

Avoidance, Anxiety Towards Parents, and Self-Acceptance of Adolescents in the System of Higher Secondary Education

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BACKGROUND: A close relationship between a parent and a child and parental acceptance can mediate the appropriate self-acceptance of an adolescent, which is an important variable related to personality and a pillar of emotional health. In the paper we present the conclusions of a research study about the quality of the attachment towards parents and self-acceptance of adolescents at Czech secondary schools. **AIMS:** The aim of the study was the exploration of the relation between the attachment style and self-acceptance. **SAMPLE:** The research sample consists of 3,239 adolescents aged 15–19 in the system of higher secondary education. **METHODS:** As the research methods we used the Unconditional Self-Acceptance Questionnaire and Relationship Structures Questionnaire. **RESULTS:** We assumed that higher avoidance and anxiety towards the parent are closely related to the reduction of self-acceptance. The results confirm the assumption about the strong relation between the attachment composed of avoidance and anxiety and low self-acceptance of adolescents.

CONCLUSIONS: In relation to the optimal individual development of adolescents we recommend the closeness of the parent-child relationship and parental acceptance, which can mediate the appropriate self-acceptance of adolescents.

Keywords | Adolescence – Attachment – Avoidance – Anxiety – Self-Acceptance

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1 INTRODUCTION

1.1 Attachment theory

Attachment theory is one of the major theories about attachment. It was introduced by the British psychoanalyst and psychiatrist John Bowlby. In 1958, he presented his ideas about a biological bond which produces an emotional attachment between a mother and her child. Attachment theory was designed to explain the attachment between the caregiver (attachment figure) and the child (Ainsworth & Bowlby, 1991). Although attachment figures are almost exclusively parents, in principle, such a figure does not need to be a parent or even a blood relative. By the age of six months, a child can form an attachment towards any person (Brisch, 2011a). Bowlby (2010) describes the formation of attachment as a love spell, maintaining this attachment as love, and losing a partner as grief. Attachment produces behaviour which is likely to result in maintaining close proximity to one (or multiple) attachment figure(s). The goal is mutual pleasure from each other's proximity, without the presence of threats or danger (Bowlby, 2010). This is aided by the reciprocity of two behavioural systems—attachment and bonding. Bonding, in a broader sense, is the innate tendency of parents to perform caring behaviour and to create an emotional bond with their child. Through bonding, they establish mutual acceptance, trust, and the permanence of the bond between mother and child. It helps the mother with overcoming post-partum depression and leads her to greater emotionality (Taylor et al., 2005). The product of this bonding is the phenomenon of a secure base. Children with a secure bond can undertake explorations of the world within their sphere of safety, i.e. between the safe emotional base of their parents and the exploration of their surroundings (Brisch, 2011a). According to Bowlby (2010), this relationship is therefore complementary.

On the basis of research, Ainsworth et al. (1978) defined three main types of attachment: (1) *secure attachment*, (2) *avoidant attachment*, and (3) *ambivalent attachment*. At a later point, Main and Solomon (1986) described a fourth type of attachment known as (4) *disordered attachment*. It has been shown that secure attachment correlates significantly with the sensitivity of the mother. Secure attachment is likely to result in a positive parent-child relationship, better relationships with peers in childhood, and positive teacher-child relationships, as well as higher levels of self-esteem and mental resilience. Vice versa, uncertain attachment is likely to produce worse parent-child relationships, worse relationships with peers, and conflict with teachers, as well as higher levels of aggression and anxiety (Sroufe, 1988).

Bowlby's theory explains the origin of attachment, its basis, its importance, the disruption of attachment during separation and, last but not least, its impact on the child's future life.

1.2 Attachment and parents

The ideal state is that of a fully functioning family, meaning that the roles of the mother and the father are complementary and equally important to the child. The mother's attachment to the child is a prerequisite for the healthy development of the

child's personality and, from the perspective of socio-cultural norms, it is assumed to be beneficial to the child. Compared to the attachment children form towards the mother, the one they have towards the father is separate, different, and independent (Brisch, 2011b).

Winnicott (1991) recommended that mothers and fathers share the responsibility for childcare from birth. Many studies have shown that fathers treat their children in a way which is just as maternal as mothers do. The research of Parke and Sawin (1976) supports this trend—they found that men (fathers) are able to provide effective care for their children. A child who forms a secure attachment to both parents receives certain benefits. It will come to understand that each attachment provides a slightly different experience and learn to benefit from this difference. Thanks to the multiple emotional attachments offered by the father, the child gains a greater sense of security and safety. The relationship with the father is not only an alternative source of security and safety, but also a source of stimulation. A child who has a satisfactory relationship with both its parents tends to be more confident and independent and behaves in a more mature way (Vágnerová, 2012).

Bowlby (1958) claims that if we permanently remove the father out of parenting (death, separation, divorce, etc.) all these things can change for the worse. It is important that the separation of the child from the attachment figures be kept to a minimum before the child has reached the age of three. Long-term stays in an unfamiliar environment without the presence of at least one attachment figure (primary or secondary) can sometimes have serious consequences. Such a child may become anxious or unable to give or receive love. Once the child reaches the age of three and enters a pre-school institution, short-term separation becomes more manageable—although, it should be noted, it is not always entirely simple.

