driving and when we got to the house, my dad drove really fast so I could use the



restroom when we got to the house. And she [mom] watched me while I went to the restroom, and I only did like two drops, and I had to go to the bathroom so bad. And she just grabbed me by the arm and took me to the room and just beat me with the belt. Later, we found out that I had a urinary tract infection and that was why I had to use the restroom.

Another participant described the emotional abuse that accompanied her mother's physically abusive behavior:

She [mom] would just look at us and she would look like she was being very nice to us, and she would grab us by the arm and lean over and tell us really ugly things but be smiling and if we were to wiggle away or say anything, she would pinch us underneath the arm, and she would twist it harder if we were fighting.

It is doubtful that physically abused children would have their lower order needs for safety and security met. The accompanying emotional abuse would also make it doubtful that children's needs for love and belonging would be met either. Further, the humiliation reported by some participants would have interfered with the development of self-esteem and self-respect. One provider reflected on her experiences with an abusive mother:

My dad had broken a stool of my mom's, and my mom thought it was me and I was doing my homework on the table. She did that thing, don't tell me you didn't do it 'cause I know you did. And I just remember she grabbed me by my arm and like kinda carried me 'cause I felt like I was flying. Carried me through the house

and threw me in the garage and just started throwing things at me  
 ‘cause she was upset that the stool had been broken...After  
 being in school, especially all these child development courses,  
 I was just like making checkmarks as to why I feel certain ways  
 and why I have certain problems because of the way she treated  
 me when I was growing up.

### *Mental Illness of parent*

Just as physical and emotional abuse can rob children of a sense of security, so can parental mental illness. One participant described her childhood relationship with her mentally ill mother as “disappointing,” “volatile,” and “disconnected.” Children’s long-term emotional and psychological development can also be influenced by the unpredictable, sometimes neglectful abusive, behavior of mentally ill parents (Maybery, Ling, Szakacs, & Reupert, 2005; Reupert & Maybery, 2007). Two participants in this study described maternal behaviors congruent with mental illness and recounted how growing up with a mentally ill parent influenced their emotional development. The first participant recounted it as follows:

I don’t know that my mom was very present when I was little. I remember her being very angry and unhappy a lot of the time but my mom is very depressed and so I think some of that, there’s just not a whole lot there ‘cause she wasn’t really there and interacting with us unless she was feeling frustrated.

The second participant in the study described the uneasiness she felt when alone with her mentally ill mother:

It [being alone] was just weird. Like, um, I couldn't talk to my mom and I couldn't really, uh, I didn't feel like I could really hang out anywhere in the house where she would be so I waited. I would either stay outside until it was time to come inside and just go to my room, or I would just stay in my room or I would stay in my sister's room.

According to Reupert and Maybery (2007), living with a mentally ill parent can adversely affect children's ability to form close relationships during adulthood, including with their mentally ill parent. Some researchers have used Bowlby's theory of attachment to explain why children growing up with a mentally ill parent often experience difficulty forming close relationships with others. The internal working model of close relationships formed during parent-child interactions serves as a template for interpersonal interactions with others. An internal working model that reflects an emotionally distant parent-child relationship will influence how the child feels toward and interacts with others (Reupert & Maybery, 2007). One of the participants who grew up with a mentally ill mother described her relationships with other girls her age:

You asked me earlier if something affected me from my childhood.

I never really got along with girls until recently. I didn't have girlfriends.

Uh, well I would, I would have like one or two, but that was it. They're still my friends to this day, but now that I'm older I'm able to make girlfriends and I can interact with them regularly, but when I was younger I remember I just didn't have any girlfriends at all.

These childhood experiences with a cold, unresponsive, mentally ill parent would according to Roe (1956), affect participants' career choice as adults. She hypothesized

that adults choose careers that enable them meet lower needs unfulfilled during childhood. This might explain why some adults choose to work with children. They are attempting to meet their lower order needs for warm, responsive relationships through caring for children.

### *Sexual Abuse*

Research on childhood sexual abuse and the insidious nature of its lasting impact on adult life is extensive (Viviano, 2004). Two participants in the study were survivors of childhood sexual abuse. One participant described how the long-term abuse she suffered robbed her of feelings of safety and security:

I was at the babysitter's house. This was from age two to five. She was really sweet to me, but she was married to a man who was really ugly when he was drunk. He worked nights and slept in the daytime and I was in her care in the daytime. Her husband molested me quite often from the time I was two to five. And I didn't know that until I was much older before I realized. So I was frightened of him when he would be home and remained frightened of him through a good many years.

Previous research has also described how survivors of sexual abuse may also suffer from low self-esteem, blaming themselves for the abuse and for not speaking out (Kamsner & McCabe, 2000; Margolin & Gordis, 2000; Viviano, 2004) Maslow's theory (1943) offers a possible explanation for the lasting and pervasive impact of childhood sexual abuse on adult survivors. It is likely children who suffered sexual abuse did not have their lower level needs for safety and security met. They may have blamed

themselves for the abuse, which would affect their needs for love and belonging as well as self-esteem and self-respect. According to Roe (1956), these unmet needs would affect their choice of career. Presumably, survivors of childhood sexual abuse would seek out careers that would enable them to get these needs met, caring for children could be one such career choice.

In summary, eleven of the study participants reported experiences during their childhoods that were not conducive to children having their lower order needs for safety and security met. It would follow then, in keeping with Maslow's hierarchy of needs, the higher order needs of these children would be more difficult to meet than those of children growing up amidst family members who protected them and nurtured them. The results of this study provide support for this theoretical proposition of Roe. The participants, whose traumatic childhood experiences in their families of origin were previously recounted, appeared to have difficulty in meeting the need for love and belonging. Because of these experiences, providers attempted to cope by assuming roles of the parents within the family. Some suffered from feelings of isolation and alienation. As will be discussed, both methods of trying to fulfill the need for love and belonging had negative consequences that followed the participants into adulthood and influenced career choice.

### *Parentification*

In the present study, seven of the child care providers described childhood experiences that had made them feel as though they had been the parent in their family of origin. Parentification refers to a child who is growing up in a dysfunctional family environment, assuming a parental role, either through caring for a troubled parent or

parenting ones' siblings (Boszormenyi-Nagy, 1973). Previous research found that parentification was reported more often in females rather than males (Goglia, Jurkovic, Burt, & Burge-Calloway, 1992; Sessions & Jurkovic, 1986; Wolkin, 1985). Because the majority of those who work in child care are female (National Child Care Information Center, 1997), the finding of parentification was not unexpected.

The parentified child may demonstrate a variety of behaviors, ranging from caring for the adult's physical needs to providing the parent with emotional support and comfort (Chase, et al., 1998). The demands placed on parentified children have been categorized as either "instrumental" or "expressive" in terms of the functions performed by these children (Jurkovic, Jessee, & Goglia, 1991). Instrumental responsibilities include caring for siblings, shopping, cooking, nursing an ill parent and tending to family finances, as described by one provider:

My mother worked. When I got just a little older, I felt like the adult, I paid the checks, went to the grocery store, that kind of stuff. She [mom] was very dependent on me.

Expressive functions include more socio-emotional actions, such as "serving as a confidant, companion or a mate-like figure, mediating family conflicts, and providing support" (Jurkovic, 1997, p.8). One participant described a childhood incident that revealed her role as mediator in the family:

One time my mom and dad were fighting. They were fighting and I couldn't have seen that, you know. And it just really threw me off, I'm saying what's goin on, 'cause I tried to help you know, yea I tried and I tried to butt in and help, and then my dad said to stay out of it

‘cause you don’t know what you are doing, so that kinda like hurt me,  
 because I thought that I could do something because I was smaller...  
 I jumped on my dad’s back and he said don’t do that and since my  
 hand was trying to pull my mom away and trying to keep ‘em apart...  
 and then they don’t explain what happened, so, that adult’s business  
 that’s what they used to tell me.

Similar to parentified children who assume responsibilities beyond those typically expected of children, the role of child care providers often includes work responsibilities that fall outside the realm of caretaking of children. The additional responsibilities assumed by child care providers include cleaning, lesson-planning, and providing counseling to parents (Owens & Ring, 2007). Additionally, child care providers will often find themselves over involved in the lives of those for whom they care. Child care providers often take on such tasks as collecting resources for parents in need and they feel obligated to take on additional tasks as part of their position although these tasks are often outside their work hours. Some child care providers assume parental responsibilities for the children in their care, such as buying clothes for those children who need them, often at the expense of their own families. This behavior is typical of a parentified child (Jurkovic, 1997). If caring for others is how the parentified child achieved a sense of belonging in their family of origin, perhaps caring for children is a way to foster a continued sense of belonging (Lackie, 1983).

Another manifestation of children taking on adult expressive responsibilities is role reversal (Goglia, et al., 1992). Two forms of role reversal have been identified in previous research: child-as-parent and child-as-mate (Goglia, et al., 1992). Children

assume the role of the mate when one parent is absent through divorce or death. Often, the child feels responsible for the existing parent and assumes the responsibilities of the missing parent (Goglia, et al., 1992). One participant described her role of child-as mate:

It was hard, though with him [dad], because I had to sometimes be a grown-up, you know, I had to sometimes be, you know, I wasn't ready to have to cook supper when we got home at nine o'clock at night I had to you know, so it was sometimes hard. I didn't expect to have to keep house, and this 'cause it was just my father and me at that time.

As indicated in the quote, children who assume the role of the mate often take on instrumental tasks such as cleaning, cooking, or taking care of siblings (Jurkovic, 1997).

Parentified children may assume the second form of role-reversal, child-as-parent, when the parent is unable to fulfill that role (Jurkovic, 1997). For example:

I felt like I did a lot of taking care of my brother and then later my sister was born, my sister, and taking care of my grandmother as funny as that sounds. But I think all of that came out of me taking care of my mom. Like I felt the need to do that because so much of the time I perceived her to be incapacitated or unavailable and so I was really stepping in, and there were sometimes where my mom would ask me to do things, or would expect me to do things that were, I think, too old for the age I was. There as just a sense of caretaking and having to look out for her, and when she couldn't do something, me having to step in and take care of it.



Children who assume the role of the parent may become adept at anticipating the needs of those around them (Dicaccavo, 2002), thus pleasing their parent. By pleasing their parent, children hope to avoid losing the parent (Dicaccavo, 2002). Although parentification provides a means for the child to meet a need for belonging as well as keeps their parent emotionally close, the children pay a high price academically for this maladaptive family dynamic.

Findings of several studies (Chase, Deming, & Wells, 1998; Garbarino & Abramowitz, 1992; Lusteran, 1985) have indicated that parentified children do poorly in school due to the demands of taking care of family needs. Children often neglect their studies due to responsibilities at home and often lose motivation for school because many times parents are not actively involved in their children's education (Chase, et al., 1998).

One participant described her mother's lack of involvement in her school activities:

My mother was afraid of everything, she could never do a job promotion, she could never, you know, did anything that took a chance. She never went to school with me for anything. She didn't know what grades I got, she didn't know when I learned to swim, you know, that kind of stuff.

Parentified children who do poorly in school may be attracted to occupations that require little formal education, but do provide opportunities for satisfying their needs for belonging. Working with young children can meet both of these requirements because the industry requires very little formal education and working with children may fulfill their need to have others dependent on them.

To summarize, the findings of this study with child care providers as the participants were comparable to results of previous research with participants from other helping professions (Chudnof, 1988; Fussell & Bonney, 1990; Romph & Royce, 1994). Similar to working in the fields of psychotherapy and social work, working in child care could be considered a mechanism for healing childhood emotional wounds or, alternatively, providing an extension of the “parenting” role they played in their early childhood (Chudnof, 1988; Fussell & Bonney, 1990; Romph & Royce, 1994).

Working in child care, as in other helping professions, may elicit feelings of dependency from others, thus assuring child care providers they are needed by someone. Caring for others unable to care of themselves, i.e., young children, could provide them with a sense of belonging in this setting, fulfilling their need to be comfortable and secure. Additionally, the hugs and kisses so readily given by young children could help fulfill a need for love that was unmet during childhood by the members of their family of origin. Therefore, as discussed previously, choosing child care as a profession may be a way to continue patterns of compulsive caregiving (Bowlby, 1977) initiated during childhood because caring for young children fills their own adult needs for love and belonging.

*Alienation (feeling alone, social isolation)*

As previously stated, five of the participants reported feeling isolated during their traumatic childhoods. One provider described her isolation due to her mother’s mental illness:

I spent a lot of time by myself as a kid in my room and just being separate from that part of my family. I remember being in my room

sometimes thinking, well I wish someone would come check on me

or somebody would notice that I'd been up here for such a long time.

Children whose families of origin did not fulfill their needs for safety and security or love and belonging may be fearful of new settings and unknown people. They may experience social isolation during their childhood and adulthood (Jurkovic, 1997). One participant recounted the impact of her childhood social isolation on her early school experiences:

I was just such a quiet kid.... It was very hard for me to make friends. It really was. I can remember being in first grade and wetting myself.