1.3 Attachment and adulthood

During the period of adolescence, adolescents go through many changes, some of which also affect the relationship between them and their parents. According to Ainsworth (1989), it is important to keep in mind that significant changes in the nature of an attachment can cause changes in the hormonal (e.g. the dopamine and oxytocinergic systems), neurophysiological (e.g. the limbic and autonomic nervous systems), and cognitive systems, which means that their effect extends beyond socio-cultural experiences (e.g. epigenetics). We believe that these changes may be related to the development of autonomy at this age, the extension of attachments to partners, and independence (e.g. living apart from the parents). Of course, we agree with Ainsworth's (1989) statement that these changes in one's autonomy and the possibly of creating an attachment to a new person in a romantic relationship do not represent a loss of attachment to one's parents. The attachment to the parents is retained regardless of the distance and absence of attachment figures, as shown by the adolescent's efforts to interact with and stay close to these people despite having independence. The wrong kind of separation tends to produce grief and permanent loss results in suffering.

1.4 Unconditional self-acceptance

Self-acceptance is an important variable related to personality and a pillar of emotional health—the emotional regulation and resistance through which young people view the world and their own value and self-esteem (Bernard, 2004).

The ability to accept oneself develops around the age of seven, when children experience a qualitative shift in their ability to think (Piaget, 1936). This is a shift in thinking from the pre-operative stage to the stage of concrete, logical operations. A key feature of this stage is “protection/preservation”, the ability to understand that something remains the same even if its appearance changes. Self-preservation therefore appears to be essential to the development of self-acceptance. In the preoperative stage of a child’s development, self-acceptance is not possible, because this period emphasises the child’s self-centring and irreversibility (Piaget & Inhelder, 2001).

“...the individual fully and unconditionally accepts himself whether or not he behaves intelligently, correctly, or competently and whether or not other people approve, respect, or love him...” (Ellis, 1977, p. 101). The concept of unconditional self-acceptance comes from Albert Ellis’s critique of the concept of self-esteem. Baumeister et al. (1996) showed that individuals with extremely high self-esteem can be more prone to acts of violence. Unconditional self-acceptance has been proposed as an *alternative* to the issues associated with self-esteem (David et al., 2010). According to Ellis (1976), one of the issues with self-esteem is that it hinges on the self-rating that accompanies it. The very presence of any level of self-esteem is the result of a dysfunctional process of self-evaluation, and thus an assessment of a person’s global value. This evaluation component is based on *irrational overgeneralisation*. On this basis, we evaluate ourselves positively (= positive self-esteem) in positive situations and negatively (= negative self-esteem) in negative situations. We should avoid such generalisations, because encouraging positive self-esteem can have negative consequences (perfectionism, mania, etc.). However, avoiding self-esteem is unnatural for most people because of our tendency to categorise things (globally or specifically; David et al., 2013). Ellis’s concept is similar to Rogers’s concept of optimal functioning (1957), Allport’s concept of maturity (1961), and Maslow’s concept of self-actualisation (1968). The humanities often point out the fact that in our constant evaluating, we are arriving at our conclusions prematurely. In contrast, Rogers describes a continuous process of evaluation—of particular importance to us is his emphasis on this being a dynamic process that never reaches a conclusion. According to Rogers, we should operate with values, needs, attitudes, and beliefs in the spirit of accepting diversity (even at the individual level, at the level of ourselves and our own different perspectives). We should be open to changes related to our potential personal growth. In practice, in the conditions of ordinary social cognition (of ourselves and others), although we are constantly evaluating (behaviour, performance, successes, failures, ...), we operate with values as if they were a closed system that is not open to change. We operate in simple dichotomies, we quickly become polarised, and, what is worse, we consider our conclusions to be absolute—e.g. either I am good, or I am bad, either I am successful, or I am

not. This puts us into conflicting, open situations in which we condemn ourselves (and others) to, at best, acceptance and, at worst, non-acceptance, as if our successes and failures had a direct relation to our value as people.

Ellis offers us a solution for moving away from searching for self-esteem through the associated process of self-rating by, instead, forming unconditional self-acceptance. Ellis’s concept of self-acceptance as a non-evaluative cognitive process of the “self” helps eliminate many negative emotions. Self-acceptance alone can bring a person new opportunities and potentialities that increase their sense of happiness and personal satisfaction (Bernard et al., 2012).

There are several perspectives on self-acceptance and self-assessment. DiGiuseppe et al. (2013) describe it as an acknowledgment of human error and shortcomings without evaluating one’s own self-worth. Chamberlain and Haaga (2001) define unconditional self-assessment as a tendency to self-assessment or as the ability to accept oneself fully, whatever the outcome. According to Ryff (1989), self-acceptance refers to the self-satisfaction of the individual, meaning that they understand themselves and are aware of their strengths and weaknesses. The author places it among the six basic dimensions of well-being (self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth). Popov (2019) showed that the level of a person’s unconditional self-acceptance is a significant predictor of depression, anxiety, and low levels of life satisfaction.