A second participant related her childhood social isolation to her inability as an adult to form interpersonal relationships:

I was so antisocial in the beginning [of adulthood]. I didn't think it was possible to like be among any friends or talk to people.....

I felt like I couldn't talk to people. I never really questioned anything until I got way older.

Once again, Bowlby's theory (1977) may provide an explanation for the continuing impact of early childhood experiences on adult functioning. Given that the internal working model is a template for current and future social interactions, then adult mental representations of interpersonal interactions would reflect a childhood history of abuse and neglect. The adult might anticipate that interactions with adults would be aversive, thus, avoiding interactions and perpetuating social isolation.

### Positive Experiences with Family of Origin

Although this study focused on negative experiences in the family of origin, eight of the 19 participants in this study discussed what appeared to be very positive experiences in their early childhood. Sharing the positive experiences and common themes among these providers allows for learning what constitutes raising a secure, confident child.

Based on perspectives of their family of origin, three main categories emerged: (a) structure within the family; (b) communication and interactions; and (c) parental involvement. All participants who indicated positive experiences within their family of origin came from two-parent families. Throughout the interviews with those who described positive experiences in the family of origin, one common theme emerged: providers who described positive experiences all appeared to have their lower order needs satisfied, as described by Maslow (1943). Through these positive experiences, the providers described feeling safe, secure and loved. Several providers indicated “mom was always there”. Words such as “secure,” “happy,” “fun,” and “protective” were used when describing their parents. As Maslow hypothesized, children who have their lower order needs met feel more secure and confident in their ability to explore the world. It could be that those with positive experiences chose child care because they had reached that need of self-actualization. Thus, caring for children was a way to satisfy their need to give back to others and their community, particularly since several of the providers care for low-income, disadvantaged children.

### *Structure within the family*

Four participants in this study indicated growing up in households where the parents set rules and required them to complete basic chores around the house. One provider shared her experiences with having chores: “We’d [sisters] alternate drying dishes, Saturday, you had to help clean a room.” Another provider shared her family’s evening routine:

...And he [dad] came home typically at four, around four-thirty, that’s when we had dinner. You know, after dinner, everyone sat around the table and did their homework. With my parents, eight-thirty, you went to bed. So about eight o’clock, you’re going up, getting all your baths...

Growing up in a structured environment that includes rules and chores for children in their early years can have a positive impact on later adult development by providing them with a sense of security and providing them with the knowledge of what is expected of them. This, in turn, can provide them with a secure base as described by Bowlby (1973). Providing rules and scheduled routines provides a sense of comfort for children that, in turn, increases their level of self-esteem and exploration (Bowlby, 1973).

### *Positive Communication and Interactions*

Positive communication and interaction is one aspect of parent-child relationships that can play a key role in occupational development. Positive parent-child relations can impact the self-esteem of a child (Bowlby, 1973; Kernis, Brown, & Brody, 2000).

Children who experience positive parent-child relationships will exhibit more positive self-worth and thereby exhibit more secure exploration in the career development process (Bowlby, 1973; Roe, 1957).

Participants in this study described the relationship with their parents as being “warm,” “fun,” “listen,” and “loving.” One provider described her childhood memories with her mother: “I can remember being held by my mother a lot and sitting on her lap, and snuggling up with her.” Another provider described the bedtime ritual with her father: “I remember lying in bed with my dad, my sister and I, each on one of his arms reading, when we were little falling asleep.” Children learn they are loved and secure when parents show their affection and love through physical interactions. Through these interactions, children develop a secure base of attachment and are more inclined to feel confident in their adult life (Bowlby, 1980).

Communicating with young children in a positive way also increases their self-esteem and self worth. Children learn communication skills from their family and these lessons learned can impact adult life. One provider shared how her mom’s words influenced her adult life:

...But as I got older, I related back to a lot of things the way my mom had brought us up. My mom had rules to say to us all the time, [she would say] I’m gonna understand them as I got older. I understood everything that she said, she used to talk to us all the time...And, I feel like at that, that just made me more positive in life, that everything I did I always felt like it, I wasn’t afraid of failure even when I did things that, that didn’t work out the way I thought it should have, I would try something else.

Two providers shared that they had a “good, close relationship with both my mom and my dad” while another described both her parents as both “loving and caring.”

### *Parental Involvement*

Providers who had positive experiences in their family of origin often discussed how involved their parents were in their life. One provider described her mom as her “constant, because she was always there.” She elaborated on her mom’s involvement:

...And when everything else was chaotic...she was always there.

From the time I left for school to the time I came home, she was always there. She was always involved, always wanted to know what was going on, how I was feeling, she was almost like a friend, even as a child, you know, she was always there for me.

Parent involvement has shown to be a key predictor in children’s social emotional development (Kohler, 2007) and in future academic achievement (Zellman & Waterman, 1998). Earlier research supports parental involvement can impact the child’s interests in future occupations (Holland, 1996). Parents are a child’s first role models. As one provider said, “I always wanted to be like by dad.”

Children have vivid memories of spending time with their parents even as adults. One provider described the nightly ritual with her mom and sister:

...Ya, you take your bath, you put your pajamas on, then you get in bed, and then she [mom] would come in there and sit on the bed or sit on the floor between my sister’s bed and I and we just talk, sometimes she would read...But she always spent time with us at night because even though she was working and going to school, she still found a little bit of time. Still found time.

Participants in this study who experienced positive parental involvement as children often talked in terms of “not wanting to disappoint” their parents, or described parents as being “positive role models.”

Unlike those who were not fortunate enough to grow up with positive experiences, the participants who had positive experiences in their childhood typically went on to further their education. Five of the eight providers who reported positive childhood experiences had a college education with four completing a 4-year degree. The other three completed a Child Development Associate (CDA) certificate. This achievement could have been the result of their having a more positive early childhood experience, thus providing them with the security and self-esteem necessary to continue their education beyond high school. Children growing up with a secure attachment base are more apt to be adventurous in exploring outside their comfort zone (Bowlby, 1980).

#### Alternative Explanations for Career Choice of Participants

Although this research examined the psychological characteristics of experiences in early childhood of a group of child care providers, the providers in this study also shared several sociological traits, to include gender, socioeconomic status, and family size. These additional influences will be examined to determine their potential impact on choosing child care as a profession.