Beecher (1988) writes about how self-acceptance involves separating self-assessment from what other people think. Self-acceptance is simply self-recognition—it is unconditional and not dependent on others. In self-acceptance, we can and must rely on ourselves, take matters into our own hands, and create our own security in which we can find inner strength. Simply put, self-acceptance is the belief that a person is to be respected simply because they exist, regardless of their flaws (Walen et al., 1993).

According to Rosenberg et al. (1995), global self-esteem is connected to mental health (taking into account Ellis’s dysfunctional process of self-assessment, we can provide an example: “I am a worthless person.”). Specific self-esteem is more connected to human behaviour (e.g. “I am a bad mother.”).

A study by Chamberlain and Haaga (2001) showed that, in certain situations, the level of unconditional self-acceptance correlates negatively with depressive symptoms—people with low unconditional self-acceptance are more prone to depression when negative life events occur.

Self-acceptance may serve as a protective factor in reducing the likelihood of serious adverse consequences in an individual who has experienced a traumatic event, or in reducing the chance of developing psychopathology (Tanaka et al., 2011). According to Maxwell and Cole (2012), self-acceptance also has the effect of reducing dissatisfaction with one’s own body. Generally, self-acceptance has been shown to be related to the health, affective state, and behaviour of adolescents. This con-

cept is useful for various clinical interventions and educational programmes. Parents and educators should teach young people not to judge themselves on the basis of what other people think of them or their achievements or popularity—all things that significantly affect one's self-rating and self-acceptance during adolescence (Bernard, 2013).

On the basis of the research studies cited above, we assume that a relation between the attachment style and self-acceptance exists. It is possible to hypothesise that the insufficient proximity between the parents and the child composed of avoidance and anxiety can mediate low self-acceptance in adolescents. It means that the inadequate acceptance of the parents can be the source of the inadequate self-acceptance of their children. In the period of adolescence this experience can be devastating because of the extrapolation from the prototypical relation in the primary social group into self-experience and all secondary social groups.

2 METHODS

2.1 Aim and hypotheses

The aim of the study was the exploration of the relation between the attachment style and self-acceptance.

We formulated the following statistical hypotheses:

H1: We assume that there will be differences in attachment-related avoidance towards parents in relation to the self-acceptance of adolescents.

H2: We assume that there will be differences in attachment-related anxiety towards parents in relation to the self-acceptance of adolescents.

H3: We assume that there will be differences between the sexes in attachment-related avoidance towards parents.

H4: We assume that there will be differences between the sexes in attachment-related anxiety towards parents.

H5: We assume that there will be differences in attachment-related avoidance towards parents in relation to the type of school.

H6: We assume that there will be differences in attachment-related anxiety towards parents in relation to the type of school.

2.2 Sample

The research data was acquired from 3,239 higher secondary education students in the Czech Republic, 1,427 males and 1,812 females aged from 15 to 19. Their average age was 16.85 years ($SD = 0.958$). The counts in terms of age were as follows: 15 years $N = 193$; 16 years $N = 1066$; 17 years $N = 1113$; 18 years $N = 755$; 19 years $N = 112$.

The research was conducted in all 14 regions of the Czech Republic. The selection of schools was made from all the middle and secondary schools (ISCED 3) by a random number generator. Schools were selected randomly, and thus any middle or secondary school from the Czech Republic could have been chosen.

The schools were contacted via post and subsequently via telephone and the purpose and content of the study were described to the principal of the school.

We used a “pen and paper” survey approach. The paper versions of the questionnaires were administered by a trained researcher from the Department of Psychology of Palacký University Olomouc and the participants filled in the questionnaires by pen. The data collection was conducted during a school class lasting 45 minutes.

The study population comprised 398,456 students attending the first to fourth years of the secondary schools in the 2018/2019 school year (MŠMT, 2020).

2.3 Measures

In our research we used two methods.

The *Relationship Structures Questionnaire*, or ECR-RS (Fraley, 2008), is a revised version of the Experiences in Close Relationships (ECR) Questionnaire by Brennan, Clark, and Shaver (1998). ECR-RS is a self-assessment questionnaire designed to assess individual differences in each of four relational domains separately: relationships with one's mother; father; romantic partner; and (non-romantic) best friend. Within each domain, the questionnaire assesses two dimensions: attachment-related anxiety (the extent to which the individual fears rejection from men/women) and attachment-related avoidance (the extent to which the individual can control their own attachment in specific relations; Fraley et al., 2011).

The questionnaire consists of nine statements, which are the same for all relational domains, giving us the opportunity to modify the questionnaire and use its individual sections separately from each other. The respondent responds to each item using a Likert scale in which 1 = strongly disagree and 7 = strongly agree. The test-retest reliability (over 30 days) of the individual scales is approximately 0.80 in the parental domain and 0.65 for the domain of romantic relationships.

For our research, we used an 18-item version of the questionnaire (modification: Pipová & Dolejš, 2019), which determines the level of individual differences in two relationship domains—mother and father.

Scoring Information:

- Relationship-specific attachment – calculates attachment-related avoidance and attachment-related anxiety separately for the mother and father.

- General or global attachment – the average score computed above across domains. For example: the global anxiety score would be the mean of attachment-related anxiety for the mother with attachment-related anxiety for the father.

To identify the level of unconditional self-acceptance, we used the *Unconditional Self-Acceptance Questionnaire* (Camberlain & Haaga, 2001). Based on the theory of Albert Ellis, the questionnaire measures unconditional self-acceptance as a protective factor that prevents the onset of certain forms of psychopathology stemming from negative life situations. The questionnaire is based on the concept of self-esteem, which describes the judgments of value that each person has about themselves as part of their cognitive scheme (Cucu-Ciuhan & Dumitru, 2017).

The questionnaire consists of 20 statements, to which the respondent responds using a Likert scale in which **1** = almost always untrue, **2** = usually untrue, **3** = more often untrue than true, **4** = equally often true and untrue, **5** = more often true than untrue, **6** = usually true, **7** = almost always true. Authors report a Cronbach's alpha of 0.72 (Camberlain & Haaga, 2001).

Scoring Information:

- The questionnaire consists of 20 items, out of which 11 are reverse-scored items and nine are normally-scored items. The result is an overall score of the respondent's level of unconditional self-acceptance (Davies, 2008).

2.4 Statistical analysis

The data obtained was analysed in the SPSS 20.0 program. We used the ANOVA test and t-test for two independent samples to compare the research subgroups. The standard level of significance ($\alpha \leq .05$) was accepted.

We compared three research subgroups: (1) subgroup with low self-acceptance, (2) subgroup with average self-acceptance, (3) subgroup with high self-acceptance. These three subgroups were created on the basis of the descriptive values of the self-acceptance score obtained by USAQ. We used the average mean and standard deviation to create these subgroups. We used the following formula: $AM (= 81.26) \pm SD (= 12.78)$. The first subgroup scored below the value $AM - SD$. The second subgroup scored between the values $AM - SD$ and $AM + SD$. The third subgroup scored over the value $AM + SD$.

2.5 Ethical statement

Participation was voluntary and anonymous. The informed consent was gained by the parents of the participants. Even after their parents agreed, the participants could voluntarily choose whether to fill in the questionnaires and could withdraw from the study at any moment they chose to.

We did not apply for ethical committee approval to carry out this study.

3 RESULTS

The results of the analysis are presented in *Tables 1–3* and *Figures 1–3*.

We can formulate the following conclusions:

Avoidance was a strong factor which influences the level of self-acceptance of the adolescents. Avoidance towards the mother, the father, and both parents reduces the level of self-acceptance in all cases. The average score for avoidance in the subgroup with low self-acceptance was always the highest in comparison with the other subgroups. The same trend, which means an increase in the score for avoidance and reducing the score for self-acceptance, can be identified in the comparison of the subgroups with average self-acceptance and high self-acceptance. All the indexes that were obtained were significant at the level $\alpha < .001$ (*Table 1, Figure 1*). If we want to compare the values of the groups with high self-acceptance and low self-acceptance, we can identify these differences: 0.86 of a point for avoidance towards the mother; 0.88 of a point for avoidance towards the father; 0.87 of a point for avoidance towards the family. This means nearly one point on the seven-point Likert scale of the Relationship Structures Questionnaire (Fraleay, 2008).

Anxiety was a strong factor which influences the level of self-acceptance of the adolescents. Anxiety towards the mother, the father, and both parents reduces the level of self-acceptance in all cases. The average score for avoidance in the subgroup with low self-acceptance was always the highest in the comparison with the other subgroups. The same trend, which means an increase in the score for anxiety and reducing the score for self-acceptance, can be identified in the comparison of the subgroups with average self-acceptance and high self-acceptance. All the indexes that were obtained were significant at the level $\alpha < .001$ (see *Table 1, Figure 1*). If we want to compare the values of the groups with high self-acceptance and low self-acceptance, we can identify these differences: 0.84 of a point for anxiety towards the mother; 0.82 of a point for anxiety towards the father; and 0.82 for anxiety towards the family. This means nearly one point on the seven-point Likert scale of the Relationship Structures Questionnaire (Fraleay, 2008).

We can also state that avoidance was a stronger factor (the participants always scored higher) in relation to the mother, father, and family (see *Table 1, Figure 1*). The comparison of the mother and father showed that higher scores were obtained for the subscales connected to the father. Specifically, in the group with low self-acceptance there was a difference of 0.94 of a point for avoidance between the mother and father and 0.36 of a point for anxiety. In the group with high self-acceptance there was a difference of 0.92 of a point for avoidance between the mother and father and 0.38 of a point for anxiety.