Gender and occupational choice have been studied extensively (Gottfredson, 2005; Jacobs, Chhin & Bleeker, 2006), reflecting the numbers of women who entered the workforce in the past 30 years (Frome, Alfeld, Eccles, & Barber, 2006; Jackson & Scharman, 2002; US Bureau of Labor Statistics, 2007). In this study, all participants were women. Until recently, within the past 20 years, women were expected to either stay at



home or work in an occupation considered suited for women, such as a nurse, teacher or secretary (Frome, et al., 2006; Tokar & Jome, 1998). Many occupations were considered inappropriate for women, “blackening out large sections of their occupational map for being the wrong sex type” (Gottfredson, 2005, p. 79).

Because the participants in this study were older than the national average, including four providers who had been in the field for more than 20 years, it is feasible they encountered a limited choice of occupations when they entered the workforce. Some women choose an occupation that is more family friendly, and the child care industry is an occupation that lends itself to being family friendly. Often, as a workplace benefit, discounted or free childcare is offered for their own children, thereby making the child care industry a desirable occupation. Those who work at a center can often have their own child at their place of employment. Jackson and Scharman (2002) found some women preferred family friendly careers that required less than 30 hours of work per week and that allowed for flexible work schedules and significant family time. Today, child care continues to be a “women’s” profession, occupied primarily by women (US Bureau of Labor Statistics, 2007).

In the past 20 years, very little research has looked at the link between socioeconomic status and career choice (Heppner & Scott, 2004; Whinston & Keller, 2004). However, numerous studies from the 1960s and 1970s provide evidence there is a positive association between low socioeconomic status and occupational choice (Schulenberg, 1984). Research conducted by Brown, Fukunaga, Umemoto, and Wicker (1996) “indicate[d] the socioeconomic status of the family of origin has consistently been shown to demonstrate a significant effect on a number of career development variables.”

According to Bandura (1986, 1997) parental socioeconomic status impacts a child's developmental process because the environment in which they are raised influences children. Therefore, those growing up in a poor family would have a more difficult time changing the familiar pattern set generation after generation. In the current study, ten participants mentioned growing up poor. One participant shared how she helped add to the family finances:

I started waiting tables when I was fourteen...But we had to work, I mean, we had to get out and help, you know, work and, you know all through high school. What I made, I bought, you know, I mean it was like you bought your own car, you bought your own clothes.

Those who grow up poor often have limited opportunities to attain a higher socioeconomic status, particularly when it comes to an education. (Schulenberg et al., 1984). One study concluded that those who grow up poor often do not have the financial resources for college tuition and children tend to follow in their parents footsteps (Blau & Duncan, 1967). Thus, providers who grew up poor may simply be unable to break out of the family pattern of low socioeconomic status.

An additional sociological factor that could have affected the participants was the size of their family of origin. Previous research found that large family size predicted low educational achievement (Riala, Isohanni, Jokeleinen, Jones, & Isohanni, 2003). Nine participants in the study grew up in families with five or more siblings. Additionally, out of those nine families, five participants also mentioned being poor. Of the nine participants who came from large families, six of those never achieved an education higher than an associates' degree, possibly indicating that it was difficult to stretch the

family income to include college tuition. For those who are educated and in a higher socioeconomic class, income increases through the years, providing them with additional income about the time the children reach college age. Low socioeconomic families, on the other hand, have a stable income or a decrease in income as they mature, thus possibly making it difficult to afford an education for their children (Blau & Duncan, 1967).

### Summary of Findings

Eleven of the nineteen providers who participated in this study reported negative experiences in their family of origin. These experiences ranged from corporal punishment to sexual abuse. Providers often experienced feelings of alienation and isolation and some took on the parental role in order to hold the family of origin together. Negative experiences may have influenced their career choice by using their chosen occupation to heal wounds from their childhood, thereby trying to fulfill unmet needs from their childhood.

## **CHAPTER V**

### **DISCUSSION**

This study addressed the research question regarding whether child care providers reported negative childhood experiences that may have influenced their occupational choice. Based on the findings of this study, the participants seemed to fulfill some of their unmet childhood needs through their choice of occupation. That is, by working with young children, their unmet needs for safety, love and belonging, as defined by Maslow (1943), were fulfilled through the hugs and affection received from children. Additionally, caring for young children provided an outlet for their need to care for others who were dependent upon them.

For those parentified as children, working in child care extended their childhood role of primary caregiver into their adult life and, thereby, perhaps, experienced the security and confidence that is often associated with playing a familiar role. In other words, child care providers who had their own care needs neglected from an early age were likely to have learned that caring for others was more important than caring for themselves (DiCaccavo, 2002). Thus, as evidenced in other helping professions e.g., social workers, mental health therapists, unmet needs from childhood were fulfilled through their occupational choice (Black, et al., 1993; Fussell & Bonney, 1990).

Children growing up with negative experiences in their family of origin face a multitude of challenges across their lifespan. Occupational choice is one area of adult development influenced by these experiences (Chudnof, 1988; Roe, 1956, 1957). Negative experiences or unmet needs are often fulfilled, according to Roe (1956), through the adults' occupational choices. Previous research has demonstrated the applicability of Roe's hypothesis to career choice among helping professions such as social work and psychotherapy (Black, et al., 1993; Fussell & Bonney, 1990; Brems, et al., 1995). The findings of this study suggest her hypothesis may also hold true for adults who work in child care, another helping profession.

Research has indicated that growing up in a cold, distant, or dysfunctional environment can lead children to developing an insecure base of attachment, thereby impeding children's social and emotional development (Blustein et al., 1995; Bowlby, 1973, 1977). Self-esteem, confidence and emotional stability are all components of social and emotional development according to Maslow (1943). Theoretically, child care providers who experienced negative experiences in their family of origin could evidence the outcomes of problematic social and emotional development in their current interpersonal interactions with adults and children (Bowlby, 1977). They could evidence these problems because, according to Bowlby, the internal working model formed during childhood acts as a template for interpersonal interactions as adults.

Those working in child care must be skilled in conversing with adults in addition to working with the children (Bureau of Labor Statistics, 2007). The job requires close work with other adults, including providing feedback to the parents of the children in their care (Bureau of Labor Statistics, 2007). Inadequate social skills could impede child

care providers from being fully successful in their profession because they might be unable to model positive social skills for the children, or develop positive relationships with the adults around them. Drawing such conclusions, however, is beyond the scope of the current study because teacher-child interactions were not the focus of this qualitative study. Nonetheless, unskilled and uneducated adults choose to work in the child care profession (Whitebrook, 1999), thus exacerbating the challenges facing the child care industry.

According to the Center for the Child Care Workforce (2002), 20% of lead teachers and 43% of assistant teachers possess only a high school education. In most states, individuals working with and caring for children need only a high school education (Whitebrook, 1999). Despite there being many initiatives nationwide aimed at improving the educational level of those who work in child care, many child care providers choose not to take advantage of these opportunities. The results of this study could provide a partial explanation for the relatively low participation of child care providers in such initiatives. Child care providers whose lower order needs for self-esteem continue to be unmet may consider pursuing a college degree outside their comfort zone (Blustein, 1995). A sense of anticipated failure may overwhelm them. Blustein (1995) hypothesized that those who do not develop a healthy sense of security in their early years, may be limited in their confidence to explore outside their own comfort zone. Thus, working with young children could be an occupational pursuit for some needing to address their unfulfilled needs from childhood and for some seeking an occupation that would require little of them in terms of academic achievement. However, as also indicated in the findings, others choose caring for children because their needs for

love, belonging, and self-esteem have been met. This may be a result of their need for self-actualization as defined by Maslow (1943).

As with all studies, there are limitations. One noticeable limitation is the bias of the researcher. Due to the qualitative nature of the study, it is necessary for the researcher to identify data that addresses the research questions. Therefore, it is important to keep in mind that most qualitative studies will naturally align with the topic of the thesis in general and that is why, as done in this study, it is necessary to search for and document viable alternative explanations of the findings.

A second limitation is related to the nature of volunteer samples. Typically, those who choose to participate in a study will do so because of their personal beliefs in the subject matter and so may differ from the larger population in ways that could affect the outcome of the study. The demographic differences between the study participants and the average child care provider were discussed in the methods section. Nonetheless, the interviews provided rich and valuable information worthy of consideration when developing professional development programs for the child care industry.

## **CHAPTER VI**

### **IMPLICATIONS FOR PROFESSIONAL DEVELOPMENT**

Research about factors related to quality child care consistently finds the quality of child care and the optimal development of children in care depend greatly on the educational level of those working with children (Ackerman, 2004; Bowman, Donovan, & Burns, 2001; Fiene 2002). Equally important are the interactions child care providers have with the children in their care (Colwell & Lindsey, 2003).

Although there are numerous initiatives nationwide aimed at improving the educational level of those who work in child care, most of these initiatives require child care providers to pursue a higher education by competing for scholarships and attending distance learning courses. There is no dispute that higher education leads to high quality care but the reality is that many child care providers may choose not to take advantage of these opportunities because they lack self-esteem and confidence. As previously stated, for many child care providers, pursuing a college degree could be outside their comfort zone and a sense of failure could overwhelm them (Blustein, 1995). Therefore, the presence of opportunities to pursue a higher education may be moot if the child care providers do not have the confidence in themselves to take advantage of these opportunities.



Equally important as educational support, the results of this study indicate the industry should consider providing psychological support for those in the helping profession of child care. Lackie (1983) advocated for including personal therapy as a training component that allowed participants to undergo a process of “deparentification” so that they can learn to recognize their own needs for care. The need to heal the past is especially important in helping professions such as child care. Additionally, those who suffer negative experiences from childhood are at risk for burnout (Evans, et al., 2004; Goelman & Guo, 1998; Jurkovic, 1997), thus continuing the cycle of turnover so rampant in the child care industry.

One such initiative exists in Austin, Texas (Diana Gorham, personal communication, September 4, 2007). Child care providers and directors are offered up to ten hours annually of individual consultation with mental health professionals for providers to discuss issues within their profession. Whereas the intent is to discuss professional issues, child care providers could benefit from consultation with a trained psychologist on personal matters pertaining to their family of origin. While getting to the heart of negative experiences may take more than ten sessions, helping providers recognize the root of their insecurities and poor self-esteem could assist in raising their level of self-esteem so they feel confident in pursuing additional educational opportunities. Therapy could also assist in decreasing the burnout experienced by child care providers.

Often, helping professionals, including child care providers, with low self-esteem suffer from burnout due to their constant need to be validated (Evans, et al. 2004;

Goelman & Guo, 1998; Jurkovic, 1997). The child care industry does very little to enhance the self-esteem of those who work with children. Many providers receive a barrage of negative feedback from both the parents and poorly trained administrative staff (Evans, et al., 2004; Goelman & Guo, 1998). Additionally, reinforcing this low self-esteem are the profession's low wages and the view of child care as babysitting rather than a profession of importance. Directors and others who work with these child care providers should use a leadership approach that provides positive feedback and positive reinforcement when possible and treat staff with respect and compassion. The technique of using positive behavior reinforcement has been successfully used with children (Dunlap, Hieneman, Knoster, Fox, Anderson, & Albin, 2000; Johnston, Fox, Jacobson, Green, & Mulick, 2006), and providers could benefit from this same approach.

Compulsive caregiving is often an attribute of helping professionals and child care providers are no exception. Often those who suffer from compulsive caregiving only know how to act in the caregiving role and they do so at the expense of caring for themselves. This phenomenon also can lead to burnout. Child care providers must learn the importance of caring for themselves in addition to caring for others. Training on stress management, healthy eating habits and relaxation techniques could enhance their ability to care for themselves. Time management could help providers balance their time between work and play (Jurkovic, 1997). Additionally, child care providers need to learn to separate their work life from their personal life. This is often a difficult concept for those who are compulsive caregivers (Jurkovic, 1997).

Jurkovic (1997) suggested that those parentified as a child may need help in realizing that their childhood experiences contributed to their choice of a helping

profession. This realization may open the door to a flood of repressed anger, thus allowing the healing process to begin (Jurkovic, 1997; DiCaccavo, 2002). More initiatives to provide psychological services to members of the child care industry could help in healing wounds from childhood, thus building confidence and self-esteem. Helping providers understand the importance of attachment and their attachment style would also foster better interactions with the children in their care, thus improving the outcomes for those children. Any attempts to help child care providers understand their past will help them become more responsive to the children in their care.

As revealed in this study, those who had negative experiences in their childhood often reported failing to develop socially and emotionally. As adults, they may have trouble communicating with other adults and lack the skills to successfully manage conflictual situations. Child care providers often deal with angry parents or have conflicts with other co-workers. Training in communication skills could provide them with ways to handle these situations. Conflict management strategies would provide the tools needed for providers to feel successful when faced with these difficult situations. Giving providers the tools they need to experience success in these confrontations could elevate their self-esteem and confidence in their role.