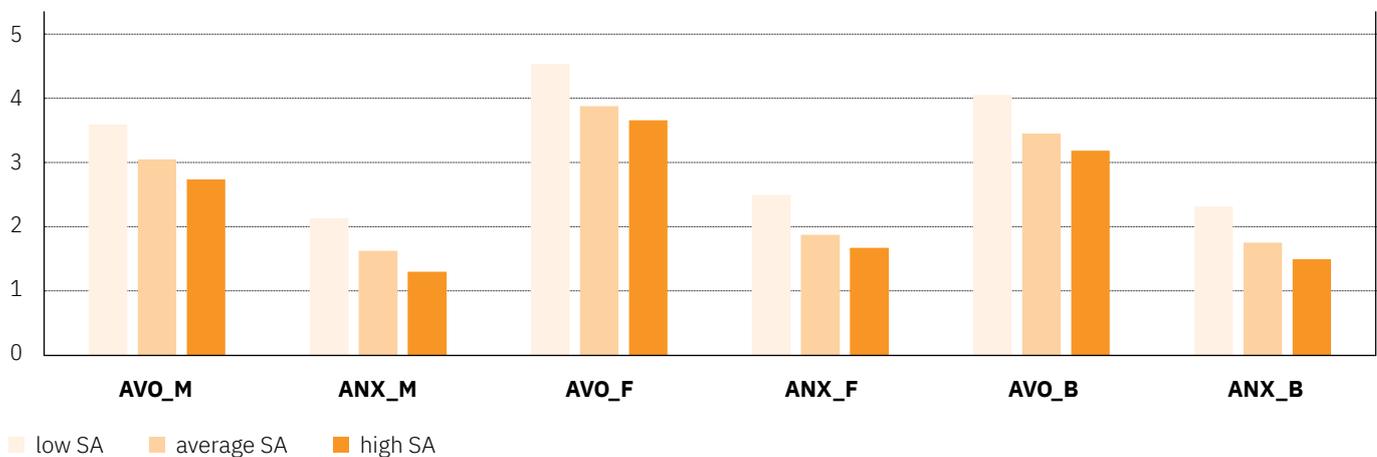
The comparison of the male and female students showed significant differences between the sexes for all variables except avoidance towards both parents (*Table 2, Figure 2*). All the indexes that were obtained were significant at the level $\alpha < .001$ except the "attachment-related avoidance in the family" variable. We identified a higher score for avoidance towards the

Table 1 | Avoidance and anxiety towards parents in relation to self-acceptance

Avoidance and anxiety towards parents in relation to self-acceptance							
		attachment-related avoidance_mother	attachment-related anxiety_mother	attachment-related avoidance_father	attachment-related anxiety_father	attachment-related avoidance_family	attachment-related anxiety_family
low self-acceptance	N	381	381	367	367	384	384
	M	3.60	2.14	4.54	2.50	4.06	2.32
	SEM	0.085	0.075	0.080	0.090	0.066	0.072
	SD	1.661	1.468	1.529	1.724	1.294	1.409
average self-acceptance	N	1839	1839	1773	1773	1853	1853
	M	3.06	1.63	3.88	1.88	3.46	1.76
	SEM	0.032	0.027	0.033	0.033	0.027	0.026
	SD	1.377	1.154	1.408	1.403	1.154	1.122
high self-acceptance	N	365	365	363	363	372	372
	M	2.74	1.30	3.66	1.68	3.19	1.50
	SEM	0.073	0.044	0.078	0.070	0.060	0.049
	SD	1.402	0.835	1.482	1.331	1.160	0.954
F		35.581	49.624	40.154	35.285	57.150	53.215
p		< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001

Note: **N** = frequency, **M** = mean, **SEM** = standard error of the mean, **SD** = standard deviation, **F** = value of ANOVA test, **p** = significance

Figure 1 | Avoidance and anxiety towards parents in relation to self-acceptance



Note: **AVO_M** = attachment-related avoidance towards mother, **ANX_M** = attachment-related anxiety towards mother, **AVO_F** = attachment-related avoidance towards father, **ANX_F** = attachment-related anxiety towards father, **AVO_B** = attachment-related avoidance towards both parents, **ANX_B** = attachment-related anxiety towards both parents, **SA** = self-acceptance

mother in the subgroup of male students and a higher score for anxiety towards the mother, father, and both parents and avoidance towards the father in the subgroup of female students. If we want to compare the values of the male and female groups, we can identify these differences: 0.23 of a point for avoidance towards the mother, 0.39 of a point for avoidance towards the father, 0.06 of a point for avoidance towards the family; 0.24 of a point for anxiety towards the mother, 0.42 of a point for anxiety towards the father, and 0.32 of a point for anxiety towards the family. The females perceived more avoidance and anxiety

except for the variable “attachment-related avoidance of the mother”, in which the males scored higher.

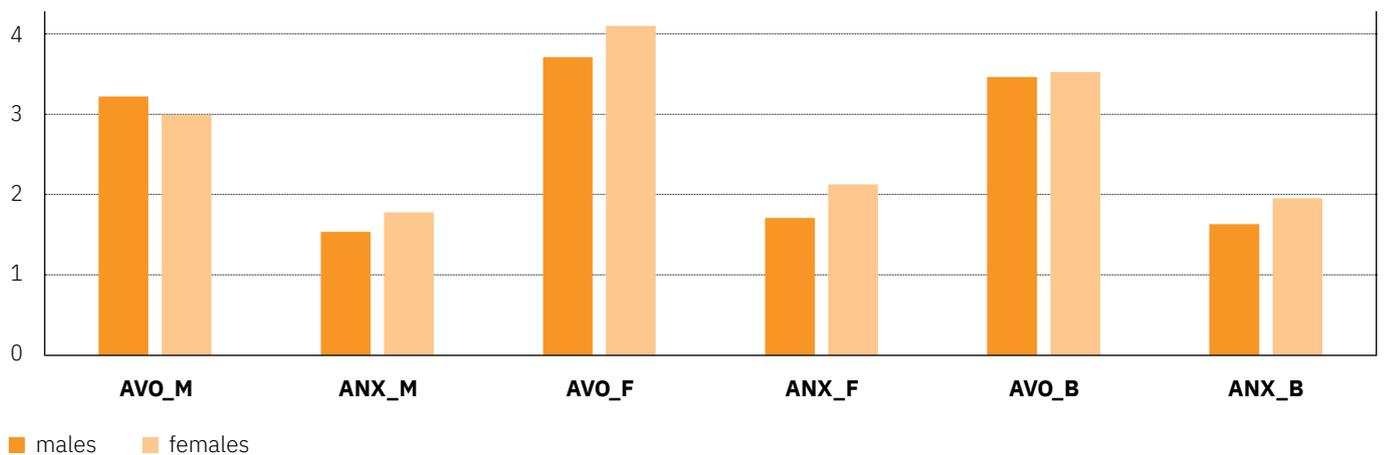
The comparison of the types of school showed significant differences among them in all variables (Table 3, Figure 3). We identified the highest score in all variables in the subgroup of students at secondary schools which did not offer the “maturita” school-leaving examination, except avoidance towards the father, where we identified the highest score in the subgroup of students at secondary schools which did offer the “maturita”.

Table 2 | Avoidance and anxiety towards parents in relation to sex

Avoidance and anxiety towards parents in relation to sex		attachment-related avoidance_mother	attachment-related anxiety_mother	attachment-related avoidance_father	attachment-related anxiety_father	attachment-related avoidance_family	attachment-related anxiety_family
males	N	1399	1399	1351	1351	1413	1413
	M	3.22	1.54	3.71	1.71	3.46	1.63
	SD	1.298	1.068	1.382	1.246	1.140	1.055
	SEM	0.035	0.029	0.038	0.034	0.030	0.028
females	N	1787	1787	1715	1715	1806	1806
	M	2.99	1.78	04.10	2.13	3.52	1.95
	SD	1.530	1.283	1.497	1.595	1.253	1.256
	SEM	0.036	0.030	0.036	0.039	0.029	0.030
t		4.452	5.706	7.426	7.920	1.453	7.764
p		< 0.001	< 0.001	< 0.001	< 0.001	0.146	< 0.001

Note: **N** = frequency, **M** = mean, **SEM** = standard error of the mean, **SD** = standard deviation, **t** = value of t-test, **p** = significance

Figure 2 | Avoidance and anxiety towards parents in relation to sex



Note: **AVO_M** = attachment-related avoidance towards mother, **ANX_M** = attachment-related anxiety towards mother, **AVO_F** = attachment-related avoidance towards father, **ANX_F** = attachment-related anxiety towards father, **AVO_B** = attachment-related avoidance towards both parents, **ANX_B** = attachment-related anxiety towards both parents

We always identify the lowest score in the subgroup of the post-secondary non-tertiary education students except anxiety towards the father, where the grammar school students had the lowest score. If we want to compare the values of the group with the lowest score (post-secondary non-tertiary education) and the group with the highest score (secondary school without the “maturita”), we can identify these differences: 0.50 of a point for avoidance towards the mother; 0.15 of a point for avoidance towards the father; 0.34 of a point for avoidance towards the family; 0.72 of a point for anxiety towards the mother; 0.52 of a point for anxiety towards the father; 0.67 of a point for anxiety towards the family.

As the results showed, we can support all the statistical hypotheses that were formulated. The support for the hypothesis H3 is

problematic because we did not identify significant differences between the sexes in terms of avoidance towards the family but this finding is caused by the aggregation of the scores obtained for the avoidance towards the mother and father subscales, higher avoidance towards the father in the female group, and higher avoidance towards the mother in the male group.

4 DISCUSSION

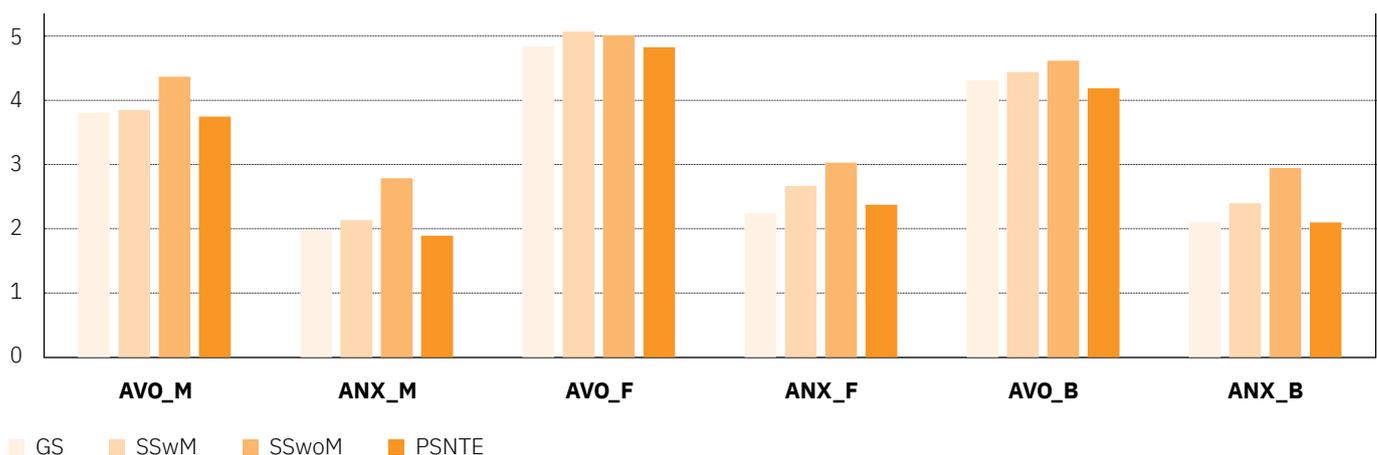
On the basis of the results of this study, the variables that may produce lower levels of self-acceptance among adolescents are: parental avoidance, anxiety towards parents, being female, and studying at a secondary school with low potential for employability and work-related life satisfaction.