In conclusion, the results of this study indicate the participants may have chosen their profession due to unmet needs from their childhood resulting from negative experiences within their family of origin. Based on these results, some adults working in child care could benefit from a therapeutic professional development strategy. Administrative and teaching staff could benefit from a more relationship-based approached to management. Implementing therapeutic strategies such as the

aforementioned could help providers address unmet needs, thus building the self-esteem and confidence necessary to explore outside their comfort zone and entertain the possibility of success in their pursuit for higher education. Helping child care providers heal themselves would provide for better outcomes not only for themselves, but for the children in their care. The child care industry could benefit from additional research in this area as one mechanism for improving the overall quality of child care.

**APPENDIX A**  
**CONSENT FORM**  
**TEXAS STATE UNIVERSITY-SAN MARCOS**  
**DEPARTMENT OF FAMILY AND CONSUMER SCIENCES**

You are invited to participate in a study of how children settle arguments and how teachers help them settle arguments. We are faculty members at Texas State University-San Marcos. From this study, we hope to learn how children can settle arguments without physical aggression and what teachers can do to help children learn to talk to each other to settle arguments. We also hope to learn if children from varied backgrounds use similar ways to settle their arguments. You were chosen to participate because you are a teacher of young children in an early care and education setting. You will be one of twenty to thirty teachers in the study.

If you decide to participate, we will ask you to fill out two brief questionnaires about your child-rearing/teaching beliefs and practices (Early Childhood Survey of Beliefs and Practices, Parental Modernity Scale of Child-rearing and Education Beliefs), one questionnaire about who supports you when you feel stressed (Relationships with Other People), and a questionnaire about your relationships with the children you teach (Student-Teacher Relationship Scale). A separate form will be completed for each child. Teacher beliefs and practices, teacher stress, and teacher-child relationships may affect how teachers help children solve their arguments. You also will be asked to complete a form for each of the children about their social development in case social development affects how children argue (Adaptive Social Behavior Inventory). All of the questionnaires are brief and will take about 5 to 15 minutes each to complete. You will also be asked to fill in a short form (Demographic Questionnaire) about your teaching experience, education, and other demographic questions. This will take about 10 minutes. We will also interview you about childhood experiences that could influence child-rearing/teaching beliefs (Adult Attachment Interview). This will take about 30 to 60 minutes. This interview will be audiotaped.

We will also videotape you and the children solving quarrels together. We will select one recent quarrel that you helped solve and when you are not teaching ask you questions about how you helped the children. We will ask you about a total of two quarrels, each time taking 20 to 30 minutes to talk about the quarrel. We will notice how the classroom is laid out in case classroom set-up affects how children quarrel.

We will come to your school at times and dates convenient to you. You would spend about 4 hours total on this study. The 4 hours would be divided into about 2 visits from us that would take place within a four-month period. To thank you for participating in this study, you would receive teaching materials (e.g., children's story books, puppets, puzzles) after each of your visits with us.

Any information that is obtained in connection with this study that can be identified with you will remain private and will be disclosed only with your permission. You will be identified only by your first name and an assigned number. Only researchers working with us will know both your name and number. All questionnaires and tapes will be kept in a locked file cabinet when not in use by research staff. The results of the study will be reported in group numbers. It will not be possible to identify you from the results of the study.

If you have any questions, please call Elizabeth Morgan Russell (512) 245-9196 or Betsy Blunk (512) 245-2415. You will be offered a copy of this form to keep.

If you decide to participate, you may stop your participation at any time without penalty. Your decision whether or not to participate will not negatively affect your future relations with Texas State University-San Marcos.

You are making a decision whether or not you will participate in this research. Your signature indicates that you have read the information provided and have decided to participate. You may stop participating in this study at any time without penalty after signing this form should you wish to do so.

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Signature of Teacher

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Date

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Signature of Researcher

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Date

**APPENDIX B**  
**CONSENT FORM**  
**TEXAS STATE UNIVERSITY-SAN MARCOS**  
**DEPARTMENT OF FAMILY AND CONSUMER SCIENCES**

Your child is invited to participate in a study of how children settle arguments and how teachers help them settle arguments. We are faculty members at Texas State University-San Marcos. From this study we hope to learn how children can settle arguments without hurting each other and what teachers can do to help children learn to talk to each other to settle arguments. We also hope to learn if children from varied cultural backgrounds use similar ways to settle their arguments. Your child's teacher has agreed to participate in the study too. Your child will be in one of approximately twenty to thirty classrooms taking part in this study.

If you decide to let your child take part in this study, we will ask you to fill in a short form (Demographic Questionnaire) about you and your child's background. We will videotape your child for 30 minutes playing with other children and talking to his or her teacher so that we can learn how children solve arguments with and without teacher help. We will evaluate the teacher's relationship with your child (Attachment Q-set) because teacher-child relationships may affect how teachers help children solve arguments.

When we are finished taping all the children, will ask your child if he or she would like to play a game with us in a quiet area. If your child says "no", we will ask again later. Your child will sort the photographs of the children in the classroom into boxes about children they typically do and do not play with. This game will take about 20 minutes.

When we come to your child's school for this first time, your child's teacher will introduce us to the children. We will spend two hours in the classroom so that your child can get to know us. We will show the children how the video camera works and let them see themselves on the screen. When we come to tape the children playing, we will not interfere with their play.

Any information that is obtained in connection with this study that can be identified with you or your child will remain private and will be disclosed only with your permission. We will ask all the children to wear name-tags so that we can tell the children apart from each other. Your child will be identified only by his or her first name and a number. Only researchers working with us will know both your child's name and number. All tapes will be kept in a locked file cabinet when not in use by research staff. The results of the study will be reported in group numbers. It will not be possible to identify you or your child from the results.

If you have any questions, please call Elizabeth Morgan Russell (512) 245-9196 or Betsy Blunk (512) 245-2415. You will be offered a copy of this form to keep.

If you decide to let your child be part of this study, you may stop your child's participation at any time without penalty. Your decision whether or not to participate will not negatively affect your or your child's future relations with Texas State University-San Marcos.

You are making a decision whether or not your child will participate in this research study. Your signature indicates that you have read the information provided and have decided to let your child participate. You can stop your child participating in this study at any time without penalty after signing this form should you wish to do so.

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Child's Name

---

Date

---

Signature of Parent

---

Date

---

Signature of Researcher

---

Date



## APPENDIX C

### ADULT ATTACHMENT INTERVIEW

1. Oriented re family, where you lived, moved much, what family did for living?---  
'Grandparents seen much, or died when parents young--know much about grandparent who died before your birth?--- Other persons in household? Sibs nearby? (Keep short/demographic, no more than 2 or 3 minutes).
2. I'd like you to try to describe your relationship with your parents as a young child.. .if you could start as far back as you remember?
3. Five adjectives describing your childhood relationship with mother, as early as you can remember but about 5-12 is fine (write down adjectives). Probe each in sequence given, asking for memories, incidents before moving on to next adjective. When a well-elaborated specific incident is given, very briefly enquire regarding a second. When a poorly elaborated specific incident is given, ask for a second. When another adjective is used for a first adjective, repeat query once with reference to original adjective. When general or scripted memories are given, probe once for a more specific memory.
4. Five adjectives father. As above.
5. To which parent closest, and why? Why not same feeling with other parent?
6. When upset as a child, what do? Pause. (a) Upset emotionally? —incidents? (b) Physically hurt--incidents? (c) When ill--what would happen?
7. First separation? How did you respond? How did parents respond? Other separations that stand out?
8. Felt rejected as a child? How old? What did you do? Why parent did these things? Realize he/she was rejecting you?
- 8a. Were you ever frightened or worried as a child?
9. Parents ever threatening--for discipline, jokingly? (Elective per researcher: Select one specific form of punishment used in researcher's community--ever happened to you?).

Some people have memories of some kind of abuse in family--happen to you or in your family? ---what exactly happened, describe--how old, how severe, how frequent? this experience affect you as adult? --affect approach to child?

10. In general, how do you think your overall experiences have affected your adult personality? Any aspects of early experiences you consider a set-back to your development?

11. Why do you think your parents behaved as they did, during childhood?

12. Other adults close like parents as a child? Or other adults especially important though not parental? (Your age at time--did they live in household?--had caregiving responsibilities?--why important?).

13. Loss of parent, other close loved one (sibs) as child? ---circumstances? ---age? ---how respond at time? ---sudden or expected? ---recall how felt at time? ---feelings changed over time? ---attend funeral? ---what was it like? (If parent or sib lost, effect on remaining parent and on household?)---effect of this loss on adult personality? ---on approach to own child?

13a. Other important losses in childhood. Queries as above.

13b. Important losses in adulthood. Queries as above.

14. Ever had any other experiences you regard as potentially traumatic?--after participant interprets for himself or herself, make clear you mean rare overwhelmingly and immediately terrifying events--probe using best judgment. Elective per researcher.

15. Were there many changes in your relationship with parents between childhood and adulthood?

16. What is relationship with parents like for you currently as an adult? much contact with parents at present? what is relationship like currently? current sources of dissatisfaction? of satisfaction?

17. Feel now when separate from child? (or imaginary one year old child). After sufficient time has passed for subject to describe response add, Do you ever feel worried about (imagined) child?

18. 113 wishes for child 20 years from now, what? Thinking of kind of future you'd like to see for child. Minute or two to think.

19. Any one thing learned from own childhood experience? I'm thinking here of

something you feel you might have gained from the kind of childhood you had.

20. What would you hope child will have learned from his/her experience of being parented by you?

## APPENDIX D

### Teacher Demographics

#### PERSONAL BACKGROUND

I'd like to get a little information about you. Please understand that the information you give me will be completely confidential.

1. In terms of these categories, how would you describe yourself? Please check one.

#### RACE OR ETHNIC GROUP

American Indian, Eskimo, Aleut \_\_\_\_\_  
Asian or Pacific Islander \_\_\_\_\_  
Black or African American \_\_\_\_\_  
White-Non Hispanic \_\_\_\_\_  
Hispanic \_\_\_\_\_  
Other \_\_\_\_\_

2. What is your birthdate? \_\_\_\_/\_\_\_\_/\_\_\_\_

#### CHILD CARE EXPERIENCE

3. What is your job title? \_\_\_\_\_

4. How many hours do you work here at the center each week (on average)? -  
\_\_\_\_\_

5. What is your hourly wage? \_\_\_\_\_ or monthly salary? \_\_\_\_\_

6. How many months out of the year do you work at the center? \_\_\_\_\_

7. How many years have you worked at least 10 hours per week in the field of early education and child care? \_\_\_\_\_

8. How long have you worked in this center? \_\_\_\_\_ Years

#### REASONS FOR WORKING IN CHILD CARE

The questions in this section ask about reasons for working in child care.

9. Do you consider your work in child care (not necessarily this center) a short-term job or a long-term career?

Please check one:

- 1 Definitely a temporary or short-term job \_\_\_\_  
 2 Probably a temporary or short-term job \_\_\_\_  
 3 Probably a longer-term career \_\_\_\_  
 4 Definitely a longer-term career \_\_\_\_

10. Which of the following were important reasons that you became a child care provider? (Would you say this was a strong reason, a weak reason, or not a reason at all...)

PLEASE CIRCLE ONE ANSWER FOR EACH REASON.

1 = Strong reason 2=Weak reason 3=Not a reason

- |   |   |   |   |
|---|---|---|---|
| a. Job security   | 1 | 2 | 3 |
| b. Opportunity to work with young children                                  | 1 | 2 | 3 |
| c. Social status of this job/career   | 1 | 2 | 3 |
| d. Salary and wages   | 1 | 2 | 3 |
| e. Other formal benefits,<br>(e.g. health or life insurance, vacation time) | 1 | 2 | 3 |
| f. Ability for provider to have own children at workplace                   | 1 | 2 | 3 |
| g. The way work hours are scheduled   | 1 | 2 | 3 |
| h. Other working conditions (e.g., space, set-up)                           | 1 | 2 | 3 |
| i. Ability to work with other adults as child care providers                | 1 | 2 | 3 |
| j. Ability to work with parents   | 1 | 2 | 3 |
| k. Compatibility with having a family                                       | 1 | 2 | 3 |
| l. Day-to-day demands of this type of work                                  | 1 | 2 | 3 |
| m. Ability to use experience and/or education in child development          | 1 | 2 | 3 |
| n. The significance or importance of the work                               | 1 | 2 | 3 |

11. When you first started working in child care, would you have preferred some other kind of work? YES \_\_\_\_ NO \_\_\_\_

### EDUCATIONAL BACKGROUND

12. Please check the highest educational level you have completed

- \_\_\_\_ High School Grad or GED
- \_\_\_\_ Some college but no degree, AA Degree or Vocational School beyond high school
- \_\_\_\_ Bachelor's Degree From College or University
- \_\_\_\_ Some Graduate Work Or A Masters Degree
- \_\_\_\_ Law Degree (LL.B. or J.D.)
- \_\_\_\_ More Than One Master's Degree Or A Doctoral Degree

13. If you have a college or graduate degree (e.g., Associate, Bachelor's, Master's, Ed.D., Ph.D.) what area is it in?

PLEASE CHECK ALL THAT APPLY.