Table 3 | Avoidance and anxiety towards parents in relation to type of school

		attachment-related avoidance_mother	attachment-related anxiety_mother	attachment-related avoidance_father	attachment-related anxiety_father	attachment-related avoidance_family	attachment-related anxiety_family
grammar school	N	1949	1949	1909	1909	1961	1961
	M	3.04	1.57	3.87	1.79	3.44	1.68
	SEM	0.032	0.024	0.032	0.030	0.026	0.023
	SD	1.396	1.055	1.392	1.304	1.167	1.036
secondary school with "maturita"	N	893	893	850	850	904	904
	M	3.08	1.70	4.05	2.13	3.55	1.91
	SEM	0.049	0.042	0.054	0.055	0.042	0.042
	SD	1.478	1.241	1.568	1.596	1.249	1.251
secondary school without "maturita"	N	314	314	278	278	323	323
	M	3.49	2.23	4.01	2.42	3I.69	2.35
	SEM	0.086	0.096	0.092	0.114	0.071	0.089
	SD	1.530	1.704	1.539	1.894	1.282	1.592
post-secondary non-tertiary education	N	30	30	29	29	31	31
	M	2.99	1.51	3.86	1.90	3.35	1.68
	SEM	0.214	0.135	0.295	0.240	0.210	0.160
	SD	1.171	0.742	1.589	1.294	1.167	0.893
F		9.057	28.155	3.514	21.745	4.746	34.325
p		< 0.001	< 0.001	0.015	< 0.001	0.003	< 0.001

Note: **N** = frequency, **M** = mean, **SEM** = standard error of the mean, **SD** = standard deviation, **F** = value of ANOVA test, **p** = significance

Figure 3 | Avoidance and anxiety towards parents in relation to type of school



Note: **AVO_M** = attachment-related avoidance towards mother, **ANX_M** = attachment-related anxiety towards mother, **AVO_F** = attachment-related avoidance towards father, **ANX_F** = attachment-related anxiety towards father, **AVO_B** = attachment-related avoidance towards both parents, **ANX_B** = attachment-related anxiety towards both parents, **GS** = grammar school, **SSwM** = secondary school with "maturita", **SSwoM** = secondary school without "maturita", **PSNTE** = post-secondary non-tertiary education

The results of our study are in accordance with general knowledge about attachment and intimate relationships in adolescence and adulthood, which can be decomposed into two dimensions: anxiety and avoidance (e.g. Brennan et al., 1998).

Anxiety refers to worries concerning relations about rejection, abandonment, and doubts about oneself. Avoidance refers to missing closeness and intimacy. Anxiety and avoidance can affect the capacity of an individual to build intimate relation-

ships in adolescence and adulthood (e.g. Hepper & Carnelley, 2012). Tibubos et al. (2019) state that self-acceptance can be perceived as a predictor of mental health and a buffer for negative life events. It means that it is a factor which should be connected with a low level of avoidance and anxiety in relations. Homan (2019) confirmed that self-acceptance is inversely related to avoidance and anxiety. The importance of acceptance of others and self-acceptance was confirmed in the study of Bartholomew and Horowitz (1991).

We may interpret avoidance towards parents in relation to the developmental specifics of the period of adolescence, during which adolescents gradually become independent from their parents in terms of their social and financial exclusivity. The greater emphasis on relationships with peers reduces the desirability, frequency, and intensity of their relationship with their parents compared to that of older school-age children. Notably, avoidance towards parents may also be the result of the use of ineffective social strategies, dysfunctional communication, lack of trust, the tendency to behave in conformity with people of the same age, and the desire to be accepted in a social group that is compelling to adolescents.

Experiencing anxiety towards one's parents may stem from a discrepancy between how the parents perceive their adolescent children and how the adolescents perceive themselves. Confrontations over obeying parents, who represent social norms and personal expectations, and the personal tendency towards discovering and fulfilling one's potential may be a major source of anxiety. This area may also include long-term unresolved conflicts or frustrations with certain life goals in relation to the continuation of studies or employment.

Female students exhibit a greater tendency towards avoiding their parents and experiencing anxiety than male students. For them, the process of detachment from their parents begins earlier (as early as the age of 12, e.g. Čerešník, 2019), they attach themselves more closely to members of their peer groups, and we may assume that they have a greater tendency to be dependent on external sources of assessment or identity formation. The differences in self-acceptance (and implicitly in avoidance and anxiety) between males and females were confirmed in some recent studies (e.g. Chraifa & Dumitru, 2015; Vasile, 2013). But some of the research results showed no differences in self-acceptance between males and females (e.g. Perez, 2012; Salleh & Mustaffa, 2016).