- 1) Early Childhood Education \_\_\_\_\_
- 2) Elementary Education \_\_\_\_\_
- 3) Special Education \_\_\_\_\_
- 4) Another Field of Education \_\_\_\_\_
- 5) Child Development \_\_\_\_\_
- 6) Clinical/Counseling Psychology \_\_\_\_\_
- 7) Other Field of Psychology \_\_\_\_\_
- 8) Social Work \_\_\_\_\_
- 9) Nursing or other Health Field \_\_\_\_\_
- 10) Another field SPECIFY: \_\_\_\_\_
- 11) No college or graduate degree \_\_\_\_\_

14. Do you have any kind of certificate or credential in early childhood education or childcare? Such as: Special Education Certification, CDA, ESL Certification YES \_\_\_\_ NO \_\_\_\_

Please specify \_\_\_\_\_:

15. Considering all of the training in child development or child care or early childhood education that you've ever had, what areas have you had training in?

PLEASE CHECK ALL THAT WERE TAKEN.

- 1) Child development: Cognitive/intellectual/language development \_\_\_\_\_
- 2) Child development: Social/emotional development \_\_\_\_\_
- 3) Child development: Physical growth and motor skills \_\_\_\_\_
- 4) Planning curriculum \_\_\_\_\_
- 5) Working with parents \_\_\_\_\_

- 6) Health or safety (including contagious disease control, hygiene, sanitation, first aid, child abuse prevention) \_\_\_\_\_
- 7) Managing/disciplining children \_\_\_\_\_
- 8) Working with staff (including stress reduction, staff relations) \_\_\_\_\_
- 9) Program administration \_\_\_\_\_
- 10) Other: PLEASE SPECIFY: \_\_\_\_\_

16. Do you feel that there are any gaps in your training for the work you are doing now? YES \_\_\_\_\_ NO \_\_\_\_\_

17. In what areas? PLEASE CHECK ALL TOPICS THAT YOU FEEL WOULD BE USEFUL TO RECEIVE TRAINING IN, BUT THAT ARE NOW GAPS IN YOUR TRAINING.

- 1) Child development: Cognitive/intellectual/language development \_\_\_\_\_
- 2) Child development: Social/emotional development \_\_\_\_\_
- 3) Child development: Physical growth and motor skills \_\_\_\_\_
- 4) Planning curriculum \_\_\_\_\_
- 5) Working with parents \_\_\_\_\_
- 6) Health or safety (including contagious disease control, hygiene, sanitation, first aid, child abuse prevention) \_\_\_\_\_
- 7) Managing/disciplining children \_\_\_\_\_
- 8) Working with staff (including stress reduction, staff relations) \_\_\_\_\_
- 9) Program administration \_\_\_\_\_
- 10) Other: PLEASE SPECIFY: \_\_\_\_\_

#### **FUTURE PLANS**

18. Are you looking for advancement within the field of child care? YES \_\_\_\_\_  
NO \_\_\_\_\_

19. Within the next 12 months, how likely is it that you will leave your job here at this center? Would you say it is. PLEASE CHECK ONE

- Very likely \_\_\_\_\_
- Somewhat likely \_\_\_\_\_
- Somewhat unlikely \_\_\_\_\_
- Very unlikely \_\_\_\_\_

20. If you were to leave this center, what would you most likely do next?  
PLEASE CHECK ONE ANSWER.

- 1) Take a position in another child care center or open own center \_\_\_\_\_

- 2) Take a position in a different type of child care facility (e.g., day care home) \_\_\_\_\_
- 3) Take a position in early childhood, but not in a child care setting (e.g., in a mothers' morning out program, an early childhood swim program, as a consultant in early childhood/child care) \_\_\_\_\_
- 4) Take a position in a school (elementary, middle, or high school) \_\_\_\_\_
- 5) Stay at home (either permanently or for a while) \_\_\_\_\_
- 6) Go back to school in a field related to child care or education \_\_\_\_\_
- 7) Go back to school or take a position in a field unrelated to child care or education \_\_\_\_\_

What might lead you to stop working in the field of child care?

21. PLEASE CHECK ALL THAT APPLY.

- 1) Age or health \_\_\_\_\_
- 2) A more financially rewarding opportunity or a more exciting career \_\_\_\_\_
- 3) A family move \_\_\_\_\_
- 4) Starting or adding to my own family; my own child/ren growing up \_\_\_\_\_
- 5) An opportunity to go back to school \_\_\_\_\_
- 6) A less stressful job \_\_\_\_\_
- 7) Other: PLEASE SPECIFY \_\_\_\_\_

22. Knowing what you do now, if you had to decide all over again whether to take the job you have now, what would you decide? Would you.... PLEASE CHECK ONE ANSWER.

- a. Take the same job without hesitation \_\_\_\_\_
- b. Have some second thoughts \_\_\_\_\_
- c. Definitely not take the same job \_\_\_\_\_

23. Finally, on a scale from 1 to 10 with 1 being NOT SATISFIED and 10 being COMPLETELY SATISFIED, how satisfied do you feel with your present position as a child care provider? \_\_\_\_\_

**We greatly appreciate your cooperation in taking the time to answer these questions. Thank you very much.**



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## **VITA**

Jacqueline Lee Taylor was born in Orange, Texas on September 20, 1962, the daughter of Jack H. and Audrey Lee Taylor. After completing her work at West Orange-Stark High School in 1981, she entered Lamar University-Beaumont as a Music Performance Major. After a break to play music professionally, she re-entered Lamar University-Beaumont and received her Bachelor of Science in Elementary Education-Music in 1991. During the following years, she worked in the early childhood education field as an administrator of military child care programs in both Germany and Italy. She returned to the United States in 1999 and worked in both the non-profit field as a Director of Programs and at a state agency as a Program Administrator. In September, 2002, she entered the Graduate College of Texas State University-San Marcos. In 2004, she was awarded an Emerging Leaders Fellowship from the Children's Defense Fund in Washington DC. She continued to work part time, mentoring, training, and consulting in the child care industry. During her time as a graduate assistant, she helped further research on peer conflict among preschoolers and worked on research of administrators in child care programs. During the past 10 years, she has presented at numerous local, state and national conferences on various aspects of early care and education. She currently serves as Vice President of Advocacy and Public Policy with the Austin Association for the Education of Young Children and serves on both the Education Advisory Committee for the Williamson-

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