We identified low self-acceptance of adolescents who study at secondary schools which do offer the "maturita". These young people are in most cases implicitly confronted with the fact that the possibilities for employment in the labour market are—compared to adolescents studying in other types of secondary schools—relatively scant and those opportunities that do exist are in low-paid fields.

In general, we can state that self-acceptance has a strong relation with attachment style in adolescence, represented by the level of avoidance and anxiety towards parents. Those adolescents who do not avoid contact with their parents and do not feel fears and doubts in their primary relations with their

parents have high self-acceptance. It means that the positive experience with their parents has a massive impact on the self-structures of adolescents. They can accept themselves, they feel positive emotions towards themselves, and they do not have problems in secondary social relations. A comparison of the males and females showed that the females have a stronger tendency to avoidance and anxiety, especially towards their fathers. The male adolescents have a stronger tendency to avoid their mothers. This fact is related to the incomplete development of the gender role in adolescence and a tendency to identify with the same-sex parent. We have also found that adolescents who study at secondary schools with a potentially higher quality of education have higher levels of self-acceptance. This finding is related to the interconnection of positive self-acceptance, the definition of higher goals, belief in one's own active role in society, and seeking life challenges.

There are several practical implications of the findings. The first is the need for psychological parenting, which is characterised by a positive emotional relationship with the child, but also complexity in relation to his/her responsibilities and the development of social responsibility. Such a basic setting confidently leads to the saturation of the need for acceptance and consequently to the development of self-acceptance. And a person who accepts him-/herself does not feel anxiety in relationships and does not have a tendency to avoid people.

The second is gender differentiation, which begins around the third year of life. Adolescents should have the opportunity to identify with their gender role and support for it through both parents. It is true that adolescents need an identification pattern and at certain stages of development they will tend to identify with a parent of the same sex. But a relationship with a parent of the opposite sex should never have qualities that would lead to fear and evasive behaviour. The upbringing by parents in a gender role should not be confused. The child's gender role should not be questioned. This does not mean that upbringing must necessarily be based on socio-cultural stereotypes connected to male and female roles.

The third is a preference for a type of education. The choice of secondary school by adolescents and their success are undoubtedly related to their attitudes towards themselves. If adolescents are self-accepting, believe in their abilities, work with the question of how things can be done, and perceive failures as problems to be solved, they will most probably look for a secondary school where they can apply those attributes. Self-acceptance can be a very important variable that affects the choice of school and career of the adolescent.

The relationship between school performance and its evaluation is often problematic. We would expect teachers to lead students to be able to realistically assess their current skills and knowledge in relation to their success in school. However, students may lack this realistic insight. Their evaluation of their own performance often does not correspond to their actual academic results. Students may have either lower self-esteem or disproportionately high self-esteem. It means that their self-acceptance is not appropriate and can lead to problematic behaviour. Adolescents are more vulnerable to risk behaviour,

such as psychoactive substance use, delinquency, bullying, and the like. Adolescents seem to be lost in incomprehensibility. They do not understand why they do not feel good in relationships, and they do not understand how their preparation for school and school results are related. There is a lot of tension and uncertainty in their experience. They are looking for compensatory relationships, most often with peers, which often have a problematic effect and increase their personal vulnerability to risk behaviour.

Therefore, in childhood and adolescence, we, as parents and teachers, should focus on strengthening metaskills, developing social skills, understanding emotional experience, and working with values, which is a potential protective factor related to education, and, at the same time, the possibility of non-specific prevention of risk behaviour.

5 CONCLUSIONS

The main aim of the study was the exploration of the relation between the attachment style of adolescents to parents and their self-acceptance.

We used two questionnaires: the Unconditional Self-Acceptance Questionnaire and Relationship Structures Questionnaire. We compared (1) adolescents with low, average, and high self-acceptance, (2) males and females, and (3) types of secondary schools in relation to avoidance and anxiety as indicators of attachment styles.

The results confirm the assumption about the strong relation between attachment composed of avoidance and anxiety and low self-acceptance of adolescents, higher avoidance and anxiety among females, and lower avoidance and anxiety in schools with a potentially higher quality of education.

The strengths of the contribution are based on the emphasis of the closeness of parent-child relations and parental acceptance, which can mediate the appropriate self-acceptance of adolescents. In relation to the sample size, the results are generalisable to the population of adolescents in higher secondary education in the Czech Republic.

The limitations of the research are based on the absence of triangulation of the methods and of analysis of information of a qualitative kind. We obtained the data only from adolescents, not from their parents, so the data may be one-sided and distorted.

Authors' contributions: KB and MČ designed the study and proposed the study design. KB and MČ performed the statistical analysis and participated in the data interpretation and manuscript preparation. KB designed the initial form of the manuscript. HP collected the data, conducted the literature review and summary of related work. MČ supervised the statistical analysis and participated in the preparation of

the manuscript. All authors contributed to the emergence of the article and approved the final version of the manuscript.

